

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 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

<p>1a Name of plan <u>PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - WELFARE ACCOUNT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>505</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BD OF TR OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND-WELFARE</u></p> <p><u>158-11 HARRY VAN ARSDALE JR. AVENUE</u> <u>FLUSHING, NY 11365</u></p>	<p>1c Effective date of plan <u>12/13/1940</u></p> <p>2b Employer Identification Number (EIN) <u>13-0891045</u></p> <p>2c Plan Sponsor's telephone number <u>718-591-2000</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2025	HUMBERTO J. RESTREPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING, NY 11365	3b Administrator's EIN 13-0891035 3c Administrator's telephone number 718-591-2000																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 25626																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr> <td>6a(1)</td> <td>16009</td> </tr> <tr> <td>6a(2)</td> <td>15573</td> </tr> <tr> <td>6b</td> <td>8478</td> </tr> <tr> <td>6c</td> <td>0</td> </tr> <tr> <td>6d</td> <td>24051</td> </tr> <tr> <td>6e</td> <td></td> </tr> <tr> <td>6f</td> <td></td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td></td> </tr> </table>	6a(1)	16009	6a(2)	15573	6b	8478	6c	0	6d	24051	6e		6f		6g(1)		6g(2)		6h	
6a(1)	16009																				
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6c	0																				
6d	24051																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 416																				

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:
 4A 4B 4L 4Q 4U

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - WELFARE ACCOUNT	B Three-digit plan number (PN) ▶	505
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TR OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND-WELFARE	D Employer Identification Number (EIN) 13-0891045	

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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)

MAGNACARE

11-3410766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 99	NONE	17742393	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1364505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EXPRESS SCRIPTS

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	8951538	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)

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	7628564	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)

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	160668	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	158433	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)

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	143398	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 COMMUNICATIONS

27-0771521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	89773	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)

NEUBERGER BERMAN INVESTMENT ADVISOR

02-0654486

(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	68725	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	58484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INSIGHT NORTH AMERICA LLC

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	52511	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)

SOVOS COMPLIANCE LLC

46-1379693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	49497	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)

ALLIANT INSURANCE SERVICES, INC.

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	48948	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)

JANETTE STRAKER

158-11 HARRY VAN ARSDALE JR. AVENUE
FLUSHING, NY 11365

(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?
16 50	NONE	45600	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)

LUCE, SCHWAB, & KASE INC

22-1614374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	NONE	8798	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)

AMALGAMATED BANK

13-4920330

(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	6723	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	2833	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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAGNACARE	12 99	1316742
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ZELIS CLAIMS INTEGRITY LLC 86-1040704	ADMINISTRATIVE / CLAIMS FEE SUPPORT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAGNACARE	12 99	25283
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEXCLAIM RECOVERIES LLC 77-0612297	ADMINISTRATIVE / CLAIMS FEE SUPPORT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAGNACARE	12 99	22480
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPTUMINSIGHT, INC. 41-1858498	ADMINISTRATIVE / CLAIMS FEE SUPPORT	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - WELFARE ACCOUNT</u>	B Three-digit plan number (PN)	<u>505</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TR OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND-WELFARE</u>	D Employer Identification Number (EIN) <u>13-0891045</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LONGVIEW BROAD MARKET 3000 INDEX FU</u>		
b Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>		
c EIN-PN	<u>46-2044954-020</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>34270201</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN	<u>52-6257033-006</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>15934506</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - WELFARE ACCOUNT	B Three-digit plan number (PN) ▶	505
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TR OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND-WELFARE	D Employer Identification Number (EIN) 13-0891045	

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	7798079	3894398
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	40221602	46578303
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	41185695	47726490
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6791969	12406269
(2) U.S. Government securities	1c(2)	33198796	36421786
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	24709563	23032442
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	20953924	18469421
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	47967754	50204707
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	28323606	22946526

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	1184127	3199913
f Total assets (add all amounts in lines 1a through 1e)	1f	252335115	264880255
Liabilities			
g Benefit claims payable	1g	92132000	110585000
h Operating payables	1h	253151	386070
i Acquisition indebtedness	1i		
j Other liabilities	1j	790746	3914850
k Total liabilities (add all amounts in lines 1g through 1j)	1k	93175897	114885920
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	159159218	149994335

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	494344756	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	18188534	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		512533290
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	296030	
(B) U.S. Government securities	2b(1)(B)	990298	
(C) Corporate debt instruments	2b(1)(C)	1264491	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1491855	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4042674
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	156892886	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	155558649	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1334237
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2787220	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3569931
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		524267352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	549241432	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		549241432
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	34322495	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	322626	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	58484	
(7) Actuarial fees.....	2i(7)	143398	
(8) Legal fees.....	2i(8)	163164	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	756406	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		35766573
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		585008005

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-60740653
l Transfers of assets:			
(1) To this plan.....	2l(1)		51575770
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **RSM US LLP**

(2) EIN: **42-0714325**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1840719
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Financial Report and Supplementary Information
September 30, 2024

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<hr/>	
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Independent Auditor's Report

Board of Trustees
Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Opinion

We have audited the financial statements of Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of September 30, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental 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 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
July 11, 2025

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

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

	2024	2023
Assets		
Investments:		
Investments, at fair value	\$ 163,376,661	\$ 161,700,232
Collateral for securities loaned	104,490	245,380
Total investments, at fair value	163,481,151	161,945,612
Cash	3,894,398	7,798,079
Contributions receivable from employers, net	46,578,303	40,221,602
Pharmacy rebates and Medicare Part D subsidies receivable	38,934,198	36,934,265
Other receivables	7,596,982	-
Fixed assets, net	722,597	903,162
Accrued interest receivable	466,475	517,658
Due from broker for pending securities sold	703,282	3,475,596
Due from affiliates	17,545	253,640
Right-of-use lease asset	2,477,316	280,965
Other assets	8,008	4,536
Total assets	264,880,255	252,335,115
Liabilities		
Accrued expenses and other liabilities	61,429	118,893
Due to affiliates	324,641	134,258
Collateral payable	104,490	245,380
Due to broker for pending securities purchased	1,302,368	264,401
Lease liability	2,507,992	280,965
Total liabilities	4,300,920	1,043,897
Net assets available for benefits	\$ 260,579,335	\$ 251,291,218

See notes to financial statements.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

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

	2024	2023
Additions:		
Employers' contributions	\$ 494,344,756	\$ 434,326,459
Net appreciation in fair value of investments	7,691,388	2,260,489
Investment income	4,042,674	6,090,247
Other contributions and other income	14,858,615	16,970,343
Amounts received under reciprocal agreement	3,329,919	2,542,549
Total additions	524,267,352	462,190,087
Deductions:		
Medical benefits and expenses paid, net	512,038,142	512,819,285
JIB Medical PC and JIB Services LLC expenses	15,047,881	15,099,627
Optical expenses, net	1,609,576	1,564,116
Death and pension premium benefits	2,091,700	2,146,798
Vacation, holiday and unemployment benefits paid	253,604	-
Critical illness benefits paid	114,727	-
Serious injury benefits	1,302	15,610
Total benefit payments	531,156,932	531,645,436
Administrative and record-keeping expenses, including \$7,628,564 in 2024 and \$7,314,510 in 2023 charged by the Joint Industry Board of the Electrical Industry	8,253,672	7,605,970
Claim and other fees	27,086,121	28,164,486
Investment management and custodian fees	426,780	480,481
Total administrative expenses and fees	35,766,573	36,250,937
Total deductions	566,923,505	567,896,373
Transfer in of net assets (See Note 1 and 13)	51,944,270	-
Net increase (decrease) in net assets available for benefits	9,288,117	(105,706,286)
Net assets available for benefits:		
Beginning	251,291,218	356,997,504
Ending	\$ 260,579,335	\$ 251,291,218

See notes to financial statements.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Statements of Benefit Obligations September 30, 2024 and 2023

	2024	2023
Amounts currently payable:		
Health benefits payable, including amounts incurred but not reported	\$ 110,000,000	\$ 92,132,000
Vacation benefit obligations	295,000	-
Critical illness benefit obligations	290,000	-
Other obligations for current benefit coverage, at present value of estimated amounts:		
Accumulated eligibility credits	21,200,000	19,300,000
Total benefit obligations other than postretirement benefit obligations	131,785,000	111,432,000
Postretirement benefit obligations:		
Current retirees, beneficiaries and dependents	1,919,214,704	1,688,900,281
Other participants fully eligible for benefits	996,400,939	909,761,245
Other participants not yet fully eligible for benefits	1,269,403,667	1,061,358,137
Total postretirement benefit obligations	4,185,019,310	3,660,019,663
Total benefit obligations	\$ 4,316,804,310	\$ 3,771,451,663

See notes to financial statements.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

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

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance, beginning of year	\$ 92,132,000	\$ 75,837,000
Benefits incurred	549,024,932	547,940,436
Benefits paid	(531,156,932)	(531,645,436)
Balance, end of year	110,000,000	92,132,000
Vacation benefit obligations:		
Balance, beginning of year	-	-
Benefits incurred	166,820	-
Benefits paid	(103,320)	-
Transfer in of benefit obligations (See Note 1 and 13)	231,500	-
Balance, end of year	295,000	-
Critical illness benefit obligations:		
Balance, beginning of year	-	-
Benefits incurred	267,727	-
Benefits paid	(114,727)	-
Transfer in of benefit obligations (See Note 1 and 13)	137,000	-
Balance, end of year	290,000	-
Other obligations for current benefit coverage, at present value of estimated amounts:		
Accumulated eligibility credits:		
Balance, beginning of year	19,300,000	20,400,000
Net change during year	1,900,000	(1,100,000)
Balance, end of year	21,200,000	19,300,000
Total benefit obligations other than postretirement benefit obligations	131,785,000	111,432,000
Postretirement benefit obligations:		
Balance, beginning of year	3,660,019,663	4,291,457,118
Increase (decrease) during the year:		
Benefits earned net of benefits paid:		
Service cost	73,742,154	93,549,404
Interest cost	202,077,579	220,951,338
Expected benefits paid	(169,175,075)	(167,867,653)
Subtotal	106,644,658	146,633,089
Changes in actuarial assumptions	467,184,647	(278,176,693)
Plan amendments	(486,216,440)	(137,992,946)
Actuarial experience (gain) loss	437,386,782	(361,900,905)
Balance, end of year	4,185,019,310	3,660,019,663
Total benefit obligations, end of year	\$ 4,316,804,310	\$ 3,771,451,663

See notes to financial statements.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies

Organization: Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account (the Plan) was established pursuant to an agreement dated December 13, 1940. The Plan, which is administered by Pension Committee of the Joint Industry Board of the Electrical Industry (the Committee), has as its principal activities the collection and investment of funds received from electrical contractors for the purpose of providing medical and other benefits under the terms of a three-year collective bargaining agreement (the Agreement) between New York Electrical Contractors Association, Inc. and Association of Electrical Contractors, Inc. (the Participating Employers) and 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 the Agreement, Participating Employers contribute various amounts based on the employees classification. Employer contributions are allocated to the Plan and the Pension, Hospitalization and Benefit Plan of the Electrical Industry-Pension Trust Account (Pension Trust) in an amount determined by the Trustees. Employers contributions were allocated to the Plan and Pension Trust at various percentages for the year ended September 30, 2024. Starting August 1, 2023, the \$2.00 per hour Job Target Fund contributions were redirected into the Plan, this ended April 8, 2025. Dental Fund contributions were also redirected to the Plan from August 1, 2023 through January 31, 2025. Effective April 9, 2025, the \$3 per hour is being directed from Annuity Plan into the Plan. Effective May 7, 2025, Pension Trust contributions are being redirected to the Plan for a period of three months.

In order to comply with developing state and federal laws and regulations, the JIB Medical Department was reorganized, effective October 1, 2014, into JIB Medical, P.C., a professional services corporation authorized to practice medicine in the state of New York (JIB Medical). A duly licensed physician is the sole owner and shareholder of JIB Medical. JIB Medical provides certain medical services exclusively for eligible participants of the Plan and the Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan (the ESF – H&W Plan), according to the Plan and ESF – H&W Plan’s respective terms. The creation and incorporation of JIB Medical also necessitated the formation of JIB Services, LLC (JIB Services), a New York limited liability company providing certain administrative and support services exclusively for, and on behalf of JIB Medical. JIB Services Management Services Organization (MSO) is a wholly owned and solely managed by the Joint Industry Board of the Electrical Industry (JIB or the Plan Administrator) and provides all administrative and management support services for, and on behalf of, JIB Medical.

On June 1, 2024, Vacation, Holiday and Unemployment Plan of the Electrical Industry (VHUP) merged into the Plan. See Note 13 for further details.

Benefits: The Plan provides for the payment or reimbursement of hospital, medical, surgical, serious injury, optical and prescription drug expenses to eligible participants as defined in the Summary Plan Description (SPD), subject to the co-payments, as defined. The Plan provides hospital, medical and surgical coverage through the MagnaCare preferred provider organization network or through out-of-network medical providers based on the MagnaCare fee schedule. The Plan provides a prescription drug plan administered by Express Scripts that will cover the cost of the prescriptions, except for the applicable co-payment. The Plan provides optical coverage through the Jena Optical and General Vision Services preferred provider organization network or through nonnetwork vision care providers based on the Plan’s fee schedule. Other benefits made available to certain eligible participants includes the reimbursement of \$80.40 to eligible A charter members and \$34.80 to eligible BA charter members on a semiannual basis for the payments of I.B.E.W Death and Pension Benefit Fund premium.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

Retired employees are entitled to health benefits provided they are receiving a standard pension, early retirement standard pension or disability pension under the Pension Trust. The Plan also provides benefits to participants during periods of unemployment, as defined by the Plan.

Under the terms of an agreement between the Plan and the ESF – H&W Plan, the Plan provides JIB Medical services to eligible participants of the ESF – H&W Plan and is reimbursed for such services provided based on a standard fee schedule, as set forth in the agreement.

The Plan also provides a variety of benefits to eligible participants, including vacation, holiday, unemployment, life insurance, lump-sum retirement distributions and critical illness benefits.

Information about the Plan and the benefit provisions is contained in the SPD of the Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account. Copies of this SPD are available from the Plan Administrator.

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).

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

Cash: The Plan maintains its cash in bank deposit accounts at high-credit-quality financial institutions. 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.

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

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

Employer contributions and related receivables: Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of September 30, 2024 and 2023, the allowance for doubtful accounts was \$2,205,229 and \$360,107, respectively. Changes in the allowance for doubtful accounts are recorded in employers' contributions in the statements of changes in net assets available for benefits.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

Other contributions: Other contributions represents employer contributions received for participants who are employees of JIB and from certain other participating employers as well as amounts received from participants under the Consolidated Omnibus Budget Reconciliation Act (COBRA) for benefits.

Contributions from JIB as well as participating employers are charged at the same rate as participants pay under COBRA. The Plan received approximately \$14,858,615 and \$16,714,000 during the years ended September 30, 2024 and 2023, respectively. These amounts are included within the other contributions and other income line item within the statements of changes in net assets available for benefits.

Fixed assets: Fixed assets of the Plan are used primarily to provide benefits and services to participants of the Plan and other affiliated and related entities, and are valued at cost, less accumulated depreciation or amortization. The fixed assets are depreciated based on periods ranging from three to 20 years.

Pharmacy rebates and Medicare Part D subsidies and related receivables: During 2020, the Plan began participating in an employer group waiver plan which is a Medicare Part D prescription drug plan which the Plan has contracted with Express Scripts, the pharmacy benefits administrator, to receive a federal subsidy from the Centers of Medicare and Medicaid Services (CMS). The Plan also continues to have certain participants included in a general active and retiree subsidy program. Starting in July 2022, the Plan began participating in the SaveOnSP program through Express Scripts, designed to help cover the costs of expensive specialty medications. Refunds due for these programs are recorded when earned. Pharmacy rebates and drug subsidies totaling approximately \$86,500,000 and \$73,700,000 have been netted with medical benefits and expenses paid in the accompanying statements of changes in net assets available for benefits for the years ended September 30, 2024 and 2023, respectively. As of September 30, 2024 and 2023, the pharmacy rebates and Medicare Part D subsidies receivable was \$38,934,198 and \$36,934,265, respectively. The Plan also received \$7,596,982 in refunds from MagnaCare and NexClaim due to various reasons, including overpayments resulting from coordination of benefits with other insurers (e.g., Medicare, no-fault or workers' compensation), retroactive patient ineligibility, returned medical equipment, provider billing errors or corrected claims submitted by providers.

Leases: The Plan determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. Under Topic 842, a contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract, and (ii) the customer obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Plan also considers whether its service agreements include the right to control the use of an asset.

Right-of-use assets represent the Plan's right to use the underlying assets for the lease term and lease liabilities represent the net present value of the Plan's obligation to make payments arising from these leases. The lease liabilities are based on the present value of fixed lease payments over the lease term using the risk-free U.S. Treasury rate on the lease commencement date. If the lease includes one or more options to extend the term of the lease, the renewal option is considered in the lease term if it is reasonably certain the Plan will exercise the options. Operating lease expense is recognized on a straight-line basis over the term of the lease.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

As permitted by Accounting Standards Codification (ASC) 842, leases with an initial term of 12 months or less are not recorded on the statements of net assets but are recognized as lease expense on a straight-line basis over the applicable lease terms. The Plan has elected not to recognize leases with original lease terms of 12 months or less (short-term leases) on the Plan's statement of net assets. Additionally, the Plan has elected to account for any lease and non-lease components for its real estate lease as one lease component.

Administrative expenses: The Plan Administrator allocates certain administrative and record-keeping 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.

The Plan also pays administrative fees to third-party claims administrators. These expenses which include administrative fees paid to MagnaCare and Express Scripts as well as the patient-centered outcomes research institute fee are reported as part of claim and other fees in the statements of changes in net assets available for benefits. 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.

Postretirement benefits: The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributable to employee service rendered through September 30, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Participating Employers.

The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's Participating Employers and from existing Plan assets. Prior to an active employees full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employees service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary using the projected unit credit method and is the amount that results from applying actuarial assumptions to historical paid loss data to estimate the ultimate cost and to adjust such estimates for the time value of money through discounts for interest and the reserve for claims currently payable.

For the year ended September 30, 2024, the actuary used the Healthy Pri-2012 Blue Collar Sex-distinct Employee/Annuitant Mortality Table projection using scale MP-2021 and Pri-2012 Total Dataset Sex-distinct Disabled Mortality Table projection using MP-2021. For the year ended September 30, 2022, the actuary used the Pri-2012 Employee/Healthy Retiree Blue Collar Amount-weighted Mortality Table with generational projection using Scale MP-2021 and Pre-2012 Disabled Retiree Amount-weighted Mortality Table with generational projection using Scale MP-2021.

The discount rate utilized to calculate the actuarial present value of the postretirement benefit obligations at September 30, 2024 and 2023, was 4.85% and 5.65%, respectively. Retirement rates range from 1% at age 55 to 100% at age 70 and over for both years.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

The medical trend rate assumption is on a graded scale starting at 6.2% in 2024, decreasing to an ultimate rate of 5% in 2028. In the prior year, the medical trend rate assumption was on a graded scale starting at 6.5% in 2023, decreasing by 0.5% per annum to an ultimate rate of 4.5% in 2027. This assumption has a significant effect on amounts reported in the accompanying financial statements. If the assumed annual rates were increased by one percentage point, it would increase the obligations as of September 30, 2024 and 2023, by approximately \$639,982,000 and \$524,778,000, respectively.

An average retiree drug subsidy per capita cost was estimated based on all Medicare-eligible retirees and spouses, regardless of if they were accepted by Medicare or not. The amount of the Medicare Part D subsidy estimated for the years ended September 30, 2024 and 2023, were approximately \$1,093,000 and \$1,193,000, respectively. These amounts are included in the benefits earned and other changes in the statements of changes in benefit obligations.

Benefit obligations other than postretirement benefit obligations: Benefit obligations other than postretirement benefit obligations include health claims currently payable, health claims incurred but not yet reported, vacation benefit obligations, critical illness benefit obligations and accumulated eligibility credits. Claims paid by the claims processor prior to the year-end, that are not reimbursed by the Plan as of year-end, are recorded as claims payable and included in amounts currently payable on the statements of benefit obligations. Claims incurred but not yet reported are estimated by Plan management based on an analysis of actual and historical payments made. As part of the plan merger, VHUP transferred an obligation of \$231,500 to the Plan related to the Vacation benefit as of June 1, 2024. Vacation benefit obligations are the vested benefits earned for the participants in the pooled fund that are remaining for 2024. Plan management determines the amount of benefit obligations based on the Agreement. See Note 13 for further information. As part of the plan merger, VHUP transferred an obligation of \$137,000 to the Plan related to the critical illness benefit as of June 1, 2024. See Note 13 for further information. The critical illness benefit obligations are the vested benefits earned and estimated for certain eligible participants as September 30, 2024. The active employee accumulated eligibility credits benefit obligation is based on current benefit costs per active employee and the actuarial present value of future benefits expected to be paid during unemployment. Obligations for COBRA are covered by current monthly contributions.

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

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

Recent adopted accounting pronouncement: On October 1, 2023, the Plan adopted Accounting Standards Updates (ASU) 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which requires entities to recognize impairment of financial assets measured at amortized cost by requiring immediate recognition of estimated credit losses expected to occur over their remaining life, instead of when incurred. The adoption of ASU 2016-13 did not have a material effect on the Plan's financial statements.

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 July 11, 2025, the date the financial statements are available for issuance.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 2. Fair Value Measurements

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

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

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

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at 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.

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

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.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

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

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
Assets:				
Asset-backed securities	\$ -	\$ 7,497,029	\$ -	\$ 7,497,029
Corporate bonds	-	23,032,442	-	23,032,442
Federal agency obligations	-	21,381,807	-	21,381,807
Government securities	-	15,039,979	-	15,039,979
Mortgage securities	-	3,814,252	-	3,814,252
Futures contracts	29,291	-	-	29,291
Total assets in the fair value hierarchy	\$ 29,291	\$ 70,765,509	\$ -	70,794,800
Investments measured at NAV (a)				92,686,351
Total investments at fair value				\$ 163,481,151

Liabilities:

Futures contracts (b)	\$ (7,203)	\$ -	\$ -	\$ (7,203)
	\$ (7,203)	\$ -	\$ -	\$ (7,203)

Type of Security	Investments as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Asset-backed securities	\$ -	\$ 12,968,038	\$ -	\$ 12,968,038
Corporate bonds	-	24,709,563	-	24,709,563
Federal agency obligations	-	24,190,647	-	24,190,647
Government securities	-	9,290,418	-	9,290,418
Mortgage securities	-	2,953,049	-	2,953,049
Futures contracts	161,995	-	-	161,995
Total assets in the fair value hierarchy	\$ 161,995	\$ 74,111,715	\$ -	74,273,710
Investments measured at NAV (a)				87,671,902
Total investments at fair value				\$ 161,945,612

Liabilities:

Futures contracts (b)	\$ (96,309)	\$ -	\$ -	\$ (96,309)
	\$ (96,309)	\$ -	\$ -	\$ (96,309)

- (a) In accordance with the guidance by FASB 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.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

- (b) Futures contracts are included in accrued expenses and other liabilities 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	2024	2023	Unfunded Commitment	Redemption Frequency	Redemption
	Fair Value	Fair Value			Notice Period
State Street Institutional Liquid Reserves Fund (c) State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (c)	\$ 12,301,779	\$ 6,791,969	\$ -	Daily	None
Longview Broad Market 3000 Index Fund (d)	104,490	245,380	-	Daily	None
BGO Diversified US Property Fund (e)	34,270,201	27,062,400	-	Quarterly	45 days
ASB Allegiance Real Estate Fund (f)	18,469,421	20,953,924	-	Quarterly	30 days
Ellington Structured Credit ERISA Fund (g)	15,934,506	20,905,354	-	Monthly	30 days
Electrical Industry Real Estate Fund LLC (h)	9,765,235	11,712,875	-	See (a) below	See (a) below
	1,840,719	-	-		
	<u>\$ 92,686,351</u>	<u>\$ 87,671,902</u>			

- (c) The Plan's investments in the State Street Institutional Liquid Reserves Fund and the 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.
- (d) The Plan's investment in the Longview Broad Market 3000 Index Fund, a direct filing entity, has no restrictions on the NAV price, or its equivalent. There are no known or anticipated redemptions.
- (e) BGO Diversified US Property Fund 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) ASB Allegiance Real Estate Fund 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 investors 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.
- (g) 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.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

(h) The Electrical Industry Real Estate Fund LLC (the Fund) is administered by JIB and is owned by the Plan and two other related plans. The Plan's investment in the Fund is valued monthly and there is no option in the Fund for voluntary redemption. The Fund invests in a portfolio of mortgage-backed securities and loans geared to provide stability of principal and returns consistent with medium-duration fixed-income securities.

Note 3. Securities Lending

The Plan has an agreement with its custodian, State Street Bank and Trust Company, to allow it to lend the Plan's securities to various broker-dealers for an agreed-upon revenue-sharing allocation. The custodian will obtain cash and 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 \$104,490 and \$245,380, 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 \$102,100 and \$240,600, respectively.

Note 4. Derivative Instruments

The Plan holds investments in futures contracts in separately managed accounts. The Plan's investment managers generally sell futures contracts to hedge against declines in the value of portfolio securities. The Plan's investment managers may also purchase futures contracts to gain exposure to market changes as it may be more efficient or cost effective than actually buying securities. Variation margin payments are equal to the daily changes in contract value and are recorded as realized gains and losses. Risks of entering into futures contracts include the possibility that there may be an illiquid market and that changes in the value of the contract may not correlate with changes in the value of the underlying securities.

The change in unrealized and realized gains and losses on the futures contracts for the year ended September 30, 2024, which is included in the net appreciation in fair value of investments in the statements of changes in net assets available for benefits, was \$(43,598) and \$207,524, respectively.

The change in unrealized and realized gains and losses on the futures contracts for the year ended September 30, 2023, which is included in the net appreciation in fair value of investments in the statements of changes in net assets available for benefits, was \$166,235 and \$314,675, respectively.

Although the contract or notional amount of these instruments is not recorded on the financial statements, these instruments are recognized as either an asset or a liability, depending on the rights or obligations of the contract measured at fair value. In no case were individual notional positions greater than 5% of the Plan's net assets.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 4. Derivative Instruments (Continued)

The tables below represent the fair and notional values of the futures contracts, as well as their classifications on the Plan's statements of net assets available for benefits at September 30, 2024 and 2023:

		2024			
Security Description	Statements of Net Assets Available for Benefits Location	Gross	Gross Offsetting	Fair Value	Notional Value
		Amounts of Recognized Assets at Fair Value	Amounts of Recognized Liabilities at Fair Value		
Asset derivatives:					
Future contracts	Investments, at fair value	\$ 29,447	\$ (156)	\$ 29,291	\$ 9,651,148
		<u>\$ 29,447</u>	<u>\$ (156)</u>	<u>\$ 29,291</u>	<u>\$ 9,651,148</u>
Liability derivatives:					
Future contracts	Accrued expenses and other liabilities	\$ -	\$ (7,203)	\$ (7,203)	\$ (551,594)
		<u>\$ -</u>	<u>\$ (7,203)</u>	<u>\$ (7,203)</u>	<u>\$ (551,594)</u>
		2023			
Security Description	Statements of Net Assets Available for Benefits Location	Gross	Gross Offsetting	Fair Value	Notional Value
		Amounts of Recognized Assets at Fair Value	Amounts of Recognized Liabilities at Fair Value		
Asset derivatives:					
Future contracts	Investments, at fair value	\$ 227,314	\$ (65,319)	\$ 161,995	\$ 5,036,000
		<u>\$ 227,314</u>	<u>\$ (65,319)</u>	<u>\$ 161,995</u>	<u>\$ 5,036,000</u>
Liability derivatives:					
Future contracts	Accrued expenses and other liabilities	\$ 7,159	\$ (103,468)	\$ (96,309)	\$ (19,880,430)
		<u>\$ 7,159</u>	<u>\$ (103,468)</u>	<u>\$ (96,309)</u>	<u>\$ (19,880,430)</u>

Note 5. Fixed Assets

Fixed assets consist of the following as of September 30, 2024 and 2023:

	2024	2023
Building and improvements	\$ 694,389	\$ 695,176
Furniture, fixtures, equipment and other	1,018,775	1,194,337
	<u>1,713,164</u>	<u>1,889,513</u>
Less accumulated depreciation and amortization	(990,567)	(986,351)
	<u>\$ 722,597</u>	<u>\$ 903,162</u>

The provision for depreciation and amortization of \$279,590 in 2024 and \$295,533 in 2023 was computed by the straight-line method over the estimated useful lives of the assets, ranging from three to 20 years. The provision for depreciation and amortization is included in JIB Medical PC and JIB Services LLC expenses on the statements of changes in net assets available for benefits.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 6. Operating Leases

The office premises occupied by the Plan are leased from the Educational and Cultural Trust Fund of the Electrical Industry, as related entity, at an annual rental of \$668,800 for two years and \$688,864 for the following three years, together with escalations for real estate taxes and operating expenses through September 30, 2023. As of September 30, 2023, this lease was extended to November 30, 2023. A new five-year lease for this office space was signed effective December 1, 2023, at an annual rent of \$598,400 with a 3% increase annually, maturing in 2028. The Plan also leases various pieces of equipment.

Operating lease cost is recognized on a straight-line basis over the lease term. The components of lease expense are as follows:

	2024	2023
Operating lease cost	\$ 741,235	\$ 791,866

Supplemental Plan's statement of net assets information related to leases is as follows:

	2024	2023
Operating lease assets	\$ 2,477,317	\$ 280,965
Other current liabilities	\$ 542,605	\$ 207,143
Operating lease liabilities	1,965,387	73,822
Total operating lease liabilities	\$ 2,507,992	\$ 280,965

	2024	2023
Weighted-average remaining lease term (years):		
Operating leases	4.12	1.52
Weighted-average discount rate:		
Operating leases	4.65%	4.60%

Future minimum lease payments and reconciliation to the lease liabilities recognized on the Plan's statement of net assets is as follows:

Years ending September 30:		
2025		\$ 645,315
2026		663,707
2027		663,987
2028		670,120
2029		112,229
Thereafter		-
Total lease payments		2,755,358
Less imputed interest		(247,366)
Total present value of lease liabilities		\$ 2,507,992

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 7. Reciprocal Agreements

During 1982, the Plan entered into a Master Health and Welfare Reciprocal Agreement with certain pension funds administered by local unions of the Third District. The Plan joined the International Health and Welfare Reciprocity Plan for the Electrical Industry in November 1984. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees participating local unions.

For the years ended September 30, 2024 and 2023, the Plan remitted \$1,564,970 and \$1,646,610, respectively, in accordance with these agreements with the participating local unions.

Note 8. 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, the Plan held 20.96% of the portfolio in the Longview Broad Market 3000 Index Fund, 9.75% in the ASB Allegiance Real Estate Fund, 11.30% in the BGO Diversified US Property Fund, and 5.97% in Ellington Structured Credit Fund. At September 30, 2023, the Plan held 16.71% of the portfolio in the Longview Broad Market 3000 Index Fund, 12.91% in the ASB Allegiance Real Estate Fund, 12.94% in the BGO Diversified US Property Fund, and 7.23% in Ellington Structured Credit Fund. The Plan's investment managers regularly evaluate the credit standing of these institutions, which are considered in the Plan's investment strategy. Information about these financial instruments is described in Notes 2 and 3.

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 9. Due From (to) Affiliates

Amounts due from (to) affiliates consist of the following:

	September 30	
	2024	2023
JIB	\$ -	\$ 237,459
Dental Benefit Fund of the Electrical Industry	17,545	16,181
	<u>\$ 17,545</u>	<u>\$ 253,640</u>
JIB	\$ (205,612)	\$ -
JIB Services	(119,029)	(134,258)
	<u>\$ (324,641)</u>	<u>\$ (134,258)</u>

Amount due from (to) JIB and amount due to JIB Services result from the routine annual review of the expense allocation (see Note 1). Amount due from Dental Benefit Fund of the Electrical Industry is for reimbursements of amounts to be remitted under reciprocal agreement.

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 10. Plan Termination

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

Note 11. Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated May 1, 2001, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association, except to the extent that any unrelated business taxable income is not set aside for the exempt purposes of the Plan. All such set asides have been made for the fiscal years ended September 30, 2024 and 2023. 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.

Note 12. Related Party and Party-in-Interest Transactions

State Street Bank and Trust Company and Amalgamated Bank are the Plan's custodians and the Plan also invests in a short-term investment fund managed by State Street. In addition, the Plan invests in the Electrical Industry Real Estate Fund LLC, which is managed by Morgan Stanley and administered by JIB. Further, the Plan invests in the Longview Broad Market 3000 Index Fund held and managed by Amalgamated Bank. The Plan also holds bank accounts at Deutsche Bank used for cash transactions in the ordinary course of administering the Plan. In addition, as described in Notes 1, 3, 6 and 8, the Plan has several other arrangements with JIB, JIB Medical, JIB Services and service providers related to plan operations. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 13. Plan Merger

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

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

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

Pension, Hospitalization and Benefit Plan of the Electrical Industry – Welfare Account

Notes to Financial Statements

Note 14. Reconciliation to the Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 260,579,335	\$ 251,291,218
Less health benefits payable, including amounts incurred but not reported	(110,000,000)	(92,132,000)
Less vacation benefit obligations	(295,000)	-
Less critical illness benefit obligations	(290,000)	-
Net assets per the Form 5500	<u>\$ 149,994,335</u>	<u>\$ 159,159,218</u>

The following is a reconciliation of total benefits paid to participants as reported on the financial statements for the year ended September 30, 2024, to the amounts as reported on the Form 5500:

Benefits paid as reported on the financial statements	\$ 531,156,932
Add health benefits payable, including amounts incurred but not reported at September 30, 2024	110,000,000
Add vacation benefit obligations at September 30, 2024	295,000
Add critical illness benefit obligations at September 30, 2024	290,000
Transfer in of benefit obligations (Note 13)	(368,500)
Less health benefits payable, including amounts incurred but not reported at September 30, 2023	(92,132,000)
Benefits paid to participants per the Form 5500	<u>\$ 549,241,432</u>

The following is a reconciliation of transfer in amount per the financial statements to the Form 5500:

	2024
Transfer in of net assets as reported on the financial statements	\$ 51,944,270
Transfer in of benefit obligations (Note 13)	(368,500)
Transfer of assets to this Plan per the Form 5500	<u>\$ 51,575,770</u>

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

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

Employer Identification Number: 13-0891045
Plan Number: 505

(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		\$ 1,892,999	\$ 1,840,719
*	LONGVIEW BROAD MARKET 3000 INDEX FUND		20,165,304	34,270,201
*	STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST		104,490	104,490
*	STATE STREET CORP JR SUBORDINA 12/99 VAR		58,000	60,087
*	STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		12,301,779	12,301,779
	6297782 LLC COMPANY GUAR 144A 09/27 4.911		36,000	36,275
	AEP TEXAS INC SR UNSECURED 05/29 5.45		117,968	123,078
	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/24 1.65		154,619	154,566
	AES PANAMA GENERATION HL SR SECURED 144A 05/30 4.375		193,026	175,106
	AIR CANADA 2020 2A PTT PASS THRU CE 144A 10/30 5.25		76,156	76,245
	AIR CANADA SR SECURED 144A 08/26 3.875		29,000	28,240
	AIRCASTLE LTD COMPANY GUAR 144A 02/29 5.95		274,112	282,773
	AKER BP ASA COMPANY GUAR 144A 07/31 3.1		221,716	197,864
	ALLIANZ SE JR SUBORDINA 144A 12/99 VAR		200,021	171,264
	AMERICAN EXPRESS CO SR UNSECURED 10/26 VAR		233,000	237,625
	AMERICAN EXPRESS CREDIT ACCOUN AMXCA 2022 3 A		244,998	243,690
	AMGEN INC SR UNSECURED 03/28 5.15		341,594	352,161
	ANGLOGOLD HOLDINGS PLC COMPANY GUAR 10/30 3.75		199,614	184,910
	ARDAGH METAL PACKAGING SR UNSECURED 144A 09/29 4		200,000	178,524
	ASB ALLEGIANCE REAL ESTATE FUND		18,253,782	15,934,506
	ASHTHEAD CAPITAL INC COMPANY GUAR 144A 11/29 4.25		200,000	194,554
	AT+T INC SR UNSECURED 02/26 5.539		396,000	395,758
	ATMOS ENERGY KANSAS SR SECURED 03/35 5.155		192,515	197,619
	AVIS BUDGET RENTAL CAR FUNDING AESOP 2020 1A A 144A		105,178	108,173
	AXIS EQUIPMENT FINANCE RECEIVA AXIS 2022 2A A2 144A		47,710	47,857
	BAE SYSTEMS PLC SR UNSECURED 144A 03/29 5.125		299,530	308,679
	BANCO SANTANDER SA 08/25 5.147		600,000	601,452
	BANCO SANTANDER SA 08/28 5.588		200,000	208,198
	BANK OF AMERICA CORP SR UNSECURED 04/28 VAR		250,000	246,380
	BANK OF AMERICA CORP SR UNSECURED 06/29 VAR		249,748	258,566
	BANK OF AMERICA CREDIT CARD TR BACCT 2022 A2 A2		300,717	302,283
	BARCLAYS DRYROCK ISSUANCE TRUS DROCK 2022 1 A		334,959	332,074
	BAT CAPITAL CORP COMPANY GUAR 08/30 6.343		41,000	44,377
	BAT INTL FINANCE PLC COMPANY GUAR 03/26 1.668		164,000	157,570
	BGO DIVERSIFIED US PROPERTY FUND		15,094,024	18,469,421
	BLACKBIRD CAPITAL AIRCRAFT BBIRD 2021 1A A 144A		253,400	233,424
	BMW VEHICLE LEASE TRUST BMWLT 2024 1 A4		174,416	177,530
	BOEING CO SR UNSECURED 05/25 4.875		750,000	747,143
	BOEING CO/THE SR UNSECURED 144A 05/29 6.298		144,000	151,501
	BORGWARNER INC SR UNSECURED 08/29 4.95		193,603	197,228
	BRIGHTHSE FIN GLBL FUND SECURED 144A 04/27 5.55		124,968	127,609
	BRITISH AIR 20 1 A PTT PASS THRU CE 144A 05/34 4.25		41,105	39,364
	BRIXMOR OPERATING PART SR UNSECURED 02/25 3.85		35,707	35,796
	BX TRUST BX 2021 VOLT D 144A		215,645	222,609
	CAPITAL ONE MULTI ASSET EXECUT COMET 2024 A1 A		194,962	194,793
	CARVANA AUTO RECEIVABLES TRUST CRVNA 2022 P3 C		203,957	207,740
	CDW LLC/CDW FINANCE COMPANY GUAR 03/30 5.1		191,791	194,598
	CELANESE US HOLDINGS LLC COMPANY GUAR 07/27 6.165		334,000	346,094
	CF HIPPOLYTA ISSUER LLC SORT 2020 1 A1 144A		293,545	284,073
	CHASE ISSUANCE TRUST CHAIT 2023 A2 A		354,975	368,620
	CITGO PETROLEUM CORP SR SECURED 144A 06/25 7		100,457	100,936
	CITIGROUP INC SR UNSECURED 01/28 VAR		200,843	197,990
	CITIZENS FINANCIAL GROUP SR UNSECURED 01/30 VAR		21,000	21,846
	CMS ENERGY CORP JR SUBORDINA 12/50 VAR		97,000	84,722
	CNH INDUSTRIAL CAP LLC COMPANY GUAR 04/29 5.1		70,464	73,082
	COMM MORTGAGE TRUST COMM 2020 CX D 144A		97,916	79,083

* Denotes a party in interest as defined by ERISA.

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

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

Employer Identification Number: 13-0891045
Plan Number: 505

(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
	COMMONBOND STUDENT LOAN TRUST CBSLT 2019 AGS A1 144A		\$ 208,165	\$ 190,821
	CONSUMERS 23 SECURE FUND SR SECURED 09/31 5.21		74,971	78,090
	CONTINENTAL RESOURCES COMPANY GUAR 144A 11/26 2.268		137,917	139,328
	COREBRIDGE GLOB FUNDING SECURED 144A 06/26 5.35		119,946	122,125
	CROSS MORTGAGE TRUST CROSS 2024 H2 A2 144A		46,180	46,793
	CYRUSONE DATA CENTERS ISSUER I CYRUS 2023 1A A2 144A		145,103	154,922
	DAIMLER TRUCK FINAN NA COMPANY GUAR 144A 09/28 5.4		207,115	212,312
	DAIMLER TRUCK FINAN NA COMPANY GUAR 144A 12/26 2		205,179	209,469
	DATABANK ISSUER LLC COLO 2021 2A A2 144A		297,963	281,097
	DB MASTER FINANCE LLC DNKN 2021 1A A2I 144A		302,448	286,619
	DELTA AIR LINES/SKYMILES SR SECURED 144A 10/25 4.5		19,999	19,878
	DELTA AIR LINES/SKYMILES SR SECURED 144A 10/28 4.75		164,589	162,808
	DIAMONDBACK ENERGY INC COMPANY GUAR 01/30 5.15		71,887	73,870
	DISCOVER CARD EXECUTION NOTE T DCENT 2022 A2 A		274,988	272,775
	DTE ELECT SECUR FND II SR SECURED 03/33 5.97		248,510	263,905
	DTE ENERGY CO SR UNSECURED 07/27 4.95		26,970	27,456
	ELLINGTON STRUCTURED CREDIT ERISA FUND		8,000,000	9,765,235
	ENACT HOLDINGS INC SR UNSECURED 05/29 6.25		139,939	145,356
	ENERGY TRANSFER LP SR UNSECURED 05/30 3.75		157,485	150,933
	ENERGY TRANSFER LP SR UNSECURED 07/29 5.25		69,866	72,095
	ENTERGY TEX RESTORATION SR SECURED 12/28 3.051		142,889	139,647
	ESSENT GROUP LTD SR UNSECURED 07/29 6.25		71,748	75,104
	EXETER AUTOMOBILE RECEIVABLES EART 2024 3A C		19,996	20,458
	EXTRA SPACE STORAGE LP COMPANY GUAR 04/28 5.7		37,990	39,550
	F+G GLOBAL FUNDING SECURED 144A 07/25 5.15		499,916	499,890
	FANNIE MAE CAS CAS 2022 R07 1M2 144A		242,600	248,622
	FANNIE MAE CAS CAS 2022 R08 1M2 144A		138,250	143,629
	FANNIE MAE CAS CAS 2023 R02 1M2 144A		101,000	106,438
	FED HM LN PC POOL G16017 FG 12/31 FIXED 3		110,489	106,123
	FED HM LN PC POOL G16044 FG 01/32 FIXED 2.5		98,450	94,342
	FED HM LN PC POOL G16091 FG 02/32 FIXED 3		211,029	205,331
	FED HM LN PC POOL G16092 FG 03/32 FIXED 3		262,786	254,431
	FED HM LN PC POOL G16300 FG 05/32 FIXED 3.5		277,609	278,021
	FED HM LN PC POOL G16388 FG 12/31 FIXED 3		173,095	167,033
	FED HM LN PC POOL G16660 FG 07/32 FIXED 2.5		112,312	108,089
	FED HM LN PC POOL G18582 FG 01/31 FIXED 3		88,568	85,238
	FED HM LN PC POOL G18626 FG 01/32 FIXED 2.5		243,780	237,784
	FED HM LN PC POOL G18631 FG 02/32 FIXED 2.5		132,726	127,186
	FED HM LN PC POOL J34680 FG 06/31 FIXED 3		223,831	219,024
	FED HM LN PC POOL J35957 FG 12/31 FIXED 2.5		359,861	353,412
	FED HM LN PC POOL QN4463 FR 12/35 FIXED 2		482,445	428,956
	FED HM LN PC POOL RC1727 FR 12/35 FIXED 2		603,625	535,259
	FED HM LN PC POOL SB0738 FR 09/37 FIXED 4		537,975	541,740
	FED HM LN PC POOL SB8047 FR 05/35 FIXED 3.5		513,638	515,914
	FED HM LN PC POOL SB8059 FR 08/35 FIXED 3		493,736	481,502
	FED HM LN PC POOL SB8177 FR 09/37 FIXED 3.5		374,414	373,160
	FED HM LN PC POOL SB8184 FR 10/37 FIXED 4		631,042	631,482
	FED HM LN PC POOL SB8189 FR 11/37 FIXED 4		366,367	369,780
	FED HM LN PC POOL SB8197 FR 12/37 FIXED 4		575,013	579,726
	FED HM LN PC POOL SC0111 FR 06/38 FIXED 3		225,510	226,886
	FED HM LN PC POOL V60961 FG 09/30 FIXED 3		106,003	103,836
	FED HM LN PC POOL ZS3201 FR 05/41 FIXED 4.5		177,912	185,571
	FED HM LN PC POOL ZS8526 FR 05/29 FIXED 3		139,424	132,667
	FHLMC MULTIFAMILY STRUCTURED P FHMS KF50 A		251,201	253,133
	FHLMC MULTIFAMILY STRUCTURED P FHMS KL1P A2P		205,588	206,219
	FLEXENTIAL ISSUER, LLC FLX 2021 1A A2 144A		263,269	251,298

(continued)

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

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

Employer Identification Number: 13-0891045
Plan Number: 505

(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
	FNMA POOL AH0520 FN 12/40 FIXED 4		\$ 216,215	\$ 225,899
	FNMA POOL AL3102 FN 11/27 FIXED VAR		11,002	10,851
	FNMA POOL AL9340 FN 10/31 FIXED VAR		200,876	192,323
	FNMA POOL AL9465 FN 12/31 FIXED VAR		87,831	84,451
	FNMA POOL AL9867 FN 02/32 FIXED VAR		107,717	103,327
	FNMA POOL AL9996 FN 04/32 FIXED VAR		161,445	157,693
	FNMA POOL AN1336 FN 05/26 FIXED 2.68		284,531	283,825
	FNMA POOL AN2495 FN 09/28 FIXED 2.55		165,305	168,365
	FNMA POOL AN2843 FN 11/28 FIXED 2.54		172,448	177,856
	FNMA POOL AN4335 FN 01/27 FIXED 3.05		142,126	142,006
	FNMA POOL AN7163 FN 10/27 FIXED 2.94		108,965	108,917
	FNMA POOL AS4512 FN 02/30 FIXED 3		102,088	100,066
	FNMA POOL AS6153 FN 11/30 FIXED 3		136,117	132,574
	FNMA POOL AS7277 FN 05/31 FIXED 3		180,168	176,137
	FNMA POOL AS8194 FN 10/31 FIXED 2.5		192,959	186,237
	FNMA POOL AS8242 FN 11/31 FIXED 2.5		197,050	190,367
	FNMA POOL AS8246 FN 11/31 FIXED 2.5		69,557	66,695
	FNMA POOL AS8449 FN 12/31 FIXED 2.5		134,335	128,620
	FNMA POOL AS8511 FN 12/31 FIXED 2.5		326,629	317,239
	FNMA POOL AS8614 FN 01/32 FIXED 3.5		390,372	389,401
	FNMA POOL AS8703 FN 02/32 FIXED 2.5		235,466	227,830
	FNMA POOL AS8714 FN 02/32 FIXED 2.5		213,795	207,247
	FNMA POOL AS8892 FN 02/32 FIXED 2.5		189,770	183,722
	FNMA POOL AU6682 FN 09/28 FIXED 3		15,038	14,808
	FNMA POOL BC4777 FN 10/31 FIXED 2.5		124,728	119,562
	FNMA POOL BE1906 FN 12/31 FIXED 3		280,091	273,298
	FNMA POOL BM1045 FN 03/32 FIXED VAR		238,385	232,631
	FNMA POOL BM1228 FN 05/32 FIXED VAR		50,556	48,750
	FNMA POOL BM1423 FN 05/32 FIXED VAR		124,318	119,570
	FNMA POOL BM3174 FN 05/32 FIXED VAR		217,379	216,839
	FNMA POOL BM3269 FN 04/32 FIXED VAR		208,381	202,105
	FNMA POOL BM3540 FN 10/32 FIXED VAR		220,725	215,904
	FNMA POOL BM4151 FN 06/32 FIXED VAR		238,226	232,396
	FNMA POOL BM4864 FN 05/33 FIXED VAR		179,186	178,928
	FNMA POOL BM5336 FN 03/32 FIXED VAR		202,579	195,558
	FNMA POOL BP7663 FN 12/35 FIXED 2		470,822	418,622
	FNMA POOL BS1828 FN 05/28 FIXED 1.58		131,523	131,673
	FNMA POOL BS5055 FN 03/29 FIXED 2.4		111,583	116,678
	FNMA POOL BT2714 FN 07/36 FIXED 2		578,928	517,930
	FNMA POOL CA3564 FN 06/38 FIXED 3.5		92,546	88,027
	FNMA POOL CA4875 FN 11/38 FIXED 3		74,670	69,217
	FNMA POOL CB4647 FN 09/42 FIXED 4.5		222,459	225,370
	FNMA POOL CB4648 FN 09/42 FIXED 4.5		221,201	224,998
	FNMA POOL FM2055 FN 12/34 FIXED VAR		269,968	269,856
	FNMA POOL FM3647 FN 06/35 FIXED VAR		434,382	433,201
	FNMA POOL FM5037 FN 12/35 FIXED VAR		576,971	514,617
	FNMA POOL FM5439 FN 01/36 FIXED VAR		326,177	290,281
	FNMA POOL FM5497 FN 12/35 FIXED VAR		169,481	152,629
	FNMA POOL FM7653 FN 05/36 FIXED VAR		337,227	301,323
	FNMA POOL FS0574 FN 01/35 FIXED VAR		300,309	299,870
	FNMA POOL FS3386 FN 05/38 FIXED VAR		417,499	419,605
	FNMA POOL MA2830 FN 12/31 FIXED 2.5		139,740	135,609
	FNMA POOL MA2831 FN 12/31 FIXED 3		227,374	221,605
	FNMA POOL MA2898 FN 02/32 FIXED 2.5		210,666	204,304
	FNMA POOL MA4229 FN 01/36 FIXED 2		352,173	313,499
	FNMA POOL MA4776 FN 10/37 FIXED 4		634,557	635,441

(continued)

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

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

Employer Identification Number: 13-0891045

Plan Number: 505

(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
	FNMA POOL MA4944 FN 03/38 FIXED 4.5		\$ 947,897	\$ 948,616
	FNMA POOL MA4997 FN 03/33 FIXED 4.5		305,608	308,278
	FORD MOTOR CREDIT CO LLC SR UNSECURED 08/26 4.542		303,000	300,421
	FORTRESS CREDIT OPPORTUNITIES FCO 2022 17A A 144A		223	223
	FREDDIE MAC STACR STACR 2021 DNA7 M2 144A		88,386	92,955
	FREDDIE MAC STACR STACR 2022 DNA5 M1B 144A		144,313	146,902
	FRESB MULTIFAMILY MORTGAGE PAS FRESB 2021 SB82 A5F		405,645	407,089
	FRESB MULTIFAMILY MORTGAGE PAS FRESB 2021 SB83 A5F		565,028	561,352
	GE HEALTHCARE TECH INC SR UNSECURED 08/29 4.8		18,978	19,358
	GENERAL MOTORS FINL CO SR UNSECURED 04/26 5.4		750,111	759,068
	GENERAL MOTORS FINL CO SR UNSECURED 05/27 5.4		104,976	107,222
	GLOBAL PART/GLP FINANCE COMPANY GUAR 08/27 7		104,011	102,689
	GLP CAPITAL LP / FIN II COMPANY GUAR 01/32 3.25		74,662	66,349
	GNMA II POOL 785262 G2 08/49 FIXED 5.5		787,864	786,074
	GOLDMAN SACHS GROUP INC SR UNSECURED 09/27 VAR		865,934	856,739
	GOVERNMENT NATIONAL MORTGAGE A GNR 2009 68 NP		295,864	302,169
	GS MORTGAGE BACKED SECURITIES GSMS 2024 HE1 A1 144A		92,138	92,237
	GS MORTGAGE SECURITIES TRUST GSMS 2015 GS1 AS		28,988	30,020
	HCA INC COMPANY GUAR 02/27 4.5		491,706	500,635
	HERC HOLDINGS INC COMPANY GUAR 144A 06/29 6.625		42,000	43,503
	HESS MIDSTREAM OPERATION COMPANY GUAR 144A 06/29 6.5		16,000	16,561
	HILTON GRAND VACATIONS TRUST HGVT 2022 2A A 144A		52,366	52,007
	HONDA AUTO RECEIVABLES OWNER T HAROT 2024 3 A3		164,975	166,594
	HOWARD MIDSTREAM ENERGY SR UNSECURED 144A 07/28 8.875		34,000	36,060
	HSBC HOLDINGS PLC SR UNSECURED 03/26 VAR		589,257	594,402
	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 06/28 2		81,138	83,290
	IMPERIAL FUND LLC IMPRL 2023 NQM1 A1 144A		127,548	128,012
	IMPERIAL FUND LLC IMPRL 2023 NQM1 A3 144A		219,900	222,156
	INSTAR LEASING III, LLC INSTR 2021 1A A 144A		109,089	99,815
	INTEL CORP SR UNSECURED 02/26 4.875		20,000	20,100
	JBS USA HOLD/FOOD/LUX CO COMPANY GUAR 01/32 3.625		198,506	182,850
	JP MORGAN MORTGAGE TRUST JPMMT 2024 CES1 A1B 144A		70,669	71,349
	JPMORGAN CHASE + CO SR UNSECURED 04/27 VAR		175,267	182,014
	JPMORGAN CHASE + CO SR UNSECURED 09/27 VAR		663,364	663,033
	KANSAS GAS SVC SEC I LLC SR SECURED 08/34 5.486		201,164	210,444
	KITE REALTY GROUP LP SR UNSECURED 10/26 4		22,727	23,673
	KROGER CO SR UNSECURED 09/29 4.65		62,935	63,348
	KYNDRYL HOLDINGS INC SR UNSECURED 10/26 2.05		77,959	74,154
	LAS VEGAS SANDS CORP SR UNSECURED 06/27 5.9		114,989	118,095
	MACY S RETAIL HLDGS LLC COMPANY GUAR 144A 03/30 5.875		70,527	68,632
	MARATHON PETROLEUM CORP SR UNSECURED 05/25 4.7		428,678	427,456
	MERCEDES BENZ AUTO LEASE TRUST MBALT 2024 A A3		104,989	107,302
	METRONET INFRASTRUCTURE ISSUER MNET 2023 1A A2 144A		99,993	103,885
	MINIBISHI UFJ FIN GRP SR UNSECURED 02/26 VAR		400,000	401,024
	MORGAN STANLEY SR UNSECURED 05/27 VAR		204,353	196,162
	MORGAN STANLEY SR UNSECURED 07/27 VAR		666,078	665,679
	MVW OWNER TRUST MVWOT 2023 1A C 144A		62,374	63,656
	NASDAQ INC SR UNSECURED 06/28 5.35		32,951	34,283
	NEW ECONOMY ASSETS PHASE 1 ISS USRE 2021 1 A1 144A		471,934	442,420
	NEW RESIDENTIAL MORTGAGE LOAN NRZT 2021 NQ2R A1 144A		70,554	66,120
	NEW RESIDENTIAL MORTGAGE LOAN NRZT 2022 NQM1 A1 144A		374,566	334,019
	NISOURCE INC SR UNSECURED 03/28 5.25		14,982	15,451
	NISSAN MASTER OWNER TRUST RECE NMOTR 2024 B A 144A		259,536	264,998
	OCCIDENTAL PETROLEUM COR SR UNSECURED 09/28 6.375		134,360	136,699
	OWENS CORNING SR UNSECURED 02/30 3.5		25,881	26,594
	OWENS CORNING SR UNSECURED 06/27 5.5		131,202	135,252

(continued)

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

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

Employer Identification Number: 13-0891045
Plan Number: 505

(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
	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/27 2.1		\$ 196,854	\$ 184,619
	PARAMOUNT GLOBAL JR SUBORDINA 03/62 VAR		28,776	30,525
	PEPSICO INC SR UNSECURED 05/28 4.45		192,822	197,084
	PG+E WILDFIRE RECOVERY SR SECURED 06/33 4.022		285,434	291,397
	PHILIP MORRIS INTL INC SR UNSECURED 02/27 4.75		42,787	43,680
	PHILIP MORRIS INTL INC SR UNSECURED 02/29 4.875		115,058	118,932
	PIONEER NATURAL RESOURCE SR UNSECURED 01/26 1.125		219,223	211,552
	PNC FINANCIAL SERVICES SR UNSECURED 05/30 VAR		70,000	73,148
	PNC FINANCIAL SERVICES SR UNSECURED 10/27 VAR		132,953	138,994
	PNMAC GMSR ISSUER TRUST PNMSR 2021 FT1 A 144A		295,000	295,764
	PORSCHE INNOVATIVE LEASE OWNER PILOT 2024 1A A3 144A		99,989	100,649
	PUGET ENERGY INC SR SECURED 06/28 2.379		129,000	119,448
	PUREWEST FUNDING LLC PUREW 2021 1 A1 144A		92,763	91,086
	RADIAN GROUP INC SR UNSECURED 05/29 6.2		69,884	73,140
	ROYAL CARIBBEAN CRUISES SR UNSECURED 144A 03/32 6.25		67,274	69,502
	ROYALTY PHARMA PLC COMPANY GUAR 09/25 1.2		204,713	203,410
	SANTANDER HOLDINGS USA SR UNSECURED 03/29 VAR		40,000	41,887
	SBA TOWER TRUST ASSET BACKED 144A 10/56 2.593		231,000	197,377
	SMB PRIVATE EDUCATION LOAN TRU SMB 2017 B A2B 144A		106,240	106,079
	STELLANTIS FIN US INC COMPANY GUAR 144A 09/31 2.691		200,000	170,586
	STERIS PLC COMPANY GUAR 03/31 2.7		149,900	133,602
	SYNCHRONY BANK SR UNSECURED 08/25 5.4		599,815	601,266
	SYNCHRONY FINANCIAL SR UNSECURED 07/25 4.5		492,116	491,140
	TARGA RESOURCES CORP COMPANY GUAR 07/27 5.2		134,081	137,070
	TEXTAINER MARINE CONTAINERS LI TMCL 2021 1A A 144A		380,108	347,279
	TIF FUNDING II LLC TIF 2021 1A A 144A		202,323	181,492
	TRANSMANTARO SR UNSECURED 144A 04/34 4.7		223,133	195,710
	TRITON CONTAINER COMPANY GUAR 144A 06/31 3.15		86,945	75,819
	TRUIST FINANCIAL CORP SR UNSECURED 06/27 VAR		32,000	32,836
	TSY INFL IX N/B 02/43 0.625		63,292	65,865
	TSY INFL IX N/B 02/45 0.75		22,480	21,345
	TSY INFL IX N/B 02/46 1		61,497	49,756
	TSY INFL IX N/B 02/47 0.875		118,125	88,895
	TSY INFL IX N/B 02/50 0.25		126,594	109,571
	TSY INFL IX N/B 02/51 0.125		1	1
	UNITED AIR 2018 1 B PTT PASS THRU CE 09/27 4.6		178,589	176,125
	UNITED AIR 2019 2 AA PTT PASS THRU CE 11/33 2.7		329,641	294,166
	US BANCORP SR UNSECURED 01/30 VAR		19,000	19,732
	US 2-YEAR NOTE FUTURES		-	14,832
	US 5-YEAR NOTE FUTURES		-	3,581
	US TREASURY 10-YEAR ULTRA FUTURES		-	2,374
	US TREASURY N/B 01/28 3.5		2,954,044	3,028,111
	US TREASURY N/B 02/27 1.875		556,602	563,725
	US TREASURY N/B 02/38 4.375		25,768	26,338
	US TREASURY N/B 02/42 2.375		100,537	105,142
	US TREASURY N/B 02/49 3		43,375	44,526
	US TREASURY N/B 04/29 4.625		1,399,110	1,419,095
	US TREASURY N/B 05/29 4.5		392,034	391,040
	US TREASURY N/B 05/34 4.375		70,766	73,314
	US TREASURY N/B 05/48 3.125		101,074	107,972
	US TREASURY N/B 05/49 2.875		100,434	110,517
	US TREASURY N/B 05/52 2.875		105,577	97,895
	US TREASURY N/B 05/54 4.625		57,332	59,658
	US TREASURY N/B 06/26 0.875		991,769	981,281
	US TREASURY N/B 06/29 4.25		45,772	46,315
	US TREASURY N/B 06/31 4.25		34,325	34,163

(continued)

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

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

Employer Identification Number: 13-0891045
Plan Number: 505

(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
	US TREASURY N/B 07/27 2.75		\$ 3,281,126	\$ 3,348,623
	US TREASURY N/B 08/25 5		2,417,560	2,428,131
	US TREASURY N/B 08/42 3.375		17,229	18,049
	US TREASURY N/B 08/48 3		99,206	109,482
	US TREASURY N/B 08/49 2.25		58,628	62,349
	US TREASURY N/B 09/26 0.875		631,716	640,355
	US TREASURY N/B 10/26 4.625		247,853	247,576
	US TREASURY N/B 11/26 4.625		761,765	760,890
	US TREASURY ULTRA FUTURES BOND		-	8,504
	USAA AUTO OWNER TRUST USAOT 2024 A A3 144A		244,956	249,007
	USQ RAIL STEAM 2021 1A A 144A		89,360	82,221
	VERALTO CORP COMPANY GUAR 09/26 5.5		92,032	94,059
	VERIZON MASTER TRUST VZMT 2024 7 A 144A		139,961	140,423
	VERUS SECURITIZATION TRUST VERUS 2020 1 A1 144A		16,151	15,786
	VIRGINIA POWER FUEL SEC SR SECURED 05/29 5.088		219,998	223,001
	WARNERMEDIA HOLDINGS INC COMPANY GUAR 03/27 3.755		722,071	725,213
	WELLS FARGO + COMPANY SR UNSECURED 03/28 VAR		127,696	127,538
	WELLS FARGO CARD ISSUANCE TRUS WFCIT 2024 A1 A		274,934	280,773
	WELLS FARGO COMMERCIAL MORTGAG WFCM 2015 NXS4 C		35,897	37,560
	WESTINGHOUSE AIR BRAKE COMPANY GUAR 06/25 3.2		426,935	421,543
	WILLIAMS COMPANIES INC SR UNSECURED 09/25 4		326,209	317,121
	WILLIAMS SCOTSMAN INC SR SECURED 144A 06/29 6.625		47,082	48,391
	WOODWARD CAPITAL MANAGEMENT RCKT 2024 CES2 A1B 144A		69,131	69,899
	WORLD FINANCIAL NETWORK CREDIT WFNMT 2024 A A		284,957	293,196
	Total investments		\$ 147,331,760	\$ 163,481,151

Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

Schedule H, Line 4j—Schedule of Reportable Transactions

Year Ended September 30, 2024

Employer Identification Number: 13-0891045

Plan Number: 505

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transactions Date	Net Current Gain or (Loss)
Series Transactions:					
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	\$ 76,339,501	\$ -	\$ 76,339,501	\$ 76,339,501	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	70,829,691	70,829,691	70,829,691	-

* Denotes a party in interest as defined by ERISA.

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>10/01/2023</u> and ending <u>09/30/2024</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a	Name of plan PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - WELFARE ACCOUNT
1b	Three-digit plan number (PN) ▶ 505
1c	Effective date of plan 12/13/1940
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TR OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND-WELFARE 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING NY 11365
2b	Employer Identification Number (EIN) 13-0891045
2c	Plan Sponsor's telephone number 718-591-2000
2d	Business code (see instructions) 238210

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

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

SIGN HERE		7-8-25	HUMBERTO J. RESTREPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Plan Name: Pension, Hospitalization and Benefit Plan of the Electrical Industry - Welfare Account

Plan Sponsor's Name: BD of TTEE of the Pension, Hospitalization & Benefit Plan of the Electrical Industry-WelfareAcct

EIN: 13-0891045

PN: 505

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: Pension, Hospitalization & Benefit Plan of the Electrical Industry - Welfare Account

Plan Sponsor's Name: Bd of TTEE of the Pension, Hospitalization & Benefit Plan of the Electrical Industry -Welfare Acct.

EIN: 13-0891045

PN: 505

Plan Year End: 9/30/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.