

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>ELECTRICIANS HEALTH AND WELFARE PLAN IBEW 995</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>501</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE BOARD OF TRUSTEES, ELECTRICIANS</u> <u>HEALTH AND WELFARE PLAN, IBEW 995</u></p> <p><u>8111 TOM DRIVE</u> <u>BATON ROUGE, LA 70815-8047</u></p> | <p>1c Effective date of plan <u>01/01/1964</u></p> <p>2b Employer Identification Number (EIN) <u>72-6029075</u></p> <p>2c Plan Sponsor's telephone number</p> <p>2d Business code (see instructions) <u>525100</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. | 07/16/2025 | TIMOTHY ALEXANDER |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/21/2025 | JASON DEDON |
| | 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 checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 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 | 344 |
| 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..... | 6a(1) | 287 |
| | 6a(2) | 313 |
| | 6b | 37 |
| | 6c | 14 |
| | 6d | 364 |
| | 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 | 21 |

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 4F 4L 4Q

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

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

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | |
|---|--|
| A Name of plan ELECTRICIANS HEALTH AND WELFARE PLAN IBEW 995 | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES, ELECTRICIANS | D Employer Identification Number (EIN) 72-6029075 |

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

1 Coverage Information:

(a) Name of insurance carrier
DEARBORN LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 36-2598882 | 71129 | VF026604 | 311 | 06/01/2023 | 05/31/2024 |

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

| | |
|---|--|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 0 |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|-------|
| a | Total premiums or subscription charges paid to carrier | 10a | 28730 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | |
|---|--|
| A Name of plan ELECTRICIANS HEALTH AND WELFARE PLAN IBEW 995 | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES, ELECTRICIANS | D Employer Identification Number (EIN) 72-6029075 |

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

1 Coverage Information:

(a) Name of insurance carrier
DEARBORN LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 36-2598882 | 71129 | VF026604 | 311 | 06/01/2023 | 05/31/2024 |

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

| | |
|---|--|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 0 |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|------|
| a | Total premiums or subscription charges paid to carrier | 10a | 5836 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|--|-------------------|
| <p>A Name of plan ELECTRICIANS HEALTH AND WELFARE PLAN IBEW 995</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>501</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES, ELECTRICIANS</p> | <p>D Employer Identification Number (EIN) 72-6029075</p> | |

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

1 Coverage Information:

(a) Name of insurance carrier
BCS INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 36-6033921 | 38245 | ESL-30364 | 316 | 01/01/2024 | 12/31/2024 |

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

| | |
|---|--|
| <p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 142974 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|--|------------|
| A Name of plan ELECTRICIANS HEALTH AND WELFARE PLAN IBEW 995 | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES, ELECTRICIANS | D Employer Identification Number (EIN) 72-6029075 | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BLUE CROSS BLUE SHIELD OF ILLINOIS

300 EAST RANDOLPH ST
CHICAGO, IL 60601

36-1236610

| (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 15 | NONE | 192175 | 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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS ST 400
BALTIMORE, MD 21227

52-1796473

| (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 | NONE | 116224 | 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)

KRISTINE GUILLOT

8111 TOM DRIVE
BATON ROUGE, LA 70815

72-6057089

| (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? |
|------------------------|---|--|--|--|---|--|
| 30 | EMPLOYEE | 73217 | 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)

ROBEIN, URANN, SPENCER, PICARD & CA

2540 SEVERN AVE, SUITE 400
METAIRIE, LA 70002

72-0999672

| (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 | NONE | 71744 | 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)

DAWN HALL

8111 TOM DRIVE
BATON ROUGE, LA 70815

72-6057089

| (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? |
|------------------------|---|--|--|--|---|--|
| 30 | EMPLOYEE | 67273 | 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)

ERIN GUEHO

8111 TOM DRIVE
BATON ROUGE, LA 70815

72-6057089

| (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? |
|------------------------|---|--|--|--|---|--|
| 30 | EMPLOYEE | 51973 | 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)

THE SEGAL COMPANY

7900 N. SAM HOUSTON PARKWAY, SUITE
HOUSTON, TX 77064

94-1503999

| (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 16 | NONE | 46000 | 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)

VANESSA NORTON

8111 TOM DRIVE
BATON ROUGE, LA 70815

72-6057089

| (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? |
|------------------------|---|--|--|--|---|--|
| 30 | EMPLOYEE | 45660 | 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)

DUPLANTIER, HRAPMANN, HOGAN, & MAHE

1615 POYDRAS ST. STE 2100
NEW ORLEANS, LA 70112

72-0567396

| (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? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 41506 | 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"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ELECTRICIANS HEALTH AND WELFARE PLAN IBEW 995 | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES, ELECTRICIANS | D Employer Identification Number (EIN) 72-6029075 |

| | |
|---------------|--------------------------------------|
| 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 | 1201937 | 2116239 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 366883 | 471681 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 104503 | 133741 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2890819 | 3381404 |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 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 | 55066 | 44422 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 4619208 | 6147487 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 436500 | 484100 |
| h Operating payables..... | 1h | 69749 | 51634 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 506249 | 535734 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 4112959 | 5611753 |

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) | 3964731 | |
| (B) Participants..... | 2a(1)(B) | 309395 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 4274126 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 217106 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 217106 |
| (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) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | |
| c Other income | 2c | 233314 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | 4724546 |

Expenses

| | | |
|--|--------|---------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 2062258 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 176066 |
| (3) Other..... | 2e(3) | 93271 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 2331595 |
| 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) | |
| (3) Recordkeeping fees | 2i(3) | |
| (4) IQPA audit fees | 2i(4) | 41506 |
| (5) Investment advisory and investment management fees | 2i(5) | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | |
| (7) Actuarial fees | 2i(7) | 46000 |
| (8) Legal fees | 2i(8) | 71744 |
| (9) Valuation/appraisal fees | 2i(9) | |
| (10) Other trustee fees and expenses | 2i(10) | |
| (11) Other expenses..... | 2i(11) | 734907 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 894157 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | 3225752 |

Net Income and Reconciliation

| | | |
|--|-------|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | 1498794 |
| l Transfers of assets: | | |
| (1) To this plan..... | 2l(1) | |
| (2) From this plan | 2l(2) | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DUPLANTIER, HRAPMANN, HOGAN & MAHER**

(2) EIN: **72-0567396**

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 | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| 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. | | X | |

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 _____.

R E P O R T

ELECTRICIANS HEALTH AND WELFARE PLAN

I.B.E.W. 995

BATON ROUGE, LOUISIANA

DECEMBER 31, 2024 AND 2023

ELECTRICIANS HEALTH AND WELFARE PLAN
I.B.E.W. 995
BATON ROUGE, LOUISIANA

INDEX TO REPORT

DECEMBER 31, 2024 AND 2023

| | <u>PAGE</u> |
|---|-------------|
| INDEPENDENT AUDITOR'S REPORT..... | 1 - 3 |
| FINANCIAL STATEMENTS: | |
| Statements of Net Assets Available for Benefits | 4 |
| Statements of Changes in Net Assets Available for Benefits..... | 5 |
| Statements of Benefit Obligations..... | 6 |
| Statements of Changes in Benefit Obligations..... | 7 |
| Notes to Financial Statements | 8 - 17 |
| OTHER SUPPLEMENTARY INFORMATION: | |
| Schedules of Administrative Expenses | 18 |
| DEPARTMENT OF LABOR REQUIRED SUPPLEMENTARY INFORMATION: | |
| Schedule of Assets (Held at End of Year)..... | 19 |



Duplantier Hrapmann Hogan & Maher, LLP

A.J. Duplantier, Jr., CPA
(1919-1985)
Felix J. Hrapmann, Jr., CPA
(1919-1990)
William R. Hogan, Jr., CPA
(1920-1996)
James Maher, Jr., CPA
(1921-1999)

INDEPENDENT AUDITOR'S REPORT

July 1, 2025

Lindsay J. Calub, CPA, LLC
Michelle H. Cunningham, CPA
Grady C. Lloyd, III, CPA
Robynn P. Beck, CPA
J. Patrick Butler, III, CPA
Wesley D. Wade, CPA

Heather M. Jovanovich, CPA
Terri L. Kitto, CPA
Gregory J. Binder, IT Director
Colleen A. Casey, CPA
Jason C. Montegut, CPA
J. Michael Flynn, III CPA
Dennis W. Dillon, CPA

Metairie

3510 N. Causeway Blvd.
Suite 500
Metairie, LA 70002
Phone: (504) 586-8866
Fax: (504) 525-5888

Covington

220 Park Place
Suite 101
Covington, LA 70433
Phone: (985) 892-8776
Fax: (985) 892-0952

Houma

1340 W. Tunnel Blvd.,
Suite 412
Houma, LA 70360
Phone: (985) 868-2630
Fax: (985) 872-3833

Slidell

1290 Seventh Street
Slidell, LA 70458
Phone: (985) 641-1272
Fax: (985) 781-6497

To the Trustees of the
Electricians Health and Welfare
Plan, I.B.E.W. 995
Baton Rouge, Louisiana

Opinion

We have audited the accompanying financial statements of the Electricians Health and Welfare Plan, I.B.E.W. 995, 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 December 31, 2024 and 2023, and 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Electricians Health and Welfare Plan, I.B.E.W. 995, as of December 31, 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. 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 Electricians Health and Welfare Plan, I.B.E.W. 995 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.

www.dhhmcpa.com

Members
American Institute of
Certified Public Accountants
Society of LA CPAs

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Electricians Health and Welfare Plan, I.B.E.W. 995's, ability to continue as a going concern for one year after the date the financial statements are 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 generally accepted auditing standards 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement 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 Electricians Health and Welfare Plan, I.B.E.W. 995'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Electricians Health and Welfare Plan, I.B.E.W. 995'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.

Reporting on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The other supplementary information as listed in the index to report is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of the Plan's 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 audit 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Department of Labor required supplementary information as listed in the index to report is presented for the purpose of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations 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 audit 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 generally accepted auditing standards.

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 Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Duplantier, Sharpman, Hogan and Parker, LLP

New Orleans, Louisiana

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

ASSETS

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| INVESTMENTS - AT FAIR VALUE: | | |
| Certificates of deposit | \$ 3,381,404 | \$ 2,890,819 |
| Total investments | <u>3,381,404</u> | <u>2,890,819</u> |
| RECEIVABLES: | | |
| Participating employers' contributions | 471,681 | 366,883 |
| Due from affiliated funds | 71,683 | 54,787 |
| Accrued interest on investments | 22,058 | 19,716 |
| Other receivables | 40,000 | 30,000 |
| Total receivables | <u>605,422</u> | <u>471,386</u> |
| CASH | <u>2,116,239</u> | <u>1,201,937</u> |
| OTHER ASSETS: | | |
| Equipment, at cost (less accumulated depreciation of \$35,815 and \$39,127, respectively) | 4,823 | 7,487 |
| Prepaid items | 39,599 | 47,579 |
| Total other assets | <u>44,422</u> | <u>55,066</u> |
| TOTAL ASSETS | <u>6,147,487</u> | <u>4,619,208</u> |

LIABILITIES

| | | |
|---------------------------------------|-------------------------|-------------------------|
| Accounts payable and accrued expenses | 32,245 | 46,724 |
| Deferred revenue | 19,389 | 23,025 |
| Total liabilities | <u>51,634</u> | <u>69,749</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 6,095,853</u> | <u>\$ 4,549,459</u> |

See accompanying notes.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Contributions: | | |
| Participating employers | \$ 1,942,669 | \$ 2,049,405 |
| Participants | 309,395 | 323,977 |
| Incoming reciprocal contributions | 2,022,062 | 2,078,481 |
| Total contributions | <u>4,274,126</u> | <u>4,451,863</u> |
| Investment income: | | |
| Net appreciation in fair value of investments | - | 25 |
| Interest | 217,106 | 140,393 |
| Total investment income | <u>217,106</u> | <u>140,418</u> |
| Other income: | | |
| Reimbursement from Pension Plan | 233,314 | 207,303 |
| Total other income | <u>233,314</u> | <u>207,303</u> |
| TOTAL ADDITIONS | <u>4,724,546</u> | <u>4,799,584</u> |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid on behalf of participants: | | |
| Health care claims | 2,014,658 | 1,971,888 |
| Outgoing reciprocal contributions | 93,271 | 295,897 |
| | <u>2,107,929</u> | <u>2,267,785</u> |
| Insurance premiums | 176,066 | 176,764 |
| Administrative expenses (Page 18) | 894,157 | 846,918 |
| TOTAL DEDUCTIONS | <u>3,178,152</u> | <u>3,291,467</u> |
| NET INCREASE | 1,546,394 | 1,508,117 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | <u>4,549,459</u> | <u>3,041,342</u> |
| End of year | <u>\$ 6,095,853</u> | <u>\$ 4,549,459</u> |

See accompanying notes.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS: | | |
| Health claims payable | \$ 52,848 | \$ 46,064 |
| | <u>52,848</u> | <u>46,064</u> |
| OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS: | | |
| Claims incurred but not reported | 431,252 | 390,436 |
| Accumulated eligibility credits | 1,114,533 | 1,004,672 |
| | <u>1,545,785</u> | <u>1,395,108</u> |
| TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS | <u>1,598,633</u> | <u>1,441,172</u> |
| POSTRETIREMENT BENEFIT OBLIGATIONS: | | |
| Current retirees, beneficiaries, and dependents | 2,784,047 | 1,089,647 |
| Other participants fully eligible for benefits | 283,331 | 46,991 |
| Other participants not yet fully eligible for benefits | 1,285,057 | 87,934 |
| | <u>4,352,435</u> | <u>1,224,572</u> |
| TOTAL ACTUARIAL PRESENT VALUE OF PLAN'S TOTAL BENEFIT OBLIGATIONS | <u>\$ 5,951,068</u> | <u>\$ 2,665,744</u> |

See accompanying notes.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS | | |
| Balance at beginning of year | \$ 46,064 | \$ 96,369 |
| Claims reported and approved for payment | 2,021,442 | 1,921,583 |
| Claims paid | <u>(2,014,658)</u> | <u>(1,971,888)</u> |
| Balance at end of year | <u>52,848</u> | <u>46,064</u> |
| OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS: | | |
| Balance at beginning of year | 1,395,108 | 1,311,312 |
| Net changes during the year | <u>150,677</u> | <u>83,796</u> |
| Balance at end of year | <u>1,545,785</u> | <u>1,395,108</u> |
| TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS | <u>1,598,633</u> | <u>1,441,172</u> |
| POSTRETIREMENT BENEFIT OBLIGATIONS: | | |
| Balance at beginning of year | <u>1,224,572</u> | <u>2,574,856</u> |
| Increase (decrease) during the year attributable to: | | |
| Benefits earned net of benefits paid | (47,385) | 52,853 |
| Change in actuarial assumptions | 3,130,829 | (1,403,137) |
| Actuarial experience gain | (317,488) | - |
| Plan amendments | <u>361,907</u> | <u>-</u> |
| Total change in obligation | <u>3,127,863</u> | <u>(1,350,284)</u> |
| Balance at end of year | <u>4,352,435</u> | <u>1,224,572</u> |
| PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR | <u>\$ 5,951,068</u> | <u>\$ 2,665,744</u> |

See accompanying notes.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
BATON ROUGE, LOUISIANA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN:

The following description of the Electricians Health and Welfare Plan, I.B.E.W. 995 (the Plan) provides only general information. Participants should refer to the Plan Rules and Regulations for a complete description of the Plan's provisions.

General:

The Plan is a group health and welfare plan that provides comprehensive medical benefits and prescription drug benefits, as well as a life insurance benefit and an accidental death and dismemberment benefit to eligible members as specified in the Summary Plan Description. The Plan and related trust were established on April 1, 1964. The Plan was restated to incorporate interim amendments and to provide further for the authorized benefits payable from the Fund effective January 1, 2024. It is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA), as amended. The Board of Trustees oversees the governance of the Plan.

Benefits:

The Plan provides a (\$10,000 - participant; \$5,000 - spouse; \$500 - surviving spouse) Life and Accidental Death and Dismemberment benefit. The Plan provides a comprehensive medical plan with a \$3,000 per individual deductible. The Plan had no annual maximum for 2024 and 2023. The co-payment provisions are 50% for a non-PPO provider, 70% for a PPO provider, up to an out-of-pocket maximum of \$5,000 (\$10,000 per family). Once the annual out-of-pocket maximum is met, the co-payment provisions are 100% for the remainder of the calendar year. The benefits also include a PPO network and pre-certification requirements for inpatient hospital and outpatient surgery and certain other listed outpatient procedures.

A Health Reimbursement Arrangement (HRA) has been established under the Plan. A HRA is a health care reimbursement account, funded by the employer, which allows Participants to obtain reimbursement of eligible medical expenses incurred by them or their dependents on a non-taxable basis.

The Plan's Board of Trustees has the right under the Plan to modify the benefits provided to employees. The Plan may be terminated at any time and for any reason in whole or part.

Contributions:

Electricians Health & Welfare Plan, I.B.E.W. 995 is funded by employer contributions. Employer contributions are based on a fixed rate per hour of covered employment in accordance with the Collective Bargaining Agreement between the employers and Local Union Number 995 or Participation Agreement. Participants who are COBRA beneficiaries or eligible retirees and their dependents must pay a monthly premium. The employers' contribution rate is negotiated periodically. Retiree contribution rates are set by the Board of Trustees and are periodically reset.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
BATON ROUGE, LOUISIANA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN: (Continued)

Stop Loss Coverage:

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participants claim over a specific dollar amount, as well as its aggregate exposure for all claims). Stop loss pays per person, per policy period once a claim reaches \$300,000 for 2024 and 2023. Stop-loss recoveries totaling \$23,945 and \$77,077 for the year ended December 31, 2024 and 2023, respectively, are netted with health care claims expense on the Plan's statements of changes in net assets available for benefits.

Plan Termination:

If the Plan is terminated, the Board will, within the limits of remaining Fund assets, adopt a plan to discharge all outstanding obligations and provide that all remaining assets be used in a manner which best carries out the purpose for which the Plan was established; it may include a transfer of assets to another welfare plan to provide benefits to employees, or other manner of disposal consistent with the Trust Agreement and applicable law.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

A summary of the Electricians Health and Welfare Plan, I.B.E.W. 995's significant accounting policies applied in the preparation of the accompanying financial statements follows:

Basis of Accounting:

Electricians Health and Welfare Plan, I.B.E.W. 995's financial statements are prepared using the accrual basis of accounting. Employer contributions are recognized in the period in which the participant is compensated for services performed. Benefits and refunds are recognized when due and payable in accordance with the terms of the plan. Benefit amounts owed to participants are paid daily.

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
BATON ROUGE, LOUISIANA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is 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. See Note 6 for discussion of fair value measurements.

Allowance for Credit Losses:

No allowance for uncollectible receivables is established due to management's assessment that all receivables are fully collectible.

Postretirement Benefits:

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with 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 employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For 2024 and 2023, the Plan's projected benefit payments in the amount of \$419,654 and \$1,127,945 were expected to be funded with retiree contributions in the amount of \$246,921 and \$538,614, respectively.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Other Plan Benefits:

Plan obligations at December 31, 2024 and 2023, for health claims incurred by active participants but not reported at that date, for accumulated eligibility of participants, and for future disability payments to members considered permanently disabled at December 31, 2024 and 2023, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value, based on discount rates applied by the actuary. Health claims incurred by retired participants but not report at year end are included in the postretirement benefit obligation.

Property and Equipment:

The Plan capitalizes the purchase of equipment and software at cost. Equipment and software costs are being depreciated over the estimated useful lives of 5-10 years. Depreciation expense for the years ended December 31, 2024 and 2023, totaled \$3,459 and \$3,118, respectively.

Expenses:

Administrative expenses of the Plan are financed through contributions to the Plan.

Indirect expenses incurred in the administration of the Plan and the Electricians Pension Plan, I.B.E.W. 995 are paid through the Health and Welfare Plan. Indirect expenses are allocated to the Plan based upon either each employee's time spent attributable to each Plan or other more suitable basis approved by the Board of Trustees.

Allocation of indirect expense for the years ended December 31, 2024 and 2023 were as follows:

| | <u>Health & Welfare</u> | <u>Pension</u> |
|---------------------------------|---------------------------------|----------------|
| Administrative manager | 38% | 62% |
| Administrative assistant | 64% | 36% |
| Office Manager | 50% | 50% |
| Contribution accounting manager | 50% | 50% |
| Claims manager | 100% | 0% |

All other major expenses are allocated Health and Welfare 50%/Pension 50%.

Expenses directly related to a specific Plan are charged to such Plan.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

3. ACTUARIAL DATA:

Actuarial Assumptions:

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

| | | |
|---------------------------------|--|------------------|
| Discount rate | 2024: 5.50% | 2023: 4.80% |
| Average expected retirement age | 2024: 64.2 years | 2023: 64.1 years |
| Mortality – Healthy | 2024 and 2023: 90.9% of the Pri-2012 Employee Blue Collar tables, projected generationally using Scale MP-2020 | |
| Mortality – Disabled | 2024 and 2023: Pri-2012 Disabled Retiree tables, projected generationally using Scale MP-2020 | |

For measurement purposes, the health trend rate (medical and drugs) for those under age 65 was 8.00% graded to 4.50% over 14 years for 2024 and 7.50% graded to 4.5% over 12 years for 2023. For measurement purposes, the health trend rate (medical and drugs) for those over age 65 was 7.00% graded to 4.50% over 5 years for 2024 and 5.00% graded to 4.50% over 2 years for 2023.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. Using trend rates one percent higher than the assumed health care cost trend rates will adjust the accumulated postretirement benefit obligation to \$4,917,219 and \$1,297,790 as of December 31, 2024 and 2023 respectively, a change of \$564,784 and \$73,218 over the reported number for the years ended December 31, 2024 and 2023 respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Assumptions Changes:

For the year ended December 31, 2024, valuation assumption changes increased obligations by \$3,130,829. This was the net result of an increase in obligations due to updating the valuation-year per capita health costs, assumed retiree contributions, and future trend on such costs, which was partially offset by a decrease in obligations due to raising the discount rate. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

3. ACTUARIAL DATA: (Continued)

Assumptions Changes: (Continued)

For the year ended December 31, 2023, valuation assumption changes decreased obligations by \$1,403,137. This was the net result of a decrease in obligations due to updating the valuation-year trend on valuation-year per capita health costs and retiree contributions, which was partially offset by an increase in obligations due to updating the future trend on valuation-year per capita health costs and retiree contributions based on future expectations, and an increase in obligations due to lowering the discount rate. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

4. HEALTH REIMBURSEMENT ACCOUNT:

The Health Reimbursement Account (HRA) was established to qualify under IRS Code Section 105 and 106 as a medical reimbursement plan which allows covered employees and their dependents to be reimbursed for eligible medical expenses without the reimbursement being included in the employees' gross income. Before each calendar year, the Trustees of the Plan determine the amount of employer contributions to be made to the HRA accounts for that calendar year. The Trustees made no allocations to the HRA for 2024 or 2023.

For the years ended December 31, 2024 and 2023, no contributions were made to the HRA accounts, paid claims totaled \$18,844 and \$15,255, respectively, with forfeitures of \$11,288 and \$23,508, respectively. Payments were included in health care claims paid for the benefit of participants on the statements of changes in net assets available for benefits.

Cash for HRA as of December 31, 2024 and 2023 in the amount of \$120,396 and \$150,528, respectively, is reported on the statement of net assets available for benefits and is designated to the HRA. There were no claims payable applicable for the years ended December 31, 2024 and included in health claims payable on the statements of plan benefit obligations.

5. INVESTMENTS:

The following table presents a summary of the cost and fair values of investments as of December 31, 2024 and 2023; the Plan's investments were as follows:

Investments, at fair value, as determined by quoted market price:

| | 2024 | | 2023 | |
|-------------------------|---------------------|---------------------|---------------------|---------------------|
| | <u>Cost</u> | <u>Fair Value</u> | <u>Cost</u> | <u>Fair Value</u> |
| Certificates of deposit | <u>\$ 3,381,404</u> | <u>\$ 3,381,404</u> | <u>\$ 2,890,819</u> | <u>\$ 2,890,819</u> |

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
BATON ROUGE, LOUISIANA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

6. FAIR VALUE MEASUREMENT:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different value measurement at the reporting date.

The fair value measurements accounting literature established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures the fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The Plan's investments as of December 31, 2024 and 2023, in the amount of \$3,381,404 and \$2,890,819, respectively, consist of certificates of deposit (one-year maturities) with readily determinable fair values based on quoted prices for identical securities in active markets.

FASB ASC 820-10 also denotes three general valuation techniques that may be used to measure fair value, as described below:

Market approach – Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sale transactions, market trades, or other sources;

Cost approach – Uses the amount that currently would be required to replace the service capacity of an asset (replacement cost); and

Income approach – Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

All assets have been valued using a market approach.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

6. FAIR VALUE MEASUREMENT: (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

| | <u>Fair Value</u> | Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1) | Significant Other Observed Inputs (Level 2) | Significant Unobserved Inputs (Level 3) |
|---------------------------------|---------------------|--|---|--|
| <u>2024</u> | | | | |
| Certificates of deposit, 1 year | <u>\$ 3,381,404</u> | <u>\$ 3,381,404</u> | <u>\$ -</u> | <u>\$ -</u> |
| <u>2023</u> | | | | |
| Certificates of deposit, 1 year | <u>\$ 2,890,819</u> | <u>\$ 2,890,819</u> | <u>\$ -</u> | <u>\$ -</u> |

7. AFFILIATED FUND:

The Electricians Health and Welfare Plan is affiliated through mutual administrative control with the Electricians Pension Plan and pays all the administrative expenses. The Health and Welfare Plan is reimbursed by the Pension Plan for its share of the administrative expenses. Total Pension Plan expenses for the years ended December 31, 2024 and 2023, were \$233,314 and \$207,303, respectively. The amount due from the Pension Plan at December 31, 2024 and 2023, was \$71,683 and \$54,787, respectively.

The administrative offices used by the Plan are owned by the I.B.E.W. 995 Local Electricians Union and are provided rent-free to the Plan. The Plan is responsible for the building maintenance and utilities, which are shared as indicated in the prior paragraph.

8. SIGNIFICANT EMPLOYER CONTRIBUTIONS:

During the years ended December 31, 2024 and 2023, the Plan received contributions greater than 10% of total contributions from the following:

| | <u>2024</u> | <u>2023</u> |
|-------------------------------|-------------|-------------|
| Buffalo Electric | 19% | 19% |
| Universal Electric Co. Inc. | 12% | * |
| NECA/IBEW Family Medical Care | 14% | 11% |

* *Did not exceed 10%*

9. INCOME TAX:

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c) (9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

9. INCOME TAX: (Continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained under examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

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

| | December 31 | |
|--|--------------|--------------|
| | <u>2024</u> | <u>2023</u> |
| Net assets available for benefits per the financial statements | \$ 6,095,853 | \$ 4,549,459 |
| Less: Benefit obligations currently payable: | | |
| Health claims payable | (52,848) | (46,064) |
| Claims incurred but not reported | (431,252) | (390,436) |
| Total | (484,100) | (436,500) |
| Net assets available for benefits per Form 5500 | \$ 5,611,753 | \$ 4,112,959 |

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

| | December 31 | |
|--|--------------|--------------|
| | <u>2024</u> | <u>2023</u> |
| Benefits paid to participants per the financial statements | \$ 2,014,658 | \$ 1,971,888 |
| Add: Amounts payable at end of year | 484,100 | 436,500 |
| Less: Amounts payable at beginning of year | (436,500) | (493,200) |
| Benefits paid to participants per Schedule H of Form 5500 | \$ 2,062,258 | \$ 1,915,188 |

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on Schedule H of Form 5500 for benefits claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
BATON ROUGE, LOUISIANA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

11. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. CONCENTRATION OF CREDIT RISK:

The Plan maintains cash balances in several financial institutions. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Plan also uses an Insured Cash Sweep (ICS) Deposit Placement Agreement with one of the institutions. Funds placed with this institution are placed into multiple other banking institutions so amounts do not exceed the FDIC standard maximum deposit insurance limit. All cash balances were insured by the FDIC or in the ICS account at December 31, 2024 and 2023.

13. SUBSEQUENT EVENTS:

Management has evaluated subsequent events through the date the financial statements were available to be issued, which was July 1, 2025.

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | | | 2023 | | |
|------------------------------------|--------------------------|-------------------|-------------------|--------------------------|-------------------|-------------------|
| | Health & Welfare Plan | Pension Plan | Total | Health & Welfare Plan | Pension Plan | Total |
| Auditing | \$ 34,093 | \$ 7,413 | \$ 41,506 | \$ 33,880 | \$ 7,800 | \$ 41,680 |
| Bank charges | 8,699 | - | 8,699 | 6,281 | - | 6,281 |
| Computer maintenance | 89,819 | 76,402 | 166,221 | 48,689 | 55,382 | 104,071 |
| Computer supplies | 42 | 41 | 83 | 54 | 53 | 107 |
| Consultant - actuary | 46,000 | - | 46,000 | 41,250 | - | 41,250 |
| Depreciation | 3,459 | - | 3,459 | 3,118 | - | 3,118 |
| Dues and subscriptions | 4,912 | 913 | 5,825 | 2,843 | 2,842 | 5,685 |
| Insurance | 9,576 | 3,839 | 13,415 | 8,323 | 3,741 | 12,064 |
| Legal | 71,744 | - | 71,744 | 42,155 | - | 42,155 |
| Maintenance - building | 4,542 | 4,542 | 9,084 | 3,254 | 3,253 | 6,507 |
| Maintenance - equipment | 3,354 | 2,585 | 5,939 | 3,263 | 3,263 | 6,526 |
| Miscellaneous | 3,521 | 937 | 4,458 | 3,633 | 1,002 | 4,635 |
| NEBF | 3,641 | 2,716 | 6,357 | 3,687 | 2,636 | 6,323 |
| Office supplies | 1,632 | 1,207 | 2,839 | 1,865 | 1,708 | 3,573 |
| Payroll taxes | 11,050 | 8,509 | 19,559 | 10,783 | 8,158 | 18,941 |
| Postage | 7,714 | 2,943 | 10,657 | 8,046 | 2,556 | 10,602 |
| Printing | 10,961 | 41 | 11,002 | 2,415 | 142 | 2,557 |
| Retention fees: | | | | | | |
| Blue Cross Blue Shield of Illinois | 192,175 | - | 192,175 | 263,618 | - | 263,618 |
| Sav-Rx | 1,673 | - | 1,673 | 2,982 | - | 2,982 |
| Salaries | 132,924 | 105,199 | 238,123 | 131,845 | 99,874 | 231,719 |
| Telephone | 5,349 | 2,032 | 7,381 | 5,159 | 2,211 | 7,370 |
| Travel/conference | 11,490 | 11,523 | 23,013 | 9,651 | 9,860 | 19,511 |
| Trustee expense | 559 | 559 | 1,118 | 689 | 690 | 1,379 |
| Utilities | 1,914 | 1,913 | 3,827 | 2,132 | 2,132 | 4,264 |
| Totals | \$ 660,843 | \$ 233,314 | \$ 894,157 | \$ 639,615 | \$ 207,303 | \$ 846,918 |

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 SUPPLEMENTARY INFORMATION
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 EIN 72-6029075, PLAN 501
DECEMBER 31, 2024

| (a) | (b) Identity of Issue, Borrower, <u>Lessor, or Similar Party</u> | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par, or Maturity Value</u> | (d) <u>Cost</u> | (e) <u>Current Value</u> |
|-----|--|---|---------------------|------------------------------|
| | Certificates of Deposit: | | | |
| | <i>BOKF, National Association:</i> | | | |
| | Flagstar Bank, N.A. | 5.10% due March 06, 2025 | \$ 133,404 | \$ 133,404 |
| | <i>Bank of Labor</i> | | | |
| | Community First Bank | 5.68% due January 11, 2025 | 250,000 | 250,000 |
| | Keystone Bank | 5.325% due February 6, 2025 | 155,000 | 155,000 |
| | Nano Banc | 5.30% due February 6, 2025 | 95,000 | 95,000 |
| | Security State Bank | 4.86% due March 17, 2025 | 250,000 | 250,000 |
| | Entrebank | 5.35% due April 9, 2025 | 250,000 | 250,000 |
| | Beach Cities Community Bank | 4.90% due April 21, 2025 | 250,000 | 250,000 |
| | Northpointe Bank | 4.678% due May 6, 2025 | 123,000 | 123,000 |
| | Habib American Bank | 4.70% due May 12, 2025 | 178,000 | 178,000 |
| | Patriots Bank | 5.41% due May 28, 2025 | 250,000 | 250,000 |
| | Byline Bank | 5.43% due June 20, 2025 | 250,000 | 250,000 |
| | State Bank of Texas | 5.20% due August 16, 2025 | 250,000 | 250,000 |
| | Transport Alliance Bank | 4.55% due September 18, 2025 | 250,000 | 250,000 |
| | Dominion Bank | 4.55% due October 19, 2025 | 10,000 | 10,000 |
| | Dominion Bank | 4.55% due October 19, 2025 | 188,000 | 188,000 |
| | United Texas Bank | 4.50% due November 13, 2025 | 249,000 | 249,000 |
| | State Bank of Texas | 4.53% due December 16, 2025 | 250,000 | 250,000 |
| | | | <u>\$ 3,381,404</u> | <u>\$ 3,381,404</u> |

ELECTRICIANS HEALTH AND WELFARE PLAN, I.B.E.W. 995
 BATON ROUGE, LOUISIANA
 SUPPLEMENTARY INFORMATION
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 EIN 72-6029075, PLAN 501
DECEMBER 31, 2024

| (a) | (b) Identity of Issue, Borrower, <u>Lessor, or Similar Party</u> | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par, or Maturity Value</u> | (d) <u>Cost</u> | (e) <u>Current Value</u> |
|-----|--|---|---------------------|------------------------------|
| | Certificates of Deposit: | | | |
| | <i>BOKF, National Association:</i> | | | |
| | Flagstar Bank, N.A. | 5.10% due March 06, 2025 | \$ 133,404 | \$ 133,404 |
| | <i>Bank of Labor</i> | | | |
| | Community First Bank | 5.68% due January 11, 2025 | 250,000 | 250,000 |
| | Keystone Bank | 5.325% due February 6, 2025 | 155,000 | 155,000 |
| | Nano Banc | 5.30% due February 6, 2025 | 95,000 | 95,000 |
| | Security State Bank | 4.86% due March 17, 2025 | 250,000 | 250,000 |
| | Entrebank | 5.35% due April 9, 2025 | 250,000 | 250,000 |
| | Beach Cities Community Bank | 4.90% due April 21, 2025 | 250,000 | 250,000 |
| | Northpointe Bank | 4.678% due May 6, 2025 | 123,000 | 123,000 |
| | Habib American Bank | 4.70% due May 12, 2025 | 178,000 | 178,000 |
| | Patriots Bank | 5.41% due May 28, 2025 | 250,000 | 250,000 |
| | Byline Bank | 5.43% due June 20, 2025 | 250,000 | 250,000 |
| | State Bank of Texas | 5.20% due August 16, 2025 | 250,000 | 250,000 |
| | Transport Alliance Bank | 4.55% due September 18, 2025 | 250,000 | 250,000 |
| | Dominion Bank | 4.55% due October 19, 2025 | 10,000 | 10,000 |
| | Dominion Bank | 4.55% due October 19, 2025 | 188,000 | 188,000 |
| | United Texas Bank | 4.50% due November 13, 2025 | 249,000 | 249,000 |
| | State Bank of Texas | 4.53% due December 16, 2025 | 250,000 | 250,000 |
| | | | <u>\$ 3,381,404</u> | <u>\$ 3,381,404</u> |