

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: EMPLOYEES SECURITY FUND OF THE ELEC IND HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1944
2a Plan sponsor's name (employer, if for a single-employer plan): BRD OF TR OF THE EMPL SEC FD OF THE ELEC PROD IND-HEALTH & WELFARE PL
2b Employer Identification Number (EIN): 13-6100908
2c Plan Sponsor's telephone number: 718-591-2000
2d Business code (see instructions): 423600

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING, NY 11365	3b Administrator's EIN 13-0891035 3c Administrator's telephone number 718-591-2000
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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
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5 Total number of participants at the beginning of the plan year	5	2160
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1399
a(2) Total number of active participants at the end of the plan year	6a(2)	1510
b Retired or separated participants receiving benefits.....	6b	708
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	63
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E 4K 4L 4U

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
EMPLOYEES SECURITY FUND OF THE ELEC IND HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ **501**

C Plan sponsor's name as shown on line 2a of Form 5500
BRD OF TR OF THE EMPL SEC FD OF THE ELEC PROD IND-HEALTH & WELFARE PL

D Employer Identification Number (EIN)
13-6100908

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
THE UNION LABOR 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
13-1423090	69744	SL10525	1510	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.

(a) Total amount of commissions paid 11557	(b) Total amount of fees paid 11556
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BUCKINGHAM INSURANCE 1250 BETHLEHEM PIKE
SUITE S212
HATFIELD, PA 19440

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11557	11556	SUPPLEMENTAL COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	231137
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. Specify nature of costs.	10b	

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

A Name of plan EMPLOYEES SECURITY FUND OF THE ELEC IND HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TR OF THE EMPL SEC FD OF THE ELEC PROD IND-HEALTH & WELFARE PL	D Employer Identification Number (EIN) 13-6100908	

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

AMALGAMATED BANK

13-4920330

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

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

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

MAGNACARE

11-3410766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	884544	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOINT INDUSTRY BOARD

13-0891035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	590749	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)

EXPRESS SCRIPTS

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	125409	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALLIANT INSURANCE SERVICES

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	53458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	41000	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)

SIRIUS COMPUTER SOLUTIONS LLC

36-3310735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	33535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DEUTSCHE BANK

13-6065488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	19568	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)

DD SERVICES, INC.

11-2705347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	17872	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)

INSIGHT NORTH AMERICA

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	7451	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)

RSM US LLP

42-0714325

(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 50	NONE	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 62 63 99	NONE	571	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>EMPLOYEES SECURITY FUND OF THE ELEC IND HEALTH AND WELFARE PLAN</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BRD OF TR OF THE EMPL SEC FD OF THE ELEC PROD IND-HEALTH & WELFARE PL</u>	D Employer Identification Number (EIN) <u>13-6100908</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW BROAD MARKET 3000 INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>46-2044954-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2386260</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMPLOYEES SECURITY FUND OF THE ELEC IND HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TR OF THE EMPL SEC FD OF THE ELEC PROD IND-HEALTH & WELFARE PL	D Employer Identification Number (EIN) 13-6100908

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	875123	559414
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1370873	1619514
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2660017	1259131
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7816518	2135465
(2) U.S. Government securities	1c(2)	2284724	6063502
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1555583	4749252
(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)	875053	2386260
(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)	531761	1227827

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17969652	20000365
Liabilities			
g Benefit claims payable.....	1g	2432000	3890000
h Operating payables.....	1h	11301	9201
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1720309	146975
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4163610	4046176
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13806042	15954189

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)	21252165	
(B) Participants.....	2a(1)(B)	56524	
(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)		21308689
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	314825	
(B) U.S. Government securities.....	2b(1)(B)	159592	
(C) Corporate debt instruments.....	2b(1)(C)	154684	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	14499	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		643600
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	27475215	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	27482683	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-7468
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-9661	
(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)		310996
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22246156

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18013696	
(2) To insurance carriers for the provision of benefits	2e(2)	226442	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18240138
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)	1618574	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	5000	
(5) Investment advisory and investment management fees	2i(5)	7753	
(6) Bank or trust company trustee/custodial fees	2i(6)	20139	
(7) Actuarial fees	2i(7)	41000	
(8) Legal fees	2i(8)	6787	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	158618	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1857871
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		20098009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2148147
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Financial Report and Supplementary Information
December 31, 2024

Contents

Independent auditor's report	1-3
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Financial statements	
Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Notes to financial statements	6-16
Supplementary information	
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Schedule H, line 4j—schedule of reportable transactions	20-21

Independent Auditor's Report

Board of Trustees
Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Opinion

We have audited the financial statements of the Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

New York, New York
October 8, 2025

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
Assets		
Investments, at fair value:		
Investments	\$ 16,520,341	\$ 12,861,250
Collateral for securities loaned	41,965	202,389
Total investments, at fair value	16,562,306	13,063,639
Cash	559,414	875,123
Contributions receivable from employers, net	1,619,514	1,370,873
Pharmacy rebates and Medicare Part D subsidies receivable	1,089,795	1,041,131
Accrued interest and other receivable	100,368	63,591
Due from the Joint Industry Board of the Electrical Industry	26,280	45,665
Due from broker for pending securities sold	42,688	1,509,630
Total assets	20,000,365	17,969,652
Liabilities		
Accrued expenses and other	9,201	20,125
Due to broker for pending securities purchased	105,010	1,509,096
Collateral payable	41,965	202,389
Total liabilities	156,176	1,731,610
Net assets available for benefits	\$ 19,844,189	\$ 16,238,042

See notes to financial statements.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

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

	2024	2023
Additions:		
Contributions:		
Employers—"A" shops contribution	\$ 84,014	\$ 109,912
Employers—"C" shops contribution	21,168,151	24,489,285
COBRA participants	56,524	73,661
	<u>21,308,689</u>	<u>24,672,858</u>
Investment income:		
Net appreciation in fair value of investments	293,867	250,140
Investment income	643,600	404,886
Total additions	<u>22,246,156</u>	<u>25,327,884</u>
Deductions:		
Cost of benefits paid:		
Health Plan "A"	72,059	4,271
Health Plan "C"	14,577,935	15,134,038
All health plans—retired members	1,726,273	1,941,489
COBRA Plan "C"	169,429	303,852
Nonmedical expenses	10,000	188,908
Total benefit payments	<u>16,555,696</u>	<u>17,572,558</u>
Claim and other fees	1,040,635	1,029,306
Administrative expenses, including \$590,749 in 2024 and \$585,754 in 2023 charged by the Joint Industry Board of the Electrical Industry	1,015,786	971,620
Investment management, consultant and custodian fees	27,892	5,724
Total deductions	<u>18,640,009</u>	<u>19,579,208</u>
Net increase in net assets available for benefits	3,606,147	5,748,676
Net assets available for benefits:		
Beginning	<u>16,238,042</u>	<u>10,489,366</u>
Ending	<u>\$ 19,844,189</u>	<u>\$ 16,238,042</u>

See notes to financial statements.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies

Organization: The Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan (the Plan) was established pursuant to the merger on April 1, 1984, of the Employees Retirement Fund of the Illumination Products Industry, the Employees Security Fund of the Electrical Wholesalers Industry and the Employees Retirement Fund of the Electrical Manufacturing Industry. The Plan, which is administered by the Joint Industry Board of the Electrical Industry (JIB) subject to oversight of the Employees Security Fund of the Electrical Products Industries Trustees, has as its principal activities the collection and investment of funds received from electrical and independent employers for the purpose of providing medical and other benefits under the terms of a collective bargaining agreement between Local Union No. 3 of The International Brotherhood of Electrical Workers, AFL-CIO (Local 3) and electrical and independent employers (Employers). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan amended and restated the Trust Agreement effective February 19, 2015. Information about the Plan and the vesting and benefit provisions is contained in the *Summary Plan Description (the SPD) of the Employees Security Fund of the Electrical Products Industries—Health and Welfare Plan*. Copies of this SPD are available from the Plan Administrator.

Contributions: Contributions are remitted by Employers based on a collectively bargained base rate which ranges from 21% to 28% that is applied to employees' weekly wages. These percentages were allocated by the Trustees prior to March 2022 and after January 1, 2024, with approximately 80% of the amount contributed by the employers going to the Plan and the remaining 20% of contributions being allocated to the Employees Security Fund of the Electrical Products Industries—Pension Plan. As of March 2022, the Trustees took a temporary action to redirect all contributions to the ESF Welfare Plan for the 2023 year. This action ceased as of January 1, 2024.

Eligibility: Generally, initial eligibility for a participant is attained by having worked for a contributing employer to this Plan for at least 26 consecutive weeks, during which time contributions were received on the participant's behalf. Initial eligibility for a participant is attained on the earlier of: (1) a date no more than 90 days after the participant achieves 1,200 hours of service or (2) the date immediately following the participant's completion of 26 consecutive weeks of full-time work. Thereafter, at least 26 weeks of contributions out of the past 52 weeks must be received prior to incurring a reimbursable expense, or, if unemployed during all or any portion of such period, the participant must have been registered as available for employment.

The Plan offers Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage to qualified participants and beneficiaries who lose coverage as a result of a qualifying event.

Benefits: The Plan provides hospital, medical, prescription, vision and dental benefits. The level of health benefits provided is dependent on whether the participant is covered under Plan "A" or Plan "C".

Other benefits made available to eligible participants include scholarship grants to qualified members' children. These benefits are included in nonmedical expenses on the statements of changes in net assets available for benefits.

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

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

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

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

The Plan also pays administrative fees to third-party claims administrators. These expenses, which include administrative fees paid to MagnaCare, Express Scripts, BCBS and DDS, are reported as part of claim and other fees in the statements of changes in net assets available for benefits. Expenses incurred to manage and hold the Plan's investments are included in investment management, consultant and custodian fees on the statements of changes in net assets available for benefits.

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

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

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

Due from Joint Industry Board of the Electrical Industry: Amounts due (from) to JIB primarily result from the annual review of the expense allocation as well as amounts due to JIB related to expenses directly attributed to the Plan that were paid before year-end by JIB, on behalf of the Plan, but not yet reimbursed.

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

Employer contributions and related receivables: Contributions receivable are reported at their outstanding balances net of an allowance for doubtful accounts and are composed of balances due from the employers.

The Plan estimates doubtful accounts based on historical bad debts, factors related to a specific Employers' ability to pay, and current economic trends and industry conditions. The allowance for doubtful accounts was \$32,311 and \$296,855 for the years ended December 31, 2024 and 2023, respectively.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

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

Postretirement benefits: The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributable to employee service rendered through December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Participating Employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's Participating Employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to the employee's service rendered to the valuation date.

Benefit obligations other than postretirement benefit obligations: Benefit obligations, other than postretirement benefit obligations, include health claims currently payable and health claims incurred but not yet reported. Claims paid by the claims processor prior to year-end, that are not reimbursed by the Plan as of year-end, are recorded as claims payable and included in amounts currently payable in Note 4, benefit obligations. Claims incurred but not yet reported are estimated by Plan management based on an analysis of actual and historical payments made. Obligations for COBRA are covered by current monthly contributions.

At December 31, 2024 and 2023, the Plan's total benefit obligations exceeded its net assets available for benefits, which primarily relates to the Plan's postretirement benefit obligations; however, the Plan expects that the net assets available for benefits and future contributions by the Employers will be sufficient to fund obligations as incurred.

Benefit payments: Benefit payments for hospital, medical, prescription and dental are recorded when claims are submitted to the Plan by the service providers for reimbursement. Benefit payments for vision are recorded when paid. Claims paid by the service providers prior to year-end that are not reimbursed by the Plan as of year-end are typically recorded as claims payable (a benefit obligation, as discussed earlier). Rebates or refunds from service providers are recorded when contractually due, collection is probable and the amount can be reasonably estimated. Rebates and refunds are recorded as an offset to benefit payments. During the years ended December 31, 2024 and 2023, approximately \$2,582,000 and \$3,026,000 of subsidies, rebates or refunds was offset to claims paid in the accompanying statements of changes in net assets available for benefits, respectively. As of December 31, 2024 and 2023, rebates receivable were estimated to be \$1,089,795 and \$1,041,131, respectively.

Reclassification: Certain 2023 amounts have been reclassified to conform to the current year presentation.

Subsequent events: The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was October 8, 2025, for these financial statements.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 2. Fair Value Measurements

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

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

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

Level 2 inputs include the following:

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in methodology used at December 31, 2024 and 2023.

Investments in asset-backed securities, corporate bonds, federal agency obligations, government securities and mortgage securities: Fair values are based on third-party pricing sources obtained by the custodian. Pricing sources principally obtain broker-dealer quotes of such obligations or similar obligations to value these securities. In instances where broker-dealer quotes are not available, pricing sources utilize models that incorporate pertinent data, such as bid matrices.

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

Investments measured at net asset value (NAV): Valued at the NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund/trust less its liability. This practical expedient is not used when it is determined to be probable that the fund/trust will sell the investment for an amount different than the reported NAV.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

The valuation method described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation 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 fair value measurement at the reporting date.

The following tables present the Plan's investments by type at fair value as of December 31, 2024 and 2023:

Type of Security	Investments as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Asset-backed securities	\$ -	\$ 761,443	\$ -	\$ 761,443
Corporate bonds	-	4,749,252	-	4,749,252
Federal agency obligations	-	594	-	594
Government securities	-	6,062,909	-	6,062,909
Mortgage securities	-	398,882	-	398,882
Futures contracts	2,482	-	-	2,482
Total assets in the fair value hierarchy	\$ 2,482	\$ 11,973,080	\$ -	11,975,562
Investments measured at NAV (a)				4,586,744
Total investments at fair value				\$ 16,562,306
Liabilities:				
Futures contracts (b)	\$ (2,417)	\$ -	\$ -	\$ (2,417)

Type of Security	Investments as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Asset-backed securities	\$ -	\$ 171,669	\$ -	\$ 171,669
Corporate bonds	-	1,555,583	-	1,555,583
Federal agency obligations	-	43,854	-	43,854
Government securities	-	2,240,869	-	2,240,869
Mortgage securities	-	328,852	-	328,852
Futures contracts	8,718	-	-	8,718
Total assets in the fair value hierarchy	\$ 8,718	\$ 4,340,827	\$ -	4,349,545
Investments measured at NAV (a)				8,714,094
Total investments at fair value				\$ 13,063,639
Liabilities:				
Futures contracts (b)	\$ (8,824)	\$ -	\$ -	\$ (8,824)

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 2. Fair Value Measurements (Continued)

- (b) Futures contracts are included in accrued expenses and other on the statements of net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of December 31, 2024 and 2023:

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2024	2023			
AFL-CIO Housing Investment Trust (c)	\$ 23,054	\$ 22,523	\$ -	Monthly	30 days
Longview Broad Market 3000 Index Fund (d)	2,386,260	875,053	-	Daily	None
State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust (e)	41,965	202,389	-	Daily	None
State Street Institutional Liquid Reserves Fund (e)	2,135,465	7,614,129	-	Daily	None
	<u>\$ 4,586,744</u>	<u>\$ 8,714,094</u>			

- (c) AFL-CIO Housing Investment Trust focuses on investments in high-credit-quality multifamily mortgage-backed securities that are structured to provide payment protection. This investment is valued monthly. Regarding the redemption notice period, the agreement states that withdrawal requests require one month's notice and can be processed on the last business day of the month following receipt of the request.
- (d) The Plan's investments in the Longview Broad Market 3000 Index Fund, a direct filing entity, has no restrictions on the NAV price, or its equivalent. There are no known or anticipated redemptions.
- (e) The Plan's investments in the State Street Bank and Trust Company of New Hampshire Global Securities Lending Trust and the State Street Institutional Liquid Reserves Fund have no restrictions on the NAV price or its equivalent. There are no known or anticipated redemptions. The funds' investment objective is to provide safety of principal, daily liquidity and a competitive yield over the long term by investing in securities of a short-term nature.

Note 3. Derivative Instruments

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

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

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 3. Derivative Instruments (Continued)

Although the contract or notional amount of these instruments is not recorded on the financial statements, these instruments are recognized as either an asset or a liability, depending on the rights or obligations of the contract measured at fair value. As of December 31, 2024, the Plan held investments in derivatives (financial futures), included in investments in the statements of net assets available for benefits, valued at \$2,482. As of December 31, 2024, the Plan held investments in derivatives (financial futures), included in accrued expenses and other in the statements of net assets available for benefits, valued at \$2,417. As of December 31, 2023, the Plan held investments in derivatives (financial futures), included in investments in the statements of net assets available for benefits, valued at \$8,718. As of December 31, 2023, the Plan held investments in derivatives (financial futures), included in due to broker for pending securities purchased and other in the statements of net assets available for benefits, valued at \$8,824.

The tables below represent the fair and notional values of the futures contracts as of December 31, 2024 and 2023:

2024					
Security Description	Maturity Date	Gross	Gross	Fair Value	Notional Value
		Amounts of Recognized Assets at Fair Value	Offsetting Amounts of Recognized Liabilities at Fair Value		
U.S. 2-Year Note Futures (CBT)	March 2025	\$ -	\$ (1,032)	\$ (1,032)	\$ (616,828)
U.S. 5-Year Note Futures (CBT)	March 2025	-	(1,385)	(1,385)	(318,914)
U.S. 10-Year Note Futures (CBT)	March 2025	2,482	-	2,482	217,500
		<u>\$ 2,482</u>	<u>\$ (2,417)</u>	<u>\$ 65</u>	<u>\$ (718,242)</u>

2023					
Security Description	Maturity Date	Gross	Gross	Fair Value	Notional Value
		Amounts of Recognized Assets at Fair Value	Offsetting Amounts of Recognized Liabilities at Fair Value		
U.S. 2-Year Note Futures (CBT)	March 2024	\$ 8,718	\$ -	\$ 8,718	\$ 1,029,570
U.S. 5-Year Note Futures (CBT)	March 2024	-	(5,051)	(5,051)	(217,547)
U.S. 10-Year Note Futures (CBT)	March 2024	-	(3,773)	(3,773)	(112,891)
		<u>\$ 8,718</u>	<u>\$ (8,824)</u>	<u>\$ (106)</u>	<u>\$ 699,132</u>

The change in unrealized and realized gain and losses on the futures contracts for the year ended December 31, 2024, which is included in the net appreciation in fair value of investments in the statements of changes in net assets available for benefits, were \$171 and \$(8,302), respectively. The change in unrealized and realized gain and losses on the futures contracts for the year ended December 31, 2023, which is included in the net appreciation in fair value of investments in the statements of changes in net assets available for benefits, were \$12,231 and \$(6,774), respectively.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 4. Securities Lending

The Plan has an agreement with its custodian, State Street Bank and Trust Company, to allow it to lend the Plan's securities to various broker-dealers for an agreed-upon revenue-sharing allocation. The custodian will obtain cash and noncash collateral of 102% of the fair value of the loaned securities in accordance with the terms of the contract with State Street Bank and Trust Company and the Plan to secure the loaned securities.

The cash collateral obtained is invested in a privately offered commingled cash collateral fund and may not be sold or repledged by the Plan. The collateral for securities loaned at December 31, 2024 and 2023, was \$41,965 and \$202,389, respectively, and is measured at NAV per share as provided by the issuer. The total fair value of all outstanding securities loaned, which are fully collateralized, at December 31, 2024 and 2023, was approximately \$41,100 and \$198,600, respectively.

Note 5. Benefit Obligations

The following summary presents the benefit obligations of the Plan as of December 31, 2024 and 2023:

	2024	2023
Medical, dental and other current benefits payable, including amounts incurred but not reported	\$ 3,890,000	\$ 2,432,000
Postretirement benefit obligations:		
Current retirees, beneficiaries and dependents	19,298,142	22,801,281
Other participants fully eligible for benefits	6,192,789	7,174,919
Other participants not yet fully eligible for benefits	7,822,087	11,948,810
Total postretirement benefit obligations	33,313,018	41,925,010
Total benefit obligations	\$ 37,203,018	\$ 44,357,010

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 5. Benefit Obligations (Continued)

Changes in benefit obligations during the years ended December 31, 2024 and 2023, follow:

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance, beginning of year	\$ 2,432,000	\$ 2,828,000
Benefits incurred	18,013,696	17,176,558
Benefits paid	(16,555,696)	(17,572,558)
Balance, end of year	<u>3,890,000</u>	<u>2,432,000</u>
Postretirement benefit obligations:		
Balance, beginning of year	<u>41,925,010</u>	<u>38,857,268</u>
Increase (decrease) during the year:		
Benefits earned net of benefits paid:		
Service cost	773,915	727,568
Interest cost	1,934,547	1,852,054
Plan design change	-	(2,600,189)
Expected benefits paid	(2,423,518)	(2,338,203)
Subtotal	<u>284,944</u>	<u>(2,358,770)</u>
Changes in actuarial assumptions	(4,094,353)	2,378,314
Actuarial experience loss/(gain)	(4,802,583)	3,048,198
Balance, end of year	<u>33,313,018</u>	<u>41,925,010</u>
Total benefit obligations, end of year	<u>\$ 37,203,018</u>	<u>\$ 44,357,010</u>

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

	2024	2023
Discount rate	5.45%	4.75%
Health care cost trend rates:		
Prescription drugs	8.50% in 2025 graded to 3.70% over 51 years	10.90% in 2024 graded to 3.70% over 51 years
Diagnostic medical	3.00%	3.00%
Dental and vision	3.00%	3.00%
Administrative expense:		
Increase rate	3.00%	3.00%
Medicare Part D Subsidy	6.00% in 2025 graded to 3.70% over 51 years	6.50% in 2024 graded to 3.70% over 51 years
Postretirement mortality—healthy	Pri-2012 Blue Collar Employee/Annuitant Mortality Table projected using Scale MP-2021	Pri-2012 Blue Collar Employee/Annuitant Mortality Table projected using Scale MP-2021
Postretirement mortality—disabled	Pri-2012 Base Sex-distinct Disabled Mortality Table with full generational projection using Scale MP-2021	Pri-2012 Base Sex-distinct Disabled Mortality Table with full generational projection using Scale MP-2021

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 5. Benefit Obligations (Continued)

Since the Plan's prescription drug benefit is determined to be at least actuarially equivalent to the Medicare Part D Standard benefit, the Plan is eligible to receive federal subsidies. The actuarial present value of the retiree prescription drug plan federal subsidies that the Plan is eligible to receive in future years is approximately \$2 million and \$2.6 million as of December 31, 2024 and 2023, respectively. The subsidy is included in the benefits earned net of benefits paid section within the changes in benefit obligations table on page 13. During the years ended December 31, 2024 and 2023, approximately \$197,000 and \$125,000 of subsidies were offset to claims paid, respectively, in the accompanying statements of changes in net assets available for benefits.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point, that would increase the obligations as of December 31, 2024 and 2023, by approximately \$3,709,500 and \$5,087,000, 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 obligations.

Note 6. Risk and Uncertainties

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.

Investments in any single corporate issue, other than money market funds, U.S. government and agency issues, U.S. government instruments and agency mortgage-backed securities and highly liquid short-term investment funds, are typically limited to no more than 5% of the portfolio. At December 31, 2024 and 2023, the Plan held 14.41% and 6.69% of the portfolio in the Longview Broad Market 3000 Index Fund, respectively. The Plan's investment managers regularly evaluate the credit standing of these institutions, which are considered in the Plan's investment strategy. Information about these financial instruments is described in Notes 2 and 3.

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

Note 7. Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated October 8, 1958, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association, except to the extent that any unrelated business taxable income is not set aside for the exempt purposes of the Plan. All such set-asides have been made for the fiscal years ended December 31, 2024 and 2023. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. JIB, as the Plan Administrator, believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Employees Security Fund of the Electrical Products Industries – Health and Welfare Plan

Notes to Financial Statements

Note 7. Tax Status (Continued)

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

Note 8. Plan Termination

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

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

State Street Bank and Trust Company is one of the Plan's custodians and the Plan also invests in short-term investment funds managed by State Street. Amalgamated Bank is also one of the Plan's custodians and the Plan also invests in the Longview Broad Market 3000 Index Fund which is managed by Amalgamated Bank. The Plan also holds bank accounts at Deutsche Bank used for cash transactions in the ordinary course of administering the Plan. In addition, as described in Notes 1, 3 and 5, the Plan has several other arrangements with JIB and service providers related to plan operations. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 10. Reconciliation of Financial Statements to Form 5500

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

	December 31	
	2024	2023
Net assets available for benefits per the financial statements	\$ 19,844,189	\$ 16,238,042
Less benefit obligations currently payable	(3,890,000)	(2,432,000)
Net assets per the Form 5500	<u>\$ 15,954,189</u>	<u>\$ 13,806,042</u>

The following table is a reconciliation of the benefits paid as reported on the financial statements to the amounts reported on the Form 5500:

	Year Ended December 31, 2024
Benefit payments as reported on the financial statements	\$ 16,555,696
Add amounts currently payable at December 31, 2024	3,890,000
Less amounts currently payable at December 31, 2023	(2,432,000)
Benefits paid to participants per the Form 5500	<u>\$ 18,013,696</u>

Employees Security Fund of the Electrical Products Industries - Health and Welfare Plan

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

EIN #13-6100908
Plan #501

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
* STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST		\$ 41,965	\$ 41,965
* LONGVIEW BROAD MARKET 3000 INDEX FUND		1,742,719	2,386,260
* STATE STREET INSTITUTIONAL LIQUID RESERVES FUND		2,135,424	2,135,465
ABBVIE INC SR UNSECURED 05/26 3.2		92,313	91,346
AEP TEXAS INC SR UNSECURED 05/29 5.45		72,019	71,914
AFL-CIO HOUSING INVESTMENT TRUST		25,074	23,054
AIR CANADA 2020 2A PTT PASS THRU CE 144A 10/30 5.25		10,390	10,412
ALIGNED DATA CENTERS ISSUER LL ADC 2021 1A A2 144A		38,000	36,124
ALLY AUTO RECEIVABLES TRUST ALLYA 2024 1 A3		7,999	8,057
AMER AIRLINE 19 1AA PTT PASS THRU CE 08/33 3.15		37,965	36,234
AMERICAN AIRLINES/AADVAN SR SECURED 144A 04/26 5.5		31,410	31,230
AMERICREDIT AUTOMOBILE RECEIVA AMCAR 2021 1 C		13,933	14,201
BAKER HUGHES LLC/CO OBL SR UNSECURED 12/26 2.061		8,000	7,620
BANK OF AMERICA CORP SR UNSECURED 01/28 VAR		213,770	210,666
BANK OF AMERICA CORP SR UNSECURED 08/25 3.875		26,037	25,881
BANK5 BANK5 2024 5YR12 A2		60,597	60,632
BAT CAPITAL CORP COMPANY GUAR 08/30 6.343		16,663	16,824
BAT INTL FINANCE PLC COMPANY GUAR 03/26 1.668		31,138	30,786
BENCHMARK MORTGAGE TRUST BMARK 2021 B27 A5		61,605	49,723
BMW VEHICLE OWNER TRUST BMWOT 2024 A A4		75,409	75,739
BOEING CO SR UNSECURED 02/26 2.196		29,917	30,063
BOEING CO/THE SR UNSECURED 05/29 6.298		88,934	90,182
BRIDGECREST LENDING AUTO SECUR BLAST 2024 3 B		40,063	40,274
BRIGHTHSE FIN GLBL FUND SR SECURED 144A 06/28 2		79,953	71,467
BRITISH AIR 20 1 A PTT PASS THRU CE 144A 05/34 4.25		1,390	1,317
BRIXMOR OPERATING PART SR UNSECURED 02/25 3.85		4,990	4,993
BROADCOM INC COMPANY GUAR 09/26 3.459		234,264	231,358
BXHPP TRUST BXHPP 2021 FILM C 144A		10,000	9,381
CAPITAL ONE FINANCIAL CO SR UNSECURED 03/27 3.75		118,001	118,136
CARVANA AUTO RECEIVABLES TRUST CRVNA 2022 P3 C		10,998	11,002
CARVANA AUTO RECEIVABLES TRUST CRVNA 2024 P1 A3 144A		32,997	33,168
CELANESE US HOLDINGS LLC COMPANY GUAR 07/27 6.415		51,830	51,760
CITIGROUP COMMERCIAL MORTGAGE CGCMT 2017 C4 A4		55,265	51,866
CITIGROUP INC SR UNSECURED 01/28 VAR		83,621	84,301
CITIZENS FINANCIAL GROUP SR UNSECURED 01/30 VAR		13,141	13,191
CMS ENERGY CORP JR SUBORDINA 12/50 VAR		5,000	4,353
CNH INDUSTRIAL CAP LLC COMPANY GUAR 04/29 5.1		39,203	39,008
COMCAST CORP COMPANY GUAR 10/28 4.15		34,657	34,133
COMMONBOND STUDENT LOAN TRUST CBSLT 2019 AGS A1 144A		19,442	17,435
CROWN CASTLE INC SR UNSECURED 07/26 1.05		59,947	56,690
CVS HEALTH CORP SR UNSECURED 03/28 4.3		25,668	25,192
CVS HEALTH CORP SR UNSECURED 08/27 1.3		54,522	52,554
DB MASTER FINANCE LLC DNKN 2021 1A A2I 144A		48,500	45,907
DELTA AIR LINES/SKYMILES SR SECURED 144A 10/25 4.5		1,333	1,324
DELTA AIR LINES/SKYMILES SR SECURED 144A 10/28 4.75		18,855	18,740
DIAMONDBACK ENERGY INC COMPANY GUAR 01/30 5.15		42,406	42,089
DTE ENERGY CO SR UNSECURED 07/27 4.95		17,034	17,064
DUKE ENERGY CAROLINAS 1ST MORTGAGE 11/28 3.95		94,126	92,247
DUKE ENERGY CORP SR UNSECURED 09/26 2.65		139,279	138,418
ENBRIDGE INC COMPANY GUAR 04/29 5.3		29,332	29,295
ENERGY TRANSFER LP SR UNSECURED 05/30 3.75		27,887	27,056
ENERGY TRANSFER LP SR UNSECURED 10/27 4		155,567	154,519
EXETER AUTOMOBILE RECEIVABLES EART 2024 3A C		2,999	3,038
EXTRA SPACE STORAGE LP COMPANY GUAR 04/28 5.7		23,375	23,480
EXTRA SPACE STORAGE LP COMPANY GUAR 07/26 3.5		78,088	78,509
FED HM LN PC POOL 845728 FH 09/30 FLOATING VAR		1	1
FORD CREDIT AUTO LEASE TRUST FORDL 2023 B C		30,374	30,583
FORD CREDIT AUTO OWNER TRUST FORDO 2022 C A3		2,501	2,499
FORD CREDIT AUTO OWNER TRUST FORDO 2023 A B		79,748	80,334
FORD CREDIT FLOORPLAN MASTER O FORDF 2018 4 A		24,209	24,425
GE HEALTHCARE TECH INC SR UNSECURED 08/29 4.8		10,988	10,897
GLOBAL PART/GLP FINANCE COMPANY GUAR 08/27 7		86,965	86,296
GM FINANCIAL REVOLVING RECEIVA GMREV 2024 1 A 144A		14,996	15,128
GNMA II POOL 008959 G2 08/26 FLOATING VAR		30	29
GNMA II POOL 008989 G2 10/26 FLOATING VAR		58	40
GNMA II POOL 080012 G2 11/26 FLOATING VAR		56	56
GNMA II POOL 080054 G2 03/27 FLOATING VAR		69	68
GNMA II POOL 080115 G2 09/27 FLOATING VAR		90	90

*Denotes a party in interest as defined by ERISA.

Employees Security Fund of the Electrical Products Industries - Health and Welfare Plan

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

EIN #13-6100908
Plan #501

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
GNMA II POOL 080142 G2 12/27 FLOATING VAR		\$ 66	\$ 66
GNMA II POOL 080208 G2 06/28 FLOATING VAR		244	242
GOLDMAN SACHS GROUP INC SR UNSECURED 08/28 VAR		155,281	155,184
GOLDMAN SACHS GROUP INC SR UNSECURED 11/26 3.5		56,283	55,731
HERC HOLDINGS INC COMPANY GUAR 144A 06/29 6.625		23,323	23,291
HESS MIDSTREAM OPERATION COMPANY GUAR 144A 06/29 6.5		9,138	9,089
HUNTINGTON BANCSHARES SR UNSECURED 01/31 VAR		38,000	38,030
HYUNDAI AUTO RECEIVABLES TRUST HART 2024 A A3		11,998	12,089
INTEL CORP SR UNSECURED 02/26 4.875		6,002	6,001
IPALCO ENTERPRISES INC SR SECURED 05/30 4.25		40,639	39,550
IRON MOUNTAIN INC COMPANY GUAR 144A 09/29 4.875		17,583	17,107
JETBLUE AIRWAYS CORP PASS THRU CE 05/34 4		43,375	41,631
JOHN DEERE OWNER TRUST JDOT 2024 A A3		6,000	6,046
JPMBD COMMERCIAL MORTGAGE SECU JPMBD 2017 C7 A5		34,798	32,232
JPMORGAN CHASE + CO SR UNSECURED 02/28 VAR		80,015	79,282
JPMORGAN CHASE + CO SR UNSECURED 05/28 VAR		150,910	149,637
KYNDRYL HOLDINGS INC SR UNSECURED 10/26 2.05		15,411	15,213
LAS VEGAS SANDS CORP SR UNSECURED 06/27 5.9		21,999	22,319
LAS VEGAS SANDS CORP SR UNSECURED 08/26 3.5		72,144	73,054
MACY S RETAIL HLDGS LLC COMPANY GUAR 144A 03/30 5.875		8,804	8,611
MARRIOTT INTERNATIONAL SR UNSECURED 05/25 5.75		27,336	27,054
MORGAN STANLEY BAML TRUST MSBAM 2017 C34 A4		64,500	60,312
MORGAN STANLEY CAPITAL I TRUST MSC 2017 HR2 A4		55,272	51,703
MORGAN STANLEY SR UNSECURED 02/29 VAR		121,033	120,330
MURPHY OIL USA INC COMPANY GUAR 144A 02/31 3.75		5,593	5,288
NASDAQ INC SR UNSECURED 06/28 5.35		10,150	10,140
NEWMONT / NEWCREST FIN COMPANY GUAR 05/30 3.25		15,368	14,703
NISSAN AUTO LEASE TRUST NALT 2024 B A4		59,937	60,248
NEWMONT / NEWCREST FIN COMPANY GUAR 05/30 3.25		67,475	67,018
ONEOK INC COMPANY GUAR 09/27 4.25		60,980	60,114
OWENS CORNING SR UNSECURED 02/30 3.5		5,593	5,571
PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/27 2.1		45,670	44,779
PENSKE TRUCK LEASING/PTL SR UNSECURED 144A 11/25 1.2		100,513	99,730
PETROLEOS MEXICANOS COMPANY GUAR 03/27 6.5		29,560	29,003
PHILIP MORRIS INTL INC SR UNSECURED 11/29 5.625		139,689	139,053
PHILLIPS 66 COMPANY GUAR 04/25 3.85		29,159	28,918
PNC FINANCIAL SERVICES SR UNSECURED 01/28 VAR		42,247	42,360
PRIME SECSRVC BRW/FINANC SR SECURED 144A 08/27 3.375		89,065	86,980
PROLOGIS TARGETED US COMPANY GUAR 144A 04/29 5.25		32,286	32,361
PUBLIC SERVICE ELECTRIC 1ST MORTGAGE 05/28 3.7		77,845	77,327
PUGET ENERGY INC SR SECURED 06/28 2.379		27,262	26,474
REALTY INCOME CORP SR UNSECURED 01/26 5.05		12,994	12,992
ROCHESTER GAS + ELECTRIC 1ST MORTGAGE 144A 06/27 3.1		75,318	73,642
ROYAL CARIBBEAN CRUISES SR UNSECURED 144A 03/32 6.25		32,477	32,383
SANTANDER DRIVE AUTO RECEIVABL SDART 2024 1 B		65,179	65,382
SANTANDER HOLDINGS USA SR UNSECURED 03/29 VAR		13,271	13,358
SBNA AUTO RECEIVABLES TRUST SBAT 2024 A A4 144A		45,213	45,314
SEALED AIR CORP SR SECURED 144A 10/26 1.573		98,274	97,824
SIMON PROPERTY GROUP LP SR UNSECURED 09/25 3.5		29,351	28,795
SMB PRIVATE EDUCATION LOAN TRU SMB 2019 B A2B 144A		31,262	31,293
SMYRNA READY MIX CONCRET SR SECURED 144A 11/28 6		43,064	42,916
SOUTH BOW USA INFRA HLDS COMPANY GUAR 144A 09/27 4.911		22,000	21,927
SOUTHERN CO GAS CAPITAL COMPANY GUAR 11/25 3.875		44,752	44,586
STORE CAPITAL LLC SR UNSECURED 03/29 4.625		14,438	14,449
SYSTEM ENERGY RESOURCES 1ST MORTGAGE 04/28 6		58,705	58,597
T MOBILE USA INC COMPANY GUAR 04/25 3.5		29,145	28,869
TARGA RESOURCES PARTNERS COMPANY GUAR 01/28 5		93,181	91,991
TESLA AUTO LEASE TRUST TESLA 2024 A A3 144A		7,999	8,047
TEVA PHARMACEUTICALS NE COMPANY GUAR 10/26 3.15		27,746	27,866
TORONTO DOMINION BANK SR UNSECURED 07/26 5.532		48,323	48,558
TREASURY BILL 01/25 0.00000		29,909	29,909
TRUIST FINANCIAL CORP SR UNSECURED 06/27 VAR		98,319	98,596
UNITED AIR 2018 1 B PTT PASS THRU CE 09/27 4.6		36,320	36,171
UNITED AIR 2019 2 AA PTT PASS THRU CE 11/33 2.7		50,828	48,393
UNITED AIRLINES INC SR SECURED 144A 04/29 4.625		8,713	8,557
US 10YR NOTE (CBT)MAR25 XCBT 20250320		-	2,482
US TREASURY N/B 01/27 4		36,841	36,818
US TREASURY N/B 02/29 4.25		277,252	276,702

Employees Security Fund of the Electrical Products Industries - Health and Welfare Plan

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

EIN #13-6100908
Plan #501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	US TREASURY N/B 03/29 4.125		\$ 941,910	\$ 934,720
	US TREASURY N/B 04/29 4.625		1,026,986	1,011,599
	US TREASURY N/B 05/29 4.5		293,188	283,348
	US TREASURY N/B 05/31 4.625		128,095	127,034
	US TREASURY N/B 06/31 4.25		20,611	19,749
	US TREASURY N/B 09/26 0.875		2,531,153	2,530,033
	US TREASURY N/B 10/26 4.625		455,340	454,766
	US TREASURY N/B 11/25 4.875		316,848	316,707
	US TREASURY N/B 11/29 4.125		41,531	41,523
	WELLS FARGO + COMPANY SR UNSECURED 01/30 VAR		107,141	106,302
	WELLS FARGO COMMERCIAL MORTGAG WFCM 2017 C42 A4		90,076	83,032
	WESTLAKE AUTOMOBILE RECEIVABLE WLAKE 2024 1A B 144A		22,000	22,181
	WESTLAKE AUTOMOBILE RECEIVABLE WLAKE 2024 2A A3 144A		50,198	50,485
	WORLD OMNI AUTO RECEIVABLES TR WOART 2022 B A3		5,534	5,503
	WORLD OMNI AUTO RECEIVABLES TR WOART 2024 C A3		16,997	16,947
			<u>\$ 16,042,127</u>	<u>\$ 16,562,306</u>

Employees Security Fund of the Electrical Products Industries - Health and Welfare Plan

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

**EIN #13-6100908
Plan #501**

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value Transactions Date	Gain or (Loss)
Single Transactions:					
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	\$ 7,496,304	\$ -	\$ 7,496,304	\$ 7,496,304	\$ -
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	1,200,000	1,199,932	1,200,000	68
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	7,400,000	7,399,583	7,400,000	417
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	7,523,696	7,523,696	7,523,696	-
US TREASURY N/B 11/25 4.875	2,306,689	-	2,306,689	2,306,689	-
US TREASURY N/B 08/25 5	1,153,373	-	1,153,373	1,153,373	-
US TREASURY N/B 08/25 5	-	1,634,897	1,629,412	1,634,897	5,485
US TREASURY N/B 11/25 4.875	1,172,961	-	1,172,961	1,172,961	-
Series Transactions:					
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	\$ 3,828,336	\$ -	\$ 3,828,336	\$ 3,828,336	-
*STATE STREET BANK AND TRUST COMPANY OF NEW HAMPSHIRE GLOBAL SECURITIES LENDING TRUST	-	3,988,760	3,988,760	3,988,760	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	12,960,648	-	12,960,648	12,960,648	-
*STATE STREET INSTITUTIONAL LIQUID RESERVES FUND	-	18,439,798	18,439,312	18,439,798	486
US TREASURY N/B 09/26 0.875	2,885,968	-	2,885,968	2,885,968	-
US TREASURY N/B 09/26 0.875	-	397,666	392,957	397,666	4,709
US TREASURY N/B 08/25 5	1,665,356	-	1,665,356	1,665,356	-
US TREASURY N/B 08/25 5	-	1,670,060	1,664,500	1,670,060	5,560
US TREASURY FRN 04/24 VAR	389,962	-	389,962	389,962	-
US TREASURY FRN 04/24 VAR	-	615,887	615,902	615,887	(15)
US TREASURY N/B 11/28 4.375	236,910	-	236,910	236,910	-
US TREASURY N/B 11/28 4.375	-	982,730	995,564	982,730	(12,834)

* Denotes a party in interest as defined by ERISA.

Employees Security Fund of the Electrical Products Industries - Health and Welfare Plan

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

EIN #13-6100908
Plan #501

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value Transactions Date	Gain or (Loss)
US TREASURY N/B 11/25 4.875	\$ 1,432,022	\$ -	\$ 1,432,022	\$ 1,432,022	-
US TREASURY N/B 11/25 4.875	-	1,691,823	1,696,576	1,691,823	(4,753)
US TREASURY N/B 03/29 4.125	1,156,965	-	1,156,965	1,156,965	-
US TREASURY N/B 03/29 4.125	-	219,674	215,497	219,674	4,177
US TREASURY N/B 02/26 4.625	551,228	-	551,228	551,228	-
US TREASURY N/B 02/26 4.625	-	550,946	551,413	550,946	(467)
US TREASURY N/B 04/29 4.625	1,027,877	-	1,027,877	1,027,877	-

* Denotes a party in interest as defined by ERISA.

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 EMPLOYEES SECURITY FUND OF THE ELEC IND HEALTH AND WELFARE PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 501</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) BRD OF TR OF THE EMPL SEC FD OF THE ELEC PROD IND-HEALTH & WELFARE PL</p> <p>158-11 HARRY VAN ARSDALE JR. AVENUE</p> <p>FLUSHING NY 11365</p>	<p>1c Effective date of plan 01/01/1944</p> <p>2b Employer Identification Number (EIN) 13-6100908</p> <p>2c Plan Sponsor's telephone number 718-591-2000</p> <p>2d Business code (see instructions) 423600</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		10-3-25	HUMBERTO J. RESTREPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Plan Name: Employees Security Fund of the Electrical Ind. Health and Welfare Plan

Plan Sponsor's Name: Brd of Ttees of the Employees Security Fund of the Elec Prod Ind - Hlth & Welfare Plan

EIN: 13-6100908

PN: 501

Plan Year End: 12/31/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.

Attachment to Form 5500
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan Name: Employees Security Fund of the Elec Ind Health and Welfare Plan

Plan Sponsor's Name: Brd of Ttees of the Employees Security Fund of the Elec Prod. Ind - Hlth & Welfare Plan

EIN: 13-6100908

PN: 501

Plan Year End: 12/31/2024

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.