

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELECTRICIANS' INCOME SECURITY FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF ELECTRICIANS' INCOME SECURITY FUND
2b Employer Identification Number (EIN): 43-1438013
2c Plan Sponsor's telephone number: 314-752-2330
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Frank Jacobs (plan administrator) and Kyle McKenna (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5565
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3948
	6a(2)	3681
	6b	224
	6c	1518
	6d	5423
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	157

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4C 4H 4I 4L 4Q

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 ELECTRICIANS' INCOME SECURITY FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF ELECTRICIANS' INCOME SECURITY FUND	D Employer Identification Number (EIN) 43-1438013	

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

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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)

IBEW - NECA SERVICE CENTER

43-0896804

(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	COMMON AFFILIATION	74957	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)

ANDERS MINKLER HUBER HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	41529	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)

COMMERCE BANK

48-0962626

(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?
19	NONE	24018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1797	Yes <input type="checkbox"/> No <input checked="" 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)

MARQUETTE ASSOCIATES

36-3485298

(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?
27	NONE	15417	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 ELECTRICIANS' INCOME SECURITY FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF ELECTRICIANS' INCOME SECURITY FUND	D Employer Identification Number (EIN) 43-1438013

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	7916	13529
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	535300	389521
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	160358	465398
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1814161	1770049
(2) U.S. Government securities	1c(2)	3612328	4140035
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5890589	5771258
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22958742	26882214
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	920301	821960

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	35899695	40253964
Liabilities			
g Benefit claims payable.....	1g	25986198	27033823
h Operating payables.....	1h	1496	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	869826	484893
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	26857520	27518716
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9042175	12735248

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)	2294292	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2294292
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	69946	
(B) U.S. Government securities.....	2b(1)(B)	127123	
(C) Corporate debt instruments.....	2b(1)(C)	217696	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	47298	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		462063
(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)	855314	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		855314
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4237232	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4302195	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-64963
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	17328	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3067585
c Other income	2c		2533
d Total income. Add all income amounts in column (b) and enter total	2d		6634152

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2635825	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	34894	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2670719
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	4635	
(4) IQPA audit fees	2i(4)	36894	
(5) Investment advisory and investment management fees	2i(5)	39434	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4074	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	185323	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		270360
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2941079

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3693073
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: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

ELECTRICIANS' INCOME SECURITY FUND
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
AND ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023

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Independent Auditors' Report

Board of Trustees
Electricians' Income Security Fund
St. Louis, Missouri

We have audited the accompanying financial statements of Electricians' Income Security Fund (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, and 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 financial statements referred to above 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 Auditors' 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 for one year after the date the financial statements are available to be issued.

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

Auditors' 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 auditors' 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) and Schedule of Reportable Transactions 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 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the 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 our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Anders Minkler Huber & Helms LLP". The signature is written in a cursive style.

September 30, 2025
Chesterfield, Missouri

Electricians' Income Security Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Investments, at Fair Value	\$ 39,385,516	\$ 35,196,121
Receivables		
Employer contributions	389,521	535,300
Due from related parties	351,652	3,030
Accrued interest and dividends	109,515	103,743
Other	4,231	-
Total Receivables	854,919	642,073
Cash - Noninterest Bearing	13,529	7,916
Prepaid Benefits	-	53,585
Total Assets	40,253,964	35,899,695
Liabilities		
Accounts Payable	-	1,496
Due to Related Parties	484,893	869,826
Total Liabilities	484,893	871,322
Net Assets Available for Benefits	\$ 39,769,071	\$ 35,028,373
Net Assets Available for Benefits:		
Designated for participant benefits	\$ 27,033,823	\$ 25,986,198
Designated for other purposes	12,735,248	9,042,175
Total Net Assets Available for Benefits	\$ 39,769,071	\$ 35,028,373

Electricians' Income Security Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income		
Interest and dividends	\$ 1,317,377	\$ 1,143,789
Net appreciation in fair value of investments	3,019,950	3,045,713
	4,337,327	4,189,502
Less: investment expense	(24,017)	(22,261)
Net Investment Income	4,313,310	4,167,241
Employer Contributions	2,294,292	2,257,385
Other Income	2,533	15,167
Total Additions	6,610,135	6,439,793
Deductions from Net Assets:		
Benefits Paid Directly to Participants		
Supplemental unemployment benefits	450,965	269,560
Final unemployment benefits	415,034	305,977
Death benefits	78,365	68,394
Retiree medical benefits	643,836	576,714
Total Benefits Paid Directly to Participants	1,588,200	1,220,645
Payroll Tax Benefits	34,894	21,600
Administrative Expenses	246,343	235,115
Total Deductions	1,869,437	1,477,360
Net Increase	4,740,698	4,962,433
Net Assets Available for Benefits, Beginning of Year	35,028,373	30,065,940
Net Assets Available for Benefits, End of Year	\$ 39,769,071	\$ 35,028,373

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Plan Description

The following description of Electricians' Income Security Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan agreement and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution health and welfare plan. The Plan was established in 1987, under a collective bargaining agreement ("CBA") between the Local No. 1, International Brotherhood of Electrical Workers (the "Union") and the St. Louis Chapter, National Electrical Contractors Association, Inc., which represents the participating employers (the "Employers") to provide death and unemployment benefits to eligible participants and beneficiaries. It is subject to the provisions of the Employer Retirement Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

To become eligible for any benefit from the Plan, a participant must work under a CBA requiring Employer contributions to this Plan for hours worked by their employee. These contributions create eligibility credits. An employee must acquire a specified number of eligibility credits to become a participant entitled to benefits.

Participants receive 2.667 eligibility credits for each \$18.75 in wages earned by the employee under a CBA or other agreement for which an Employer is required to make a contribution to this Plan. For each hour worked at a rate other than that of a journeyman, the participant will receive a proportionally higher or lower credit.

Employer Contributions Through Receiving Trust

The Plan is a noncontributory plan and Employer contributions are made in accordance with the formula prescribed by the CBA.

The stated Employer contribution is transmitted to a Receiving Trust. IBEW-NECA Service Center (the "Service Center"), as agent for the Employers, directs such Employer contributions to the Plan and its related temporary extended sub ("TES") Reserve (see below), or to the Local No. 1 IBEW Pension Benefit Trust Fund (the "Pension Trust") or the IBEW Local No. 1 Health and Welfare Trust Fund (the "Health and Welfare Trust Fund"), in keeping with those provisions in the CBA. Employers are required to make contributions to the Plan, via a Receiving Trust, based on a percentage of gross labor payroll for hours worked. Contribution rates of gross labor payroll for hours worked varied between 4% and 9% for 2024 and 2023, a portion of which is designated for the Plan's TES Reserve.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

The CBA provides that when a participant accumulates 8,000 credits, future Employer contributions, excluding the portion designated for TES Reserve contributions, are to cease until such time as the participant has less than 8,000 credits. Instead, the stated contributions are to be made to the Pension Trust by the Employer via the Receiving Trust.

The TES Reserve portion of the Employer contribution is transferred to the Plan until such time that the TES Reserve reaches a balance of \$3,500,000 (\$500,000 for communication workers), and in the event that it should fall below \$2,250,000 (\$250,000 for communication workers). At any point that the TES Reserve balance is above \$3,500,000 (\$500,000 for communication workers), contributions will be transferred to the Health and Welfare Trust Fund until TES benefits have reduced the reserve balance below \$3,500,000 (\$500,000 for communication workers). If the TES Reserves are exhausted, TES benefits will not be paid.

Benefits

Supplemental Unemployment Benefit

Supplemental unemployment benefits are a weekly benefit of \$325 and are payable only if the participant is eligible for state unemployment benefits.

Final Unemployment Benefit

Final unemployment benefits are available if the participant has the appropriate number of credits and has not worked under a CBA for a period of twelve or more consecutive months during which they have been actively seeking employment. The final unemployment benefit is payable in a lump sum based upon the participant's accumulated credits multiplied by the final unemployment pay factor. This benefit is not available to any participant or former participant who is retired.

Compassionate Leave Benefit

Participants who attain the eligibility credit requirement and who are actively working will be entitled to \$100 per day for up to 10 days for time away from work at the time of death of a spouse or child under the age of 18. The leave must be taken within a six week period extending from three weeks prior to and three weeks after the date of death of the spouse or child. Participant credits will not be reduced for payment of this benefit.

Death Benefit

Upon the death of an eligible participant, a death benefit will be paid to the participant's beneficiary based upon the participant's accumulated credits multiplied by the death benefit factor.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

TES Benefit

This benefit is payable during periods of severe unemployment, as defined in the Plan and provides a benefit of \$325 per week of unemployment for a maximum of 13 weeks during any 12 month period, starting from the date of TES application, to eligible participants based on classification. Participants that are no longer eligible for continued benefits because they have exhausted 13 weeks of benefits, may be eligible for an additional 6 weeks of TES benefits per calendar year. The additional benefit period will be contingent upon the participants being unemployed, currently on the "out of work list" and available for work. The additional benefit would not be available to any participant or former participant who is retired or who has collected all TES benefit during the current 12 month period.

Retiree Medical Benefits

Upon retirement, participants are automatically provided a benefit to pay the premium required for contribution of medical coverage under the Health and Welfare Trust Fund to the extent of the credits in their accounts.

Surviving Spouse-Dependent Medical Benefit

The surviving spouse/dependent child benefit extends coverage for the surviving spouse/dependent child for an additional six months without the use of any accumulated credits provided the surviving spouse is not eligible for Medicare. Once all free extended coverage is exhausted, remaining credits in the name of the deceased participant will be used to further continue the coverage. If coverage is no longer available to the surviving spouse/dependent child, any remaining credits will be used as a death benefit.

Disability Benefit

If the participant should become permanently disabled, as defined in the Plan, the benefit is payable in a lump sum based upon the participant's accumulated credits multiplied by the permanent disability factor.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions which are due to the Plan for hours worked prior to the end of the Plan year, but not received by year end. Employer contributions receivable are carried at reported amounts, net of an estimate for credit losses. Management determines the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible. Management is of the opinion that no allowance is necessary as of December 31, 2024 or 2023.

Employer contributions are due by the 15th of the month following the month hours are worked. Contributions not received by the 15th of the month are considered past due.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

Bad Debt Expense (Recovery)

Bad debt expense represents contributions that have been credited to participants' accounts without the cash having been received from the Employer.

Bad debt recovery represents contributions that have been collected in the current Plan year, but that had been credited to a participant's account in a prior Plan year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with other related plans. 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 other plans.

Net Assets Available for Benefits

The net assets available for benefits of the Plan are segregated into the following categories:

Designated for Participant Benefits

Represents monies designated for benefits relating to wages earned by Plan participants.

Designated for Regular Benefits

Represents monies that are designated for benefits relating to wages earned by Plan participants.

Designated for TES Benefits

Represents monies received from employer contributions for the TES benefits, along with the related earnings on those monies.

Designated for Other Purposes

Represents monies designated by the Trustees as a reserve for the payment of payroll taxes, future contingent benefits, as well as the market value fluctuation of the investments.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.

- Level 2 Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The instruments' fair value measurement levels 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 should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for investments measured at fair value.

Level 1 investments consist of money market funds, U.S. government and agency securities, and registered investment companies (mutual funds). The money market funds and U.S. government and agency securities are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the closing price recorded by the fund. These are open ended mutual funds and are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

Level 2 investments consist of corporate bonds and notes, U.S. government and agency securities, and municipal and foreign bonds. Corporate bonds and notes, municipal and foreign bonds and U.S. government and agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 1,770,049	\$ 1,770,049	\$ -	\$ -
U.S. government and agency securities	4,140,035	2,208,767	1,931,268	-
Corporate bonds and notes	5,155,977	-	5,155,977	-
Foreign bonds	615,281	-	615,281	-
Municipal bonds	821,960	-	821,960	-
Mutual funds	26,882,214	26,882,214	-	-
Total assets in fair value hierarchy	<u>\$ 39,385,516</u>	<u>\$ 30,861,030</u>	<u>\$ 8,524,486</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 1,814,161	\$ 1,814,161	\$ -	\$ -
U.S. government and agency securities	3,612,328	2,192,892	1,419,436	-
Corporate bonds and notes	5,221,950	-	5,221,950	-
Foreign bonds	668,639	-	668,639	-
Municipal bonds	920,301	-	920,301	-
Mutual funds	22,958,742	22,958,742	-	-
Total assets in fair value hierarchy	<u>\$ 35,196,121</u>	<u>\$ 26,965,795</u>	<u>\$ 8,230,326</u>	<u>\$ -</u>

4. Related Party Transactions

The Service Center was established to administer benefit funds professionally for the benefit of IBEW members. Fees paid during the year for administrative services rendered by the Service Center represent the Plan's portion of expenses allocated to all funds serviced by the Service Center. Expenses are allocated by type of expense incurred.

Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023

Total expenses allocated to the Plan and paid to the Service Center amounted to \$74,957 and \$88,994 for the years ended December 31, 2024 and 2023, respectively.

As of December 31, 2024 and 2023, \$3,030 is due from the Service Center for incorrect transfers of contributions.

As of December 31, 2024, \$348,622 is due from the Health and Welfare Trust Fund for incorrect transfers of self-pay contributions.

As of December 31, 2024, \$40,859 is due to various IBEW Local 1 Funds for incorrect transfers of contributions.

As of December 31, 2024, \$40,775 is due to the Health and Welfare Trust Fund for incorrect transfers of contributions.

As of December 31, 2024, \$42,668 is due to the Pension Trust for incorrect transfers of contributions.

As of December 31, 2024 and 2023, \$3,374 and \$2,609, respectively, is due to the Service Center for allocation of shared expenses.

As of December 31, 2024 and 2023, \$164,623 and \$415,815, respectively, is due to the Pension Trust for contributions received over the cap.

As of December 31, 2023, \$6,000 is due to IBEW 257-NECA Income Security Fund for reallocation of salary expense.

Health and welfare self-pay premium benefit payments are paid to the Health and Welfare Trust Fund on behalf of retired participants. The Plan paid benefits amounting to \$643,836 and \$576,714 in 2024 and 2023, respectively. As of December 31, 2024 and 2023, \$192,594 and \$445,402 is due to the Health and Welfare Trust Fund for self-pay premium benefits, respectively.

5. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries. In the event of termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

**Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023**

6. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated August 6, 1987, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

7. Risks and Uncertainties

Concentrations of Credit Risk

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

Contributions

The majority of receivables are from electrical Employers primarily located in or working in the St. Louis metropolitan area. The Plan generally does not require collateral, but in some cases can require a performance bond.

**Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023**

8. Participant Credits

Participants accumulate credits which are used in paying benefits. The total number of credits allocated to participant accounts was 39,540,699 in 2024 and 37,974,589 in 2023. The dollar value per credit varies with the benefit payout option selected.

The plan document authorizes the Trustees to grant additional credits at the end of each year to participants based upon the financial condition of the Plan. The increase in the credits held by each participant was calculated at 3.6401% and 3.3413% for 2024 and 2023, respectively. The increase was computed based on net investment income calculated without the effect of the net appreciation in the fair value of investments, less administrative expenses as compared to participants' credits at the end of the year.

9. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, as follows:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 39,769,071	\$ 35,028,373
Benefits payable	<u>(27,033,823)</u>	<u>(25,986,198)</u>
Net assets available for benefits per Form 5500	<u>\$ 12,735,248</u>	<u>\$ 9,042,175</u>

The following is a reconciliation of benefits paid per the financial statements to Form 5500 for the year ended December 31:

	<u>2024</u>
Benefits paid per the financial statements	\$ 1,588,200
Add: Benefits payable - current year	27,033,823
Less: Benefits payable - prior year	<u>(25,986,198)</u>
Total benefits paid per Form 5500	<u>\$ 2,635,825</u>

**Electricians' Income Security Fund
Notes to Financial Statements
December 31, 2024 and 2023**

10. Net Assets Available for Benefits

As of December 31, the net assets available for benefits consist of:

	<u>2024</u>	<u>2023</u>
Designated for regular benefits	\$ 21,489,521	\$ 20,636,626
Designated for TES benefits	<u>5,544,302</u>	<u>5,349,572</u>
Designated for participant benefits	27,033,823	25,986,198
Designated for other purposes	<u>12,735,248</u>	<u>9,042,175</u>
	<u>\$ 39,769,071</u>	<u>\$ 35,028,373</u>

11. Net Assets Designated for TES Benefits

As of December 31, the net assets of the Plan that were designated for TES benefits (Notes 1 and 2) were:

	<u>2024</u>	<u>2023</u>
Balance, beginning of year	\$ 5,349,572	\$ 5,176,606
Earnings	<u>194,730</u>	<u>172,966</u>
Balance, end of year	<u>\$ 5,544,302</u>	<u>\$ 5,349,572</u>
Allocation of TES reserve:		
Wiremen	\$ 4,722,700	\$ 4,556,827
Communication	<u>821,602</u>	<u>792,745</u>
Balance, end of year	<u>\$ 5,544,302</u>	<u>\$ 5,349,572</u>

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

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MONEY MARKET FUNDS:			
	FINANCIAL SQUARE TR GOVERNMENT INSTITUTIONAL CLASS FD #465	\$ 87,622	\$ 87,622
	PNC TREASURY MONEY MARKET	1,682,427	1,682,427
	TOTAL MONEY MARKET FUNDS	<u>1,770,049</u>	<u>1,770,049</u>
U.S GOVERNMENT AND AGENCY SECURITIES:			
	FHLB NT 1.75% 3/8/30	183,587	153,447
	FHLMC GOLD POOL #C91833 2.5% 5/1/35	26,053	23,552
	FHLMC POOL #840432 V/R 11/1/46	7,635	7,164
	FHLMC POOL #847512 V/R 1/1/36	582	594
	FHLMC UMBS POOL #SB8308 5% 6/25/39	104,273	103,547
	FHR 2021-5124 CL DH 2% 1/25/48	53,315	43,577
	FHR 3954 CL PG 2.50% 7/15/41	3,320	3,237
	FHR 4180 CL ME 2.5% 10/15/42	13,990	13,070
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	FHR 4272 CL DG 3% 4/15/43	3,027	2,876
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	FHR 5119 CL LK 1.5% 5/25/41	33,984	28,101
	FNMA POOL #735648 V/R 02/01/34	815	830
	FNMA POOL #816308 V/R 2/1/35	2,320	2,311
	FNMA POOL #AJ4087 3% 10/1/26	2,310	2,207
	FNMA POOL #AL2246 4% 8/1/32	8,438	7,661
	FNMA POOL #AM5023 4.29% 1/1/34	94,264	92,079
	FNMA POOL #BM4874 V/R 11/1/48	6,518	6,177
	FNMA POOL #BM7586 V/R 10/1/54	108,162	107,212
	FNMA UMBS POOL #MA5502 5% 10/25/44	142,320	140,168
	FNMA UMBS POOL #MA5539 5% 10/25/44	95,928	94,386
	FNR 2003-117 CL KB 6% 12/25/33	12,791	12,509
	FNR 2015-2 CL PA 2.25% 3/25/44	7,281	6,793
	FNR 2019-25 CL PD 2.5% 5/25/48	38,487	33,556
	FNR 2020-96 CL LY 5% 1/25/51	100,271	97,509
	FNR 2021-69 CL WA 2% 4/25/49	60,500	48,236
	FNR 2022-16 CL GA 4% 4/25/49	195,180	191,806
	FR UMBS POOL #RB5247 5.5% 7/1/43	76,064	76,599
	FR UMBS POOL #SB8216 4.5% 3/1/38	107,852	107,114
	GNR 2009-118 CL AP 3% 12/16/39	23,671	21,622
	GNR 2013-144 CL PA 2.5% 4/20/43	6,798	6,458
	GNR 2014-145 CL PE 2.25% 5/16/44	10,832	9,670
	GNR 2018-155 CL LM 3.5% 11/20/45	12,996	13,024

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December 31, 2024

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	GNR 2022-116 CL A 2.1% 4/16/63	\$ 67,238	\$ 61,810
	GNR 2022-167 CL AE V/R 7/16/52	64,456	64,938
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	SLST 2018-2 CL A1 3.5% 11/25/28	32,809	31,934
	U S TREASURY INFL 2% 1/15/26	80,225	71,579
	US TREASURY BOND 6.125% 8/15/29	120,395	107,283
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	US TREASURY NT 3.75% 8/31/31	165,225	162,915
	US TREASURY NT 3.875% 9/30/29	111,706	107,634
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	US TREASURY NT 4.5% 11/15/33	107,170	104,558
	US TREASURY NTS 1.5% 2/15/30	226,349	182,388
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>4,368,596</u>	<u>4,140,035</u>
CORPORATE BONDS AND NOTES:			
	ABFS 2001-2 CL A4 V/R 12/25/31	490	412
	AIR LEASE NT 3.25% 3/1/25	46,470	49,857
	AIR PROD & CHEMICALS NT 4.85% 2/8/34	104,712	102,516
	ALLEGHANY CORP NT 3.625% 5/15/30	92,792	94,054
	AMAZON.COM INC NT 4.7% 12/1/32	69,983	69,587
	AMERICAN WATER NT 2.95% 9/1/27	69,302	71,694
	AMGEN INC NT 2.45% 2/21/30	49,983	44,211
	ASSURED GUARANTY NT 3.15% 6/15/31	42,694	35,316
	AT&T INC NT 5.4% 2/15/34	60,632	60,240
	ATMOS ENERGY KS NT 5.155% 3/1/33	89,540	89,258
	AVALONBAY CMNTY NT 5% 2/15/33	64,440	63,983
	BANK OF NY MELLON NT 1.05% 10/15/26	79,939	75,250

Electricians' Income Security Fund
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS AND NOTES (CONTINUED):			
	BK OF AMERICA NT 4.45% 3/3/26	\$ 75,000	\$ 74,690
	BLACKROCK NT 2.1% 2/25/32	81,947	82,350
	BOAMS 2004-L CL 2A1 V/R 1/25/35	927	921
	BP CAP MARKETS NT 4.893% 9/11/33	94,626	96,734
	BROADCOM INC NT 4.35% 2/15/30	49,912	48,650
	CAPITAL ONE FINL NT 3.2% 2/5/25	75,938	69,986
	CARLISLE COS NT 3.75% 12/1/27	42,154	43,809
	CARMX 2022-4 CL A3 5.34% 8/16/27	56,992	57,289
	CATERPILLAR FINL NT 3.65% 8/12/25	79,903	79,596
	CH ROBINSON NT 4.2% 4/15/28	39,119	38,960
	CHARLES SCHWAB NT 2.75% 10/1/29	105,425	90,989
	CITIGROUP INC NT 3.4% 5/1/26	49,899	49,138
	COMCAST CORP NT 5.5% 11/15/32	74,526	76,855
	CSX CORP NT 4.25% 3/15/29	44,838	44,061
	CWHL 2004-22 CL A-1 V/R 11/25/34	2,179	2,055
	DTRT 2023-1 CL A3 5.9% 3/15/27	99,998	101,011
	ERP OPER NT 2.5% 2/15/30	85,181	88,981
	EXXON MOBIL CORP NT 2.709% 3/6/25	110,000	109,650
	FLORIDA P&L NT 5.05% 4/1/28	74,903	75,720
	FNMNT 2023-2 CL A 5.77% 9/17/29	99,985	101,457
	FORDO 2022-C CL A3 4.48% 12/15/26	37,507	37,487
	GE HEALTHCARE TECH NT 4.8% 8/14/29	54,935	54,486
	GENERAL MOTORS FINL NT 2.35% 2/26/27	39,961	37,902
	GMCAR 2023-3 CL A2A 5.74% 9/16/26	25,364	25,414
	GOLDMAN SACHS NT V/R 8/23/28	70,000	69,190
	HENRY J KAISER FMY NT 3.356% 12/1/25	105,000	103,785
	HEWLETT PACKARD NT 4.85% 10/15/31	54,949	53,640
	JOHN DEERE CAP CORP NT 4.7% 6/10/30	99,911	99,747
	JPMNT 2006-A2 CL 2A1 5.7732% 4/25/36	3,070	2,662
	JPMORGAN CHASE NT V/R 7/25/33	107,056	107,549
	KIMBERLY-CLARK NT 3.95% 11/1/28	89,860	87,971
	MALT 2004-3 CL 2A1 6.25% 4/25/34	7,791	10,008
	MARM 2004-15 CL 4A1 V/R 12/25/34	1,491	1,436
	MASTERCARD INC NT 4.85% 3/9/33	99,513	99,144
	METLIFE INC NT 5.375% 7/15/33	99,396	101,060
	MICROSOFT NT 3.3% 2/6/27	112,702	97,906
	MID-AMERICA APTS NT 4.2% 6/15/28	93,367	97,768
	MORGAN STANLEY NT V/R 4/20/29	75,000	75,212

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS AND NOTES (CONTINUED):			
	MPLX NT 4.95% 9/1/32	\$ 39,773	\$ 38,565
	NATL RURAL UTIL COOP NT 3.9% 11/1/28	99,934	96,556
	NEVADA POWER CO NT 2.4% 5/1/30	89,766	79,154
	NORTHERN TRUST NT 1.95% 5/1/30	82,170	86,345
	NOVARTIS CAP CORP NT 4% 9/18/31	99,565	95,249
	NUCOR CORP NT 3.95% 5/23/25	39,974	39,855
	NUMERICA CRDT UN MKT CD 5.1% 7/31/28 FDIC #N/A	150,000	155,501
	ONEOK INC NT 4.75% 10/15/31	59,738	58,038
	PEPSICO INC NT 3.9% 7/18/32	69,665	70,098
	PNC FIN NT V/R 10/21/32	105,000	102,193
	PRAXAIR INC NT 3.2% 1/30/26	102,126	98,647
	PROGRESSIVE CORP NT 4.95% 6/15/33	98,211	99,004
	PUBLIC STORAGE NT 3.094% 9/15/27	47,680	48,080
	PUBLIC SVC COLORADO NT 1.9% 1/15/31	174,442	146,044
	REINSURANCE GRP NT 6% 9/15/33	77,397	82,221
	SAN DIEGO G&E NT 2.5% 5/15/26	82,945	87,539
	SIMON PPTY NT 3.375% 12/1/27	59,528	58,110
	SNAP-ON INC NT 3.25% 3/1/27	76,013	77,718
	TRUIST FINANCIAL NT V/R 10/30/29	90,000	96,237
	US BANCORP NT V/R 6/12/29	100,000	102,258
	VIRGINIA ELEC PWR NT 3.1% 5/15/25	59,903	59,634
	VOYA FINL NT 3.65% 6/15/26	43,480	44,249
	WELLS FARGO NT V/R 6/17/27	85,000	83,035
	TOTAL CORPORATE BONDS AND NOTES	<u>5,223,612</u>	<u>5,155,977</u>
FOREIGN BONDS:			
	ASTRAZENECA PLC NT 1.375% 8/6/30	76,381	66,640
	BANK OF NOVA SCOTIA NT 5.45% 6/12/25	94,751	95,291
	MAGNA INTL NT 4.15% 10/1/25	90,945	89,580
	PETRO-CANADA NT 7.875% 6/15/26	54,991	46,875
	ROYAL BANK OF CANADA NT 5.2% 8/1/28	99,954	100,830
	SHELL INTL NT 2.875% 5/10/26	109,639	107,548
	TORONTO BK NT 4.783% 12/17/29	110,000	108,517
	TOTAL FOREIGN BONDS	<u>636,661</u>	<u>615,281</u>
MUNICIPAL BONDS:			
	CLEVELAND OH ARPT TXBL 2.692% 1/1/27	100,000	96,725
	CO ST HSG TXBL 4.917% 5/1/26	75,000	75,471

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	GLENPOOL OK TXBL 2.703% 12/1/27	\$ 90,000	\$ 85,213
	HI ST ECON DEV TXBL 3.242% 1/1/31	54,895	53,079
	IA ST MTGE TXBL 3.93% 1/1/29	90,000	87,506
	IL ST HSG TXBL 3.48% 4/1/27	80,000	78,237
	OK CITY OK TXBL TRUST 3.59% 9/1/25	100,000	99,510
	SD ST HSG TXBL 2.634% 5/1/25	65,000	64,643
	STAFFORD TX TXBL 1% 9/1/25	85,000	83,029
	WINNEBAGO IL TXBL GO 4.15% 12/30/27	100,000	98,547
	TOTAL MUNICIPAL BONDS	<u>839,895</u>	<u>821,960</u>
MUTUAL FUNDS:			
	CREDIT SUISSE FL RT HI IN-I	3,437,672	3,285,640
	LOOMIS BOND FUND I	7,541,161	6,729,525
	VANGUARD TOTAL STOCK MARKET INDEX	8,795,442	16,867,049
	TOTAL MUTUAL FUNDS	<u>19,774,275</u>	<u>26,882,214</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 32,613,088</u>	<u>\$ 39,385,516</u>

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Series of transactions involving securities of the same issue in excess of 5%:</u>						
Financial Square TR Government	Institutional Class (35)	\$ -	\$ 2,028,048	\$ 2,028,048	\$ 2,028,048	\$ -
Financial Square TR Government	Institutional Class (118)	2,046,283	-	2,046,283	2,046,283	-

**Electricians' Income Security Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Accounting expense	\$ 4,635	\$ 4,520
Administrative fees	74,957	88,994
Audit expense	20,600	19,470
Bad debt expense	121,075	152,288
Bad debt recovery	(30,883)	(74,848)
Data processing costs	15,657	-
Dues and subscriptions	1,277	1,195
Insurance	3,111	2,082
Investment consulting expense	15,417	15,417
Legal fees	4,074	2,466
Miscellaneous taxes	129	-
Miscellaneous expense	-	8,906
Payroll examinations	16,294	12,709
Printing and stationery	-	1,916
	<u>\$ 246,343</u>	<u>\$ 235,115</u>

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

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	ALLEGHANY CORP NT 3.625% 5/15/30	92,792	94,054
	AMAZON.COM INC NT 4.7% 12/1/32	69,983	69,587
	AMERICAN WATER NT 2.95% 9/1/27	69,302	71,694
	AMGEN INC NT 2.45% 2/21/30	49,983	44,211
	ASSURED GUARANTY NT 3.15% 6/15/31	42,694	35,316
	AT&T INC NT 5.4% 2/15/34	60,632	60,240
	ATMOS ENERGY KS NT 5.155% 3/1/33	89,540	89,258
	AVALONBAY CMNTY NT 5% 2/15/33	64,440	63,983
	BANK OF NY MELLON NT 1.05% 10/15/26	79,939	75,250

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS AND NOTES (CONTINUED):			
	BK OF AMERICA NT 4.45% 3/3/26	\$ 75,000	\$ 74,690
	BLACKROCK NT 2.1% 2/25/32	81,947	82,350
	BOAMS 2004-L CL 2A1 V/R 1/25/35	927	921
	BP CAP MARKETS NT 4.893% 9/11/33	94,626	96,734
	BROADCOM INC NT 4.35% 2/15/30	49,912	48,650
	CAPITAL ONE FINL NT 3.2% 2/5/25	75,938	69,986
	CARLISLE COS NT 3.75% 12/1/27	42,154	43,809
	CARMX 2022-4 CL A3 5.34% 8/16/27	56,992	57,289
	CATERPILLAR FINL NT 3.65% 8/12/25	79,903	79,596
	CH ROBINSON NT 4.2% 4/15/28	39,119	38,960
	CHARLES SCHWAB NT 2.75% 10/1/29	105,425	90,989
	CITIGROUP INC NT 3.4% 5/1/26	49,899	49,138
	COMCAST CORP NT 5.5% 11/15/32	74,526	76,855
	CSX CORP NT 4.25% 3/15/29	44,838	44,061
	CWHL 2004-22 CL A-1 V/R 11/25/34	2,179	2,055
	DTRT 2023-1 CL A3 5.9% 3/15/27	99,998	101,011
	ERP OPER NT 2.5% 2/15/30	85,181	88,981
	EXXON MOBIL CORP NT 2.709% 3/6/25	110,000	109,650
	FLORIDA P&L NT 5.05% 4/1/28	74,903	75,720
	FNMNT 2023-2 CL A 5.77% 9/17/29	99,985	101,457
	FORDO 2022-C CL A3 4.48% 12/15/26	37,507	37,487
	GE HEALTHCARE TECH NT 4.8% 8/14/29	54,935	54,486
	GENERAL MOTORS FINL NT 2.35% 2/26/27	39,961	37,902
	GMCAR 2023-3 CL A2A 5.74% 9/16/26	25,364	25,414
	GOLDMAN SACHS NT V/R 8/23/28	70,000	69,190
	HENRY J KAISER FMY NT 3.356% 12/1/25	105,000	103,785
	HEWLETT PACKARD NT 4.85% 10/15/31	54,949	53,640
	JOHN DEERE CAP CORP NT 4.7% 6/10/30	99,911	99,747
	JPMNT 2006-A2 CL 2A1 5.7732% 4/25/36	3,070	2,662
	JPMORGAN CHASE NT V/R 7/25/33	107,056	107,549
	KIMBERLY-CLARK NT 3.95% 11/1/28	89,860	87,971
	MALT 2004-3 CL 2A1 6.25% 4/25/34	7,791	10,008
	MARM 2004-15 CL 4A1 V/R 12/25/34	1,491	1,436
	MASTERCARD INC NT 4.85% 3/9/33	99,513	99,144
	METLIFE INC NT 5.375% 7/15/33	99,396	101,060
	MICROSOFT NT 3.3% 2/6/27	112,702	97,906
	MID-AMERICA APTS NT 4.2% 6/15/28	93,367	97,768
	MORGAN STANLEY NT V/R 4/20/29	75,000	75,212

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS AND NOTES (CONTINUED):			
	MPLX NT 4.95% 9/1/32	\$ 39,773	\$ 38,565
	NATL RURAL UTIL COOP NT 3.9% 11/1/28	99,934	96,556
	NEVADA POWER CO NT 2.4% 5/1/30	89,766	79,154
	NORTHERN TRUST NT 1.95% 5/1/30	82,170	86,345
	NOVARTIS CAP CORP NT 4% 9/18/31	99,565	95,249
	NUCOR CORP NT 3.95% 5/23/25	39,974	39,855
	NUMERICA CRDT UN MKT CD 5.1% 7/31/28 FDIC #N/A	150,000	155,501
	ONEOK INC NT 4.75% 10/15/31	59,738	58,038
	PEPSICO INC NT 3.9% 7/18/32	69,665	70,098
	PNC FIN NT V/R 10/21/32	105,000	102,193
	PRAXAIR INC NT 3.2% 1/30/26	102,126	98,647
	PROGRESSIVE CORP NT 4.95% 6/15/33	98,211	99,004
	PUBLIC STORAGE NT 3.094% 9/15/27	47,680	48,080
	PUBLIC SVC COLORADO NT 1.9% 1/15/31	174,442	146,044
	REINSURANCE GRP NT 6% 9/15/33	77,397	82,221
	SAN DIEGO G&E NT 2.5% 5/15/26	82,945	87,539
	SIMON PPTY NT 3.375% 12/1/27	59,528	58,110
	SNAP-ON INC NT 3.25% 3/1/27	76,013	77,718
	TRUIST FINANCIAL NT V/R 10/30/29	90,000	96,237
	US BANCORP NT V/R 6/12/29	100,000	102,258
	VIRGINIA ELEC PWR NT 3.1% 5/15/25	59,903	59,634
	VOYA FINL NT 3.65% 6/15/26	43,480	44,249
	WELLS FARGO NT V/R 6/17/27	85,000	83,035
	TOTAL CORPORATE BONDS AND NOTES	<u>5,223,612</u>	<u>5,155,977</u>
FOREIGN BONDS:			
	ASTRAZENECA PLC NT 1.375% 8/6/30	76,381	66,640
	BANK OF NOVA SCOTIA NT 5.45% 6/12/25	94,751	95,291
	MAGNA INTL NT 4.15% 10/1/25	90,945	89,580
	PETRO-CANADA NT 7.875% 6/15/26	54,991	46,875
	ROYAL BANK OF CANADA NT 5.2% 8/1/28	99,954	100,830
	SHELL INTL NT 2.875% 5/10/26	109,639	107,548
	TORONTO BK NT 4.783% 12/17/29	110,000	108,517
	TOTAL FOREIGN BONDS	<u>636,661</u>	<u>615,281</u>
MUNICIPAL BONDS:			
	CLEVELAND OH ARPT TXBL 2.692% 1/1/27	100,000	96,725
	CO ST HSG TXBL 4.917% 5/1/26	75,000	75,471

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	GLENPOOL OK TXBL 2.703% 12/1/27	\$ 90,000	\$ 85,213
	HI ST ECON DEV TXBL 3.242% 1/1/31	54,895	53,079
	IA ST MTGE TXBL 3.93% 1/1/29	90,000	87,506
	IL ST HSG TXBL 3.48% 4/1/27	80,000	78,237
	OK CITY OK TXBL TRUST 3.59% 9/1/25	100,000	99,510
	SD ST HSG TXBL 2.634% 5/1/25	65,000	64,643
	STAFFORD TX TXBL 1% 9/1/25	85,000	83,029
	WINNEBAGO IL TXBL GO 4.15% 12/30/27	100,000	98,547
	TOTAL MUNICIPAL BONDS	<u>839,895</u>	<u>821,960</u>
MUTUAL FUNDS:			
	CREDIT SUISSE FL RT HI IN-I	3,437,672	3,285,640
	LOOMIS BOND FUND I	7,541,161	6,729,525
	VANGUARD TOTAL STOCK MARKET INDEX	8,795,442	16,867,049
	TOTAL MUTUAL FUNDS	<u>19,774,275</u>	<u>26,882,214</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 32,613,088</u>	<u>\$ 39,385,516</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

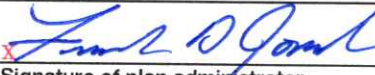

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan ELECTRICIANS' INCOME SECURITY FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	06/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF ELECTRICIANS' INCOME SECURITY 5735 ELIZABETH AVENUE ST LOUIS MO 63110	2b Employer Identification Number (EIN)	43-1438013
	2c Plan Sponsor's telephone number	(314) 752-2330
	2d Business code (see instructions)	238210

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

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

SIGN HERE		10/6/25	FRANK JACOBS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/06/25	KYLE MCKENNA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	5,565
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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)	3,948
a(2) Total number of active participants at the end of the plan year	6a(2)	3,681
b Retired or separated participants receiving benefits	6b	224
c Other retired or separated participants entitled to future benefits	6c	1,518
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	5,423
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)	
(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	157
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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:
4C 4H 4I 4L 4Q

9a Plan funding arrangement (check all that apply) (1) <input 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 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)

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

Electricians' Income Security Fund
EIN: 43-1438013 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Series of transactions involving securities of the same issue in excess of 5%:</u>						
Financial Square TR Government	Institutional Class (35)	\$ -	\$ 2,028,048	\$ 2,028,048	\$ 2,028,048	\$ -
Financial Square TR Government	Institutional Class (118)	2,046,283	-	2,046,283	2,046,283	-