

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY
1b Three-digit plan number (PN): 506
1c Effective date of plan: 07/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): BD OF TR OF THE ADDITIONAL SECURITY BENEFITS PL OF THE ELECTRICAL IND
2b Employer Identification Number (EIN): 11-2212659
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

<b>3a</b> 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		<b>3b</b> Administrator's EIN 13-0891035
		<b>3c</b> Administrator's telephone number 718-591-2000
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	13266
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1103
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	950
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	7667
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	4342
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	12959
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	0

**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:  
4C

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

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

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

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

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**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.

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

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**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 \_\_\_\_\_

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**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 **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>506</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TR OF THE ADDITIONAL SECURITY BENEFITS PL OF THE ELECTRICAL IND</b>		<b>D</b> Employer Identification Number (EIN) <b>11-2212659</b>

**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  
**EMPOWER ANNUITY INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1050034</b>	<b>93629</b>	<b>557424-E2</b>	<b>12959</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	149812025
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year.....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 160943328
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits .....	<b>7c(2)</b>
	(3) Interest credited during the year .....	<b>7c(3)</b> 4868697
	(4) Transferred from separate account.....	<b>7c(4)</b>
	(5) Other (specify below) .....	<b>7c(5)</b>
	▶	
	(6) Total additions .....	<b>7c(6)</b> 4868697
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 165812025
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier .....	<b>7e(2)</b>
	(3) Transferred to separate account.....	<b>7e(3)</b>
	(4) Other (specify below) .....	<b>7e(4)</b> 16000000
▶ CASH WITHDRAWALS		
	(5) Total deductions .....	<b>7e(5)</b> 16000000
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b> 149812025

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>506</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TR OF THE ADDITIONAL SECURITY BENEFITS PL OF THE ELECTRICAL IND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-2212659</b>	

**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

**ALPINE ASSOCIATES ADVISORS**

**90-0607104**

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

**CHEVY CHASE TRUST**

**52-2037618**

**(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

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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	1164691	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)

ASB CAPITAL MANAGEMENT LLC

80-0618452

(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	145225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEIX INVESTMENTS ADVISORS LLC

95-4191764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	83257	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)

ALLIANT INSURANCE

33-0785439

(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?
23 50	NONE	49511	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	28867	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)

LOOP CAPITAL MARKETS LLC

46-4402822

(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	25630	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)

H&H GRAPHIC PRINTING COMMUNICATION

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?
36 50	NONE	16734	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	10910	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)

SEGAL MARCO

13-2646110

(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	6477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET BANK & TRUST CO

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	5577	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"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>506</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TR OF THE ADDITIONAL SECURITY BENEFITS PL OF THE ELECTRICAL IND</u>	<b>D</b> Employer Identification Number (EIN) <u>11-2212659</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>52-6257033-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15478921</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>506</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TR OF THE ADDITIONAL SECURITY BENEFITS PL OF THE ELECTRICAL IND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-2212659</b>	

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1298214	1510702
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1671802	665219
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	8241991	13921307
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	50683291	50899612
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	19993207	22285251
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	36518552	34370422
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	19875999	15478921
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	160943328	149812025
<b>(15)</b> Other .....	<b>1c(15)</b>	65494498	65139197

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	364720882	354082656
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	104514	101907
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	2609355	4822917
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	2713869	4924824
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	362007013	349157832

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	616412	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	2296436	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	1449574	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	5564488	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		9926910
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	177434019	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	175867449	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		1566570
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	4799265	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		-4934849
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		11357896

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	22569712	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		22569712
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	1164691	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	338738	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	34444	
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>	10910	
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	88582	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1637365
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		24207077

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-12849181
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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		10459471
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 \_\_\_\_\_.

# **Additional Security Benefits Plan of the Electrical Industry**

Financial Report and Supplementary Information  
September 30, 2024

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## Independent Auditor's Report

Board of Trustees  
Additional Security Benefits Plan of the Electrical Industry

### Opinion

We have audited the financial statements of Additional Security Benefits Plan of the Electrical Industry (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 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 Plan as of September 30, 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

### **Supplemental Schedules Required by ERISA**

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

New York, New York  
June 27, 2025

## Additional Security Benefits Plan of the Electrical Industry

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

	2024	2023
<b>Assets</b>		
Investments:		
Investments, at fair value	\$ 201,730,490	\$ 199,827,642
Collateral for securities loaned	364,220	979,896
<b>Total investments, at fair value</b>	<b>202,094,710</b>	<b>200,807,538</b>
Guaranteed investment contract, at contract value	149,812,025	160,943,328
<b>Total investments</b>	<b>351,906,735</b>	<b>361,750,866</b>
Cash	1,510,702	1,298,214
Accrued interest receivable and other assets	646,409	459,015
Due from the Joint Industry Board of the Electrical Industry	18,810	58,555
Due from broker for pending securities sold	-	1,154,232
<b>Total assets</b>	<b>354,082,656</b>	<b>364,720,882</b>
<b>Liabilities</b>		
Accrued expenses and other liabilities	101,907	104,514
Collateral payable	364,220	979,896
Due to broker for pending securities purchased	4,458,697	1,629,459
<b>Total liabilities</b>	<b>4,924,824</b>	<b>2,713,869</b>
<b>Net assets available for benefits</b>	<b>\$ 349,157,832</b>	<b>\$ 362,007,013</b>

See notes to financial statements.

## Additional Security Benefits Plan of the Electrical Industry

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

	2024	2023
Additions:		
Net appreciation (depreciation) in fair value of investments	\$ 1,430,986	\$ (9,055,151)
Investment income	9,926,910	10,376,421
<b>Total additions</b>	<b>11,357,896</b>	<b>1,321,270</b>
Deductions:		
Supplementary benefits paid to participants:		
Vacation/holiday	1,303,283	1,338,625
Unemployment	6,856,085	8,403,995
Workers' compensation	-	38,020
Disability	6,600	19,550
Death	6,351,119	6,500,524
College tuition reimbursement	495,831	381,079
Private school tuition reimbursement	17,079	8,635
Mortgage/rent	149,541	100,777
Economic assistance benefits paid to participants:		
Medical and prescription	6,134,511	5,291,249
Dental	1,255,663	1,423,986
COBRA	-	15,627
Funeral leave	-	5,180
<b>Total benefits paid</b>	<b>22,569,712</b>	<b>23,527,247</b>
Administrative and recordkeeping expenses, including \$1,164,691 in 2024 and \$1,091,224 in 2023, charged by the Joint Industry Board of the Electrical Industry		
	1,264,183	1,200,913
Investment management and custodian fees	373,182	727,920
<b>Total expenses</b>	<b>1,637,365</b>	<b>1,928,833</b>
<b>Total deductions</b>	<b>24,207,077</b>	<b>25,456,080</b>
<b>Net decrease</b>	<b>(12,849,181)</b>	<b>(24,134,810)</b>
Net assets available for benefits:		
Beginning	362,007,013	386,141,823
Ending	<b>\$ 349,157,832</b>	<b>\$ 362,007,013</b>

See notes to financial statements.

## **Additional Security Benefits Plan of the Electrical Industry**

### **Notes to Financial Statements**

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#### **Note 1. Organization and Significant Accounting Policies**

**Organization:** The Additional Security Benefits Plan of the Electrical Industry (the Plan) was established pursuant to an Agreement and Declaration of Trust dated July 1, 1969. The Plan, which is administered by the Additional Security Benefits Plan Committee of the Joint Industry Board of the Electrical Industry (JIB or the Plan Administrator), has as its principal activities the collection and investment of funds received from electrical contractors for the purpose of providing benefits to members of Local Union No. 3 of the International Brotherhood of Electrical Workers, AFL-CIO (Local 3). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under the terms of a previous collective bargaining agreement among New York Electrical Contractors Association, Inc., Association of Electrical Contractors, Inc. (Participating Employers), and Local 3, the Participating Employers ceased their contributions to the Plan as of January 1, 2005. Since that date, contributions have been made to other benefit plans pursuant to the applicable Construction, Administrative Employees and Expeditors Divisions' collective bargaining agreements. The Vacation, Holiday Unemployment Plan of the Electrical Industry, Health Reimbursement Account Plan of the Electrical Industry and Deferred Salary provide benefits similar to the benefits provided by the Plan.

Participants should refer to the Summary Plan Description booklet for a complete description of the Plan's provisions. Copies of this document are available from the Plan Administrator.

**Benefits:** This Plan is an employee welfare benefit plan. Participants receive supplemental vacation/holiday expense, supplemental unemployment, supplemental workers' compensation, supplemental disability, death benefits, college tuition reimbursement, private school tuition reimbursement, financial assistance for delinquent mortgage and rental payments, adoption, economic assistance for unreimbursed medical, prescription drug, over-the-counter drug and dental expenses, and reimbursement for healthcare premiums, Consolidated Omnibus Budget Reconciliation Act (COBRA) premiums, long-term care premiums and Medicare Part B premiums and funeral leave, based upon the rules of the Plan to the extent funds are available and until such time as the participant's balance is exhausted.

**Investment valuation and income recognition:** Investments held by the Plan are stated at fair value (except for a fully benefit-responsive guaranteed investment contract (see Note 3), which is reported at contract 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 recorded on the accrual basis. Dividends are recorded on the ex-dividends date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Participant accounts:** Participant accounts are credited with the allocation of the Plan's earnings net of administrative expenses and investment fees including realized and unrealized changes in the fair value of the Plan's investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The earnings are allocated twice a year based on the participant's account balance at March 31 and September 30.

## Additional Security Benefits Plan of the Electrical Industry

### Notes to Financial Statements

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#### Note 1. Organization and Significant Accounting Policies (Continued)

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

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

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

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

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

**Estimates:** The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities 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.

**Benefit payments:** Benefit payments are recorded when paid.

**Subsequent events:** The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was June 27, 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.

## Additional Security Benefits Plan of the Electrical Industry

### Notes to Financial Statements

---

#### Note 2. Fair Value Measurements (Continued)

**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 September 30, 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.

**Investments measured at net asset value (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.

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 Plan 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.

## Additional Security Benefits Plan of the Electrical Industry

### Notes to Financial Statements

#### Note 2. Fair Value Measurements (Continued)

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

Type of Security	Investments as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Asset backed securities	\$ -	\$ 12,950,711	\$ -	\$ 12,950,711
Corporate bonds	-	22,285,252	-	22,285,252
Federal agency obligations	-	12,049,536	-	12,049,536
Government securities	-	40,347,765	-	40,347,765
Mortgage securities	-	2,846,320	-	2,846,320
Total assets in the fair value hierarchy	\$ -	\$ 90,479,584	\$ -	90,479,584
Investments measured at NAV (a)				111,615,126
Total investments at fair value				\$ 202,094,710

Type of Security	Investments as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Asset backed securities	\$ -	\$ 13,594,665	\$ -	\$ 13,594,665
Corporate bonds	-	19,993,207	-	19,993,207
Federal agency obligations	-	12,088,662	-	12,088,662
Government securities	-	40,047,299	-	40,047,299
Mortgage securities	-	6,768,850	-	6,768,850
Total assets in the fair value hierarchy	\$ -	\$ 92,492,683	\$ -	92,492,683
Investments measured at NAV (a)				108,314,855
Total investments at fair value				\$ 200,807,538

(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.

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

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2024	September 30 2023			
Electrical Industry Real Estate Fund LLC (a)	\$ 10,459,471	\$ 10,136,899	\$ -	See (a) below	See (a) below
State Street Institutional Liquid Reserves Fund (b)	13,557,087	7,262,095	-	Daily	None
State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (b)	364,220	979,896	-	Daily	None
Alpine Institutional LP (c)	16,001,213	15,880,679	-	See (c) below	See (c) below
ASB Allegiance Real Estate LP (d)	15,478,921	19,875,999	-	Quarterly	30 days
BGO Diversified US Property Fund LP (e)	18,369,209	20,637,873	-	See (e) below	See (e) below
Ellington Structured Credit ERISA Fund (f)	37,385,005	33,541,414	-	See (f) below	See (f) below
	\$ 111,615,126	\$ 108,314,855			

## Additional Security Benefits Plan of the Electrical Industry

### Notes to Financial Statements

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#### Note 2. Fair Value Measurements (Continued)

- (a) The Electrical Industry Real Estate Fund LLC is administered by JIB and is owned by the Plan and two other plans administered by JIB. The Plan's investment in the fund is valued monthly and there is no option in the Fund for voluntary redemptions. The fund invests in a portfolio of mortgage-backed securities and loans geared to provide stability of principal and returns consistent with medium duration fixed income securities.
- (b) The Plan's investments in the State Street Institutional Liquid Reserves Fund and State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust have no restrictions on the NAV price, or its equivalent. There are no known or anticipated redemptions. The funds' investment objective is to provide safety of principal, daily liquidity and a competitive yield over the long term by investing in securities of a short-term nature.
- (c) For the Alpine Institutional LP (Alpine) investment, the Plan can withdraw all or any of its capital at the close of any month on 30 days' prior written notice. In addition, the Plan can withdraw a portion of its capital at any time on three New York Stock Exchange trading days' notice provided that the total amount withdrawn in any calendar month using this shorter notice does not exceed 25% of the Plan's capital in Alpine.

Alpine is a limited partnership organized under the laws of the state of New Jersey. The general partner of Alpine is a corporation whose principal shareholder is also a limited partner. Alpine trades equity securities, convertible debt, options, swaps, futures contracts and other financial instruments for its own account. These activities are primarily related to merger arbitrage.

Alpine is a member of the Financial Industry Regulatory Authority and the Securities Investor Protection Corporation. Securities transactions of Alpine are recorded on a trade-date basis. Marketable securities, convertible bonds, open futures contracts, total return swaps and options are valued at fair value based on quoted market prices. Investments (including private equity and distressed debt investments), which are not readily marketable are valued at their estimated fair value as determined by the general partner.

Alpine's profits and losses are allocated as follows: first, net profit equal to an annualized 12% (the 12% Return) of the capital of the partnership shall be allocated to the limited partners; next, net profits in excess of the 12% Return shall be allocated 80% to limited partners and 20% to the general partner.

As of September 30, 2024 and 2023, the fair value of the Plan's share of capital in Alpine represented ownership interest of 6.73% in each year.

Alpine's financial statements for the years ended December 31, 2023 and 2022, have been audited by other auditors, on which they expressed unmodified opinions. Alpine's activities involve execution, settlement and financing of various securities transactions primarily on U.S. and European stock and futures exchanges. These activities may expose Alpine to counterparty risk. Such counterparties represent principally major brokerage institutions.

Alpine monitors the credit standing of counterparties with whom they conduct business. Risk is further controlled by monitoring the market value of pledged securities on a daily basis and requiring adjustments of collateral levels in the event of excess market exposure.

## Additional Security Benefits Plan of the Electrical Industry

### Notes to Financial Statements

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#### Note 2. Fair Value Measurements (Continued)

- (d) ASB Allegiance Real Estate LP is a direct filing entity. The Plan may request a redemption of any portion of their investment subject to 30 days' written notice prior to quarter end. If sufficient funds are not available, redemptions will be processed based on each investor's percentage of outstanding fund units among all investors who are being redeemed. In the event of a redemption queue, all redeeming investors who have provided at least 30 days' notice, will receive a portion of cash distributed by the fund. Currently, requests are subject to a redemption queue of up to two years.
- (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 Plan 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.

#### Note 3. Guaranteed Investment Contract

The Plan invests in a guaranteed insurance contract with Prudential Retirement Insurance and Annuity Company (Prudential). On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Company, the parent company of Empower Retirement, LLC acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, EAICA acquired all shares of Prudential. On October 3, 2022, Prudential was renamed Empower Annuity Insurance Company (Empower). During the years ended September 30, 2024, Empower become the counterparty of the investment contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon by the issuer, but it may not be less than 1.50%. Under the terms of the contract, the crediting rate is currently reset on a semiannual basis. The contract cannot be terminated before the scheduled maturity date. The crediting interest rate ranged from 2.85% to 4.15% and 2.45% to 3.45% during the years ended September 30, 2024 and 2023, respectively.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## **Additional Security Benefits Plan of the Electrical Industry**

### **Notes to Financial Statements**

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#### **Note 3. Guaranteed Investment Contract (Continued)**

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), and (b) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

#### **Note 4. 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 noncash 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 cash collateral obtained is invested in a privately offered commingled cash collateral fund. The cash collateral for securities loaned at September 30, 2024 and 2023, was \$364,220 and \$979,896, respectively, and is measured at NAV per share as provided by the issuer. The cash collateral may not be sold or re-pledged by the Plan.

The total fair value of all outstanding securities loaned, which are fully collateralized, at September 30, 2024 and 2023, was approximately \$356,000 and \$960,000, respectively.

#### **Note 5. Risks and Uncertainties**

Investments in any single corporate issue, other than U.S. government and agency issues, U.S. government instruments and agency mortgage-backed securities are typically limited to no more than 5% of the portfolio. At September 30, 2024 and 2023, the Plan held 5.22% and 5.70% in the BGO Diversified US Property Fund LP, 4.40% and 5.49% in the ASB Allegiance Real Estate LP and 10.62% and 9.27% of the portfolio in Ellington Structured Credit ERISA Fund, respectively. The Plan's investment managers regularly evaluate the credit standing of these institutions, which are considered in the Plan's investment strategy.

The Plan also invests in a guaranteed interest insurance contract with Empower and the contract is therefore subject to counterparty solvency risk. At September 30, 2024 and 2023, the Plan held approximately 42.57% and 44.49% of the investments in the guaranteed interest insurance contract, respectively.

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

#### **Note 6. Tax Status**

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated July 15, 1975, which confirms 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 Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. JIB, as the Plan Administrator, believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

## Additional Security Benefits Plan of the Electrical Industry

### Notes to Financial Statements

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#### Note 7. Due From JIB

	September 30	
	2024	2023
JIB	\$ 18,810	\$ 58,555
	<u>\$ 18,810</u>	<u>\$ 58,555</u>

Amounts due from JIB relate to residual cash balance held in the bank account in JIB's name used in normal plan operations as well as amount due to the Plan related to the routine annual review of the expense allocation (see Note 1).

#### Note 8. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to modify the benefits to participants and to terminate the Plan subject to the provisions of applicable law and the terms of the collective bargaining agreements.

#### Note 9. Related-Party and Party-in-Interest Transactions

State Street Bank and Trust Company is the Plan's custodian, and the Plan invests in a short-term investment fund managed by State Street. In addition, the Plan invests in the Electrical Industry Real Estate Fund LLC, which is managed by Morgan Stanley and administered by JIB. The Plan also holds bank accounts at Deutsche Bank used for cash transactions in the ordinary course of administering the Plan. Finally, as described in Notes 1, 2, 4 and 7, the Plan has several other arrangements with JIB and service providers related to plan operations. These transactions are considered exempt party-in-interest transactions under ERISA.

**Additional Security Benefits Plan of the Electrical Industry**

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

**Employer Identification Number: 11-2212659**

**Plan Number: 506**

(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
*	ELECTRICAL INDUSTRY REAL ESTATE FUND LLC		\$ 10,459,471	\$ 10,459,471
*	STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST		364,220	364,220
*	STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		13,556,940	13,557,087
*	STATE STREET CORP SR UNSECURED 05/26 VAR		125,000	125,330
	AIRCASTLE LTD COMPANY GUAR 144A 02/29 5.95		731,136	761,313
	ALPINE INSTITUTIONAL LP		1	16,001,213
	AMERICAN EXPRESS CO SR UNSECURED 10/26 VAR		598,000	609,870
	AMERICAN EXPRESS CREDIT ACCOUN AMXCA 2022 3 A		674,994	671,392
	AMGEN INC SR UNSECURED 03/28 5.15		898,930	926,739
	ASB ALLEGIANCE REAL ESTATE LP		18,128,438	15,478,921
	AT+T INC SR UNSECURED 02/26 5.539		1,185,000	1,184,277
	ATHENE GLOBAL FUNDING SR SECURED 144A 05/26 5.62		175,000	177,744
	ATMOS ENERGY KANSAS SR SECURED 03/35 5.155		407,415	418,216
	AVANGRID INC SR UNSECURED 04/25 3.2		123,331	123,725
	BAE SYSTEMS PLC SR UNSECURED 144A 03/29 5.125		914,427	943,529
	BANK BANK 2017 BNK9 ASB		721,248	644,179
	BANK OF AMERICA CORP SR UNSECURED 06/29 VAR		656,480	679,659
	BANK OF AMERICA CREDIT CARD TR BACCT 2022 A2 A2		666,590	670,062
	BARCLAYS DRYROCK ISSUANCE TRUS DROCK 2022 1 A		919,888	911,965
	BGO DIVERSIFIED US PROPERTY FUND LP		16,832,109	18,369,209
	BMW US CAPITAL LLC COMPANY GUAR 144A 08/27 4.6		74,994	75,838
	BMW VEHICLE LEASE TRUST BMWLT 2024 1 A4		338,865	344,915
	BORGWARNER INC SR UNSECURED 08/29 4.95		547,876	558,135
	BRISTOL MYERS SQUIBB CO SR UNSECURED 02/26 4.95		124,955	126,604
	CAPITAL ONE MULTI ASSET EXECUT COMET 2024 A1 A		544,894	544,422
	CAPITAL ONE NA SR UNSECURED 01/26 VAR		244,604	247,538
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2021 1 A3		74,127	75,327
	CARMAX AUTO OWNER TRUST CARMX 2022 1 A3		58,333	59,051
	CDW LLC/CDW FINANCE COMPANY GUAR 03/30 5.1		541,410	549,333
	CF HIPPOLYTA ISSUER LLC SORT 2020 1 A1 144A		854,343	818,103
	CHASE ISSUANCE TRUST CHAIT 2023 A2 A		749,947	778,774
	CONSUMERS 23 SECURE FUND SR SECURED 09/31 5.21		139,946	145,768
	CONTINENTAL RESOURCES COMPANY GUAR 144A 11/26 2.268		593,000	562,051
	CROWN CASTLE TOWERS LLC ASSET BACKED 144A 05/45 3.663		120,218	124,029
	DAIMLER TRUCK FINAN NA COMPANY GUAR 144A 01/27 5		149,808	152,258
	DAIMLER TRUCK FINAN NA COMPANY GUAR 144A 09/28 5.4		398,681	413,232
	DAIMLER TRUCK FINAN NA COMPANY GUAR 144A 12/26 2		429,176	409,416
	DELL EQUIPMENT FINANCE TRUST DEFT 2024 1 A2 144A		149,991	150,852
	DISCOVER CARD EXECUTION NOTE T DCENT 2022 A2 A		739,968	734,011
	DTE ELECT SECUR FND II SR SECURED 03/33 5.97		497,021	527,809
	ELEMENT FLEET MANAGEMENT SR UNSECURED 144A 03/27 5.643		125,000	128,185
	ELLINGTON STRUCTURED CREDIT ERISA FUND		31,500,000	37,385,005
	ENACT HOLDINGS INC SR UNSECURED 05/29 6.25		369,838	384,156
	ENTERGY TEX RESTORATION SR SECURED 12/28 3.051		389,145	380,314
	ESSENT GROUP LTD SR UNSECURED 07/29 6.25		185,350	194,018
	F+G GLOBAL FUNDING SECURED 144A 06/27 5.875		174,911	179,295
	FED HM LN PC POOL A17701 FG 01/34 FIXED 5		26,899	27,264
	FED HM LN PC POOL A22275 FG 05/34 FIXED 5.5		18,184	18,403
	FED HM LN PC POOL C01840 FG 05/34 FIXED 5.5		166,623	169,279
	FED HM LN PC POOL C91917 FG 02/37 FIXED 3		628,456	572,868
	FED HM LN PC POOL G08068 FG 07/35 FIXED 5.5		59,538	60,745
	FED HM LN PC POOL G08111 FG 02/36 FIXED 5.5		20,977	21,394

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

**Additional Security Benefits Plan of the Electrical Industry**

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

**Employer Identification Number: 11-2212659**

**Plan Number: 506**

(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
	FED HM LN PC POOL G18561 FG 07/30 FIXED 3		\$ 483,827	\$ 466,110
	FED HM LN PC POOL SC0111 FR 06/38 FIXED 3		616,891	620,654
	FED HM LN PC POOL WN1157 FR 11/28 FIXED 1.8		410,826	420,316
	FED HM LN PC POOL ZS3201 FR 05/41 FIXED 4.5		486,191	507,121
	FIRSTENERGY PENN ELECTRI SR UNSECURED 144A 03/26 5.15		176,387	176,531
	FNMA POOL 497878 FN 06/29 FIXED 7		6,116	6,237
	FNMA POOL 555436 FN 05/33 FIXED VAR		34,205	35,097
	FNMA POOL 555521 FN 05/33 FIXED VAR		10,558	10,809
	FNMA POOL 555522 FN 06/33 FIXED VAR		25,768	25,745
	FNMA POOL 807167 FN 01/35 FIXED 5		30,622	30,966
	FNMA POOL 893767 FN 10/36 FIXED 6		37,980	39,231
	FNMA POOL 901567 FN 10/36 FIXED 6		15,733	16,251
	FNMA POOL 937771 FN 06/37 FIXED 5.5		23,782	24,035
	FNMA POOL AH0520 FN 12/40 FIXED 4		590,790	617,251
	FNMA POOL AL9089 FN 09/28 VARIABLE		1,547,619	1,541,993
	FNMA POOL AN1336 FN 05/26 FIXED 2.68		632,183	630,621
	FNMA POOL AN2495 FN 09/28 FIXED 2.55		436,574	444,655
	FNMA POOL AN2843 FN 11/28 FIXED 2.54		366,230	377,715
	FNMA POOL AN4335 FN 01/27 FIXED 3.05		323,460	323,186
	FNMA POOL BS5055 FN 03/29 FIXED 2.4		227,458	237,844
	FNMA POOL CA3564 FN 06/38 FIXED 3.5		136,851	126,785
	FNMA POOL CB4647 FN 09/42 FIXED 4.5		604,418	612,325
	FNMA POOL CB4648 FN 09/42 FIXED 4.5		599,254	609,539
	FNMA POOL FS3386 FN 05/38 FIXED VAR		1,147,181	1,152,968
	FNMA POOL MA4997 FN 03/33 FIXED 4.5		218,238	219,402
	FORD CREDIT AUTO OWNER TRUST/F FORDR 2020 2 A 144A		221,613	221,962
	FORD CREDIT FLOORPLAN MASTER O FORDF 2023 1 A1 144A		175,489	176,744
	FRESB MULTIFAMILY MORTGAGE PAS FRESB 2021 SB82 A5F		954,665	958,064
	FRESB MULTIFAMILY MORTGAGE PAS FRESB 2021 SB83 A5F		1,252,225	1,244,077
	GENERAL MOTORS FINL CO SR UNSECURED 05/27 5.4		274,937	280,819
	GM FINANCIAL AUTOMOBILE LEASIN GMALT 2023 3 A3		175,042	176,329
	GM FINANCIAL SECURITIZED TERM GMCAR 2024 1 A3		174,970	177,218
	GNMA II POOL 785262 G2 08/49 FIXED 5.5		2,073,252	2,068,542
	GNMA POOL 591848 GN 01/33 FIXED 5.5		9,915	10,143
	GNMA POOL 597770 GN 02/33 FIXED 6		4,102	4,042
	GOLDEN CREDIT CARD TRUST GCCT 2022 4A A 144A		979,902	978,361
	GOLDMAN SACHS GROUP INC SR UNSECURED 09/27 VAR		537,000	508,926
	HOME DEPOT INC SR UNSECURED 06/26 5.15		174,832	178,589
	HONDA AUTO RECEIVABLES OWNER T HAROT 2024 3 A3		459,930	464,443
	HORMEL FOODS CORP SR UNSECURED 03/27 4.8		174,862	178,308
	HP ENTERPRISE CO SR UNSECURED 10/24 5.9		175,000	175,000
	HYUNDAI AUTO LEASE SECURITIZAT HALST 2024 A A4 144A		174,993	176,950
	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 06/28 2		218,629	226,074
	ILLUMINA INC SR UNSECURED 09/26 4.65		124,915	125,778
	INTEL CORP SR UNSECURED 05/27 3.15		239,806	241,655
	ISRAEL ST 01/26 4.73		500,000	500,000
	ISRAEL ST 11/24 1.23		1,000,000	997,690
	JABIL INC SR UNSECURED 04/26 1.7		117,747	119,725
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 01/27 2.5		93,867	95,673
	JPMORGAN CHASE + CO SR UNSECURED 04/27 VAR		710,563	737,637
	KANSAS GAS SVC SEC I LLC SR SECURED 08/34 5.486		517,302	541,782
	KUBOTA CREDIT OWNER TRUST KCOT 2024 2A A2 144A		174,982	177,030

**Additional Security Benefits Plan of the Electrical Industry**

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

**Employer Identification Number: 11-2212659**

**Plan Number: 506**

(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
	MERCEDES BENZ AUTO LEASE TRUST MBALT 2024 A A3		\$ 204,978	\$ 209,495
	MERCEDES BENZ AUTO RECEIVABLES MBART 2024 1 A3		174,990	177,177
	NATWEST GROUP PLC SR UNSECURED 06/27 VAR		925,949	957,976
	NEXTERA ENERGY CAPITAL COMPANY GUAR 03/25 6.051		75,039	75,316
	NISSAN AUTO LEASE TRUST NALT 2023 B A3		174,438	175,683
	NISSAN MASTER OWNER TRUST RECE NMOTR 2024 B A 144A		549,967	560,574
	NUTRIEN LTD SR UNSECURED 04/25 3		70,070	70,433
	OWENS CORNING SR UNSECURED 06/27 5.5		344,529	355,166
	PEPSICO INC SR UNSECURED 05/28 4.45		504,533	515,686
	PG+E WILDFIRE RECOVERY SR SECURED 06/33 4.022		544,591	553,654
	PHILIP MORRIS INTL INC SR UNSECURED 02/27 4.75		103,485	105,644
	PHILIP MORRIS INTL INC SR UNSECURED 02/29 4.875		305,498	315,786
	PIONEER NATURAL RESOURCE SR UNSECURED 01/26 1.125		689,289	662,542
	PNC FINANCIAL SERVICES SR UNSECURED 05/30 VAR		184,000	192,274
	PNC FINANCIAL SERVICES SR UNSECURED 10/27 VAR		324,886	339,648
	PORSCHE INNOVATIVE LEASE OWNER PILOT 2024 1A A3 144A		194,979	196,266
	QUANTA SERVICES INC SR UNSECURED 08/27 4.75		74,870	75,795
	RADIAN GROUP INC SR UNSECURED 05/29 6.2		182,696	191,208
	SBA TOWER TRUST ASSET BACKED 144A 04/27 1.84		93,067	93,025
	SONOCO PRODUCTS CO SR UNSECURED 09/26 4.45		74,947	75,014
	SPRINT SPECTRUM / SPEC I SR SECURED 144A 03/25 4.738		24,923	24,935
	TARGA RESOURCES CORP COMPANY GUAR 07/27 5.2		419,650	429,622
	TOYOTA AUTO LOAN EXTENDED NOTE TALNT 2020 1A A 144A		790,673	817,273
	TOYOTA AUTO RECEIVABLES OWNER TAOT 2022 A A3		88,180	89,532
	US BANCORP SR UNSECURED 01/30 VAR		87,000	90,350
	US TREASURY N/B 01/28 3.5		9,222,945	9,431,542
	US TREASURY N/B 02/27 1.875		3,886,280	3,903,823
	US TREASURY N/B 04/29 4.625		4,582,570	4,684,371
	US TREASURY N/B 06/26 0.875		3,609,261	3,480,213
	US TREASURY N/B 07/27 2.75		7,477,801	7,655,391
	US TREASURY N/B 08/27 3.75		5,948,393	6,003,501
	US TREASURY N/B 11/26 4.625		3,695,480	3,691,235
	USAA AUTO OWNER TRUST USAOT 2024 A A3 144A		694,875	706,367
	USAA CAPITAL CORP SR UNSECURED 144A 06/27 5.25		274,293	283,129
	VERALTO CORP COMPANY GUAR 09/26 5.5		223,977	229,013
	VERIZON MASTER TRUST VZMT 2024 7 A 144A		404,888	406,224
	VIRGINIA POWER FUEL SEC SR SECURED 05/29 5.088		419,996	425,729
	VOLKSWAGEN AUTO LEASE TRUST VWALT 2023 A A3		199,980	202,349
	WELLS FARGO + COMPANY SR UNSECURED 03/28 VAR		305,309	307,072
	WELLS FARGO BANK NA SR UNSECURED 08/26 VAR		350,000	353,500
	WELLS FARGO CARD ISSUANCE TRUS WFCIT 2024 A1 A		524,874	536,021
	WILLIAMS COMPANIES INC SR UNSECURED 09/25 4		892,730	867,858
	WORLD FINANCIAL NETWORK CREDIT WFNMT 2024 A A		549,917	565,837
	<b>Investments, at fair value per financial statements</b>		<b>180,526,174</b>	<b>202,094,710</b>
	EMPOWER ANNUITY INSURANCE COMPANY GUARANTEED INVESTMENT CONTRACT 2.85% - 4.15%		149,812,025	149,812,025
	<b>Fully benefit-responsive investment contract, at fair value</b>		<b>149,812,025</b>	<b>149,812,025</b>
	<b>Total investments, at fair value</b>		<b>\$ 330,338,199</b>	<b>\$ 351,906,735</b>

**Additional Security Benefits Plan of the Electrical Industry**

**Schedule H, Line 4(j) - Schedule of Reportable Transactions  
Year Ended September 30, 2024**

**Employer Identification Number: 11-2212659  
Plan Number: 506**

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)
<b>Series Transactions:</b>					
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	\$ 20,842,368	\$ -	\$ 20,842,368	\$ 20,842,368	\$ -
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	-	21,458,044	21,458,044	21,458,044	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	77,896,509	-	77,896,509	77,896,509	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	71,601,380	71,601,380	71,601,380	-

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

**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 10/01/2023 and ending 09/30/2024


- 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

<b>1a</b> Name of plan ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY	<b>1b</b> Three-digit plan number (PN) ▶	506
	<b>1c</b> Effective date of plan	07/01/1969
<b>2a</b> 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)  BD OF TR OF THE ADDITIONAL SECURITY BENEFITS PL OF THE ELECTRICAL IND  158-11 HARRY VAN ARSDALE JR. AVENUE  FLUSHING NY 11365	<b>2b</b> Employer Identification Number (EIN)	11-2212659
	<b>2c</b> Plan Sponsor's telephone number	718-591-2000
	<b>2d</b> 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.

<b>SIGN HERE</b>		<u>7-8-25</u>	HUMBERTO J. RESTREPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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:** Additional Security Benefits Plan of the Electrical Industry

**Plan Sponsor's Name:** Board of Trustees of the Additional Security Benefits Plan of the Electrical Industry

**EIN:** 11-2212659

**PN:** 506

**Plan Year End:** 9/30/2024

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:** Additional Security Benefits Plan of the Electrical Industry

**Plan Sponsor's Name:** Board of Trustees of the Additional Security Benefits Plan of the Electrical Industry

**EIN:** 11-2212659

**PN:** 506

**Plan Year End:** 9/30/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.