

<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 <u>IBEW VACATION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF IBEW VACATION FUND</u></p> <p><u>5735 ELIZABETH AVENUE</u> <u>ST. LOUIS, MO 63110</u></p>	<p>1c Effective date of plan <u>04/23/1949</u></p> <p>2b Employer Identification Number (EIN) <u>43-0647886</u></p> <p>2c Plan Sponsor's telephone number</p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	FRANK JACOBS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	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

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	4174
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)	4174
	6a(2)	4078
	6b	
	6c	
	6d	4078
	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	158

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:
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)

<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 _____

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 IBEW VACATION 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 IBEW VACATION FUND	D Employer Identification Number (EIN) 43-0647886	

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

5735 ELIZABETH AVENUE
ST. LOUIS, MO 63110

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?
14	COMMON AFFILIATION	139526	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	42673	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?
28	NONE	40719	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)

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	7500	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.	OMB No. 1210-0110 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 IBEW VACATION 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 IBEW VACATION FUND	D Employer Identification Number (EIN) 43-0647886

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	25000	25000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2554418	2203971
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	202796	2379563
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6421132	6361350
(2) U.S. Government securities	1c(2)	6107350	7565480
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9965332	9977521
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2303016	1632948

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	27579044	30145833
Liabilities			
g Benefit claims payable.....	1g	25440740	27378266
h Operating payables.....	1h	2006399	2165963
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		614
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	27447139	29544843
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	131905	600990

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)	28652584	
(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)		28652584
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	355453	
(B) U.S. Government securities.....	2b(1)(B)	151304	
(C) Corporate debt instruments.....	2b(1)(C)	338893	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	92410	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		938060
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3786634	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3745094	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		41540
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	181318	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		7425
d Total income. Add all income amounts in column (b) and enter total	2d		29820927

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26983157	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2116207	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		29099364
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	42673	
(5) Investment advisory and investment management fees	2i(5)	7500	
(6) Bank or trust company trustee/custodial fees	2i(6)	40719	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2411	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	159175	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		252478
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29351842

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		469085
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 _____.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS VACATION 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
International Brotherhood of Electrical Workers Vacation Fund
St. Louis, Missouri

Opinion

We have audited the financial statements of International Brotherhood of Electrical Workers ("IBEW") Vacation 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 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 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 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.

October 13, 2025
Chesterfield, Missouri

International Brotherhood of Electrical Workers Vacation Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	<u>\$ 25,537,299</u>	<u>\$ 24,796,830</u>
Receivables		
Employer contributions	2,203,971	2,554,418
Dividends and interest	154,973	119,650
Due from related party	2,015,000	-
Tax overpayments	<u>162,078</u>	<u>83,146</u>
Total Receivables	<u>4,536,022</u>	<u>2,757,214</u>
Prepaid Expenses	47,512	-
Cash	<u>25,000</u>	<u>25,000</u>
Total Assets	<u>30,145,833</u>	<u>27,579,044</u>
Liabilities		
Accounts Payable and Accrued Expenses	18,218	5,585
Due to Related Party	<u>614</u>	<u>-</u>
Total Liabilities	<u>18,832</u>	<u>5,585</u>
Net Assets Available for Benefits	<u>\$ 30,127,001</u>	<u>\$ 27,573,459</u>

International Brotherhood of Electrical Workers Vacation 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		
Net appreciation in fair value of investments	\$ 222,858	\$ 392,539
Interest	923,530	753,953
Dividends	14,530	15,058
	1,160,918	1,161,550
Less: investment expense	(40,719)	(36,841)
Net Investment Income	1,120,199	1,124,709
Employer Contributions	28,652,584	26,637,724
Other Income	7,425	30,824
Total Additions	29,780,208	27,793,257
Deductions From Net Assets:		
Benefits Paid Directly to Participants	25,045,631	22,387,090
Payroll Taxes	1,969,276	1,760,143
Administrative Expenses	211,759	246,645
Total Deductions	27,226,666	24,393,878
Net Increase	2,553,542	3,399,379
Net Assets Available for Benefits, Beginning of Year	27,573,459	24,174,080
Net Assets Available for Benefits, End of Year	\$ 30,127,001	\$ 27,573,459

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of the International Brotherhood of Electrical Workers ("IBEW") Vacation Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution plan. The Plan was established in 1949, pursuant to a collective bargaining agreement ("CBA") between Local No. 1, IBEW (the "Union") and the St. Louis Chapter, National Electrical Contractors Association, Inc. ("NECA") (the "Association") which represents the participating employers (the "Employers") to provide vacation benefits to eligible participants and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income 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

An employee is eligible for vacation benefits if they have worked at least 100 hours during the previous Plan year (January through December) for an Employer required to contribute to the Plan, has filed a timely application for benefits, and has taken their compulsory vacation as required by the Plan.

Employer Contributions

Employer contributions to the Plan are made in accordance with the CBAs with the Employers. Employers pay in contributions with respect to each of their employees as a percentage of gross payroll as required by the applicable CBA. Participants are not required or permitted to contribute to the Plan.

Under the CBA between the Union and the Association, the Plan is designated as the agent for the Employers for purposes of paying the Employers' share of payroll taxes on benefits paid to participants. The CBA provides that a designated percentage of the Employer contribution is "separately allocated as employment tax payment". Under the CBA, these segregated amounts are to be held by the Trustees of the Plan to meet obligations for Employer tax obligations, as specified in the Trust Agreements of the Plan. Segregated amounts not needed for Employers' tax obligations may be used by the Trustees to provide benefits.

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

Payments of Benefits

Eligible employees are entitled to an annual vacation benefit in an amount that is set as a percentage of the employees' gross earnings on which Employer contributions have been received in their name by the Plan. The percentage is established by the Trustees based upon the Employer contributions received, investment income, and other income available after the estimated payroll taxes and administrative expenses of the Plan are deducted.

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.

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 the 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.

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for wages earned prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates 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 and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. 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 wages are earned. Contributions not received by the 15th of the month are considered past due.

Net Assets Available for Benefits

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

Designated for participant benefits

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

Designated for Employer payroll taxes and other purposes

Represents monies accumulated in the Employer tax payment account for the payment of payroll taxes, and to the extent not needed for payroll taxes as determined by the Trustees, for future benefits.

Designated for market fluctuation

Represents monies designated by the Trustees as a reserve for the market value fluctuation of the Plan's investments. The positive or negative balance in this reserve is the cumulative unrealized portion of the gains and losses for the investments held by the Plan and is not allocated to participant accounts until realized.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan permits the payment of Plan expenses from the Plan assets.

International Brotherhood of Electrical Workers Vacation 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 contributing 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.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides 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 methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds and U.S government and agency bonds. Money market funds are derived from quoted prices in active markets for identical assets. U.S government and agency bonds are valued at the closing price reported on the active market on which individual securities are traded.

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

Level 2 investments consist of corporate bonds and notes, U.S. government and agency bonds, foreign bonds, and municipal bonds. Corporate bonds and notes, U.S. government and agency bonds, foreign bonds, and municipal bonds 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	\$ 6,361,350	\$ 6,361,350	\$ -	\$ -
Corporate bonds and notes	8,356,208	-	8,356,208	-
U.S. government and agency bonds	7,565,480	5,449,792	2,115,688	-
Foreign bonds	1,621,313	-	1,621,313	-
Municipal bonds	1,632,948	-	1,632,948	-
Total assets in fair value hierarchy	<u>\$ 25,537,299</u>	<u>\$ 11,811,142</u>	<u>\$ 13,726,157</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 6,421,132	\$ 6,421,132	\$ -	\$ -
Corporate bonds and notes	9,070,414	-	9,070,414	-
U.S. government and agency bonds	6,107,350	4,271,277	1,836,073	-
Foreign bonds	894,918	-	894,918	-
Municipal bonds	2,303,016	-	2,303,016	-
Total assets in fair value hierarchy	<u>\$ 24,796,830</u>	<u>\$ 10,692,409</u>	<u>\$ 14,104,421</u>	<u>\$ -</u>

4. Related Party Transactions

The IBEW-NECA Service Center (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 utilizing the Service Center. Total expenses allocated to the Plan and paid to the Service Center amounted to \$124,883 and \$97,905 for the years ended December 31, 2024 and 2023, respectively.

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

As of December 31, 2024, amounts due to the Service Center for reallocation of administrative expenses amounted to \$15,000.

As of December 31, 2024, amounts due from the IBEW Local 1 Health and Welfare Fund for reimbursement of transfer amounted to \$2,000,000.

As of December 31, 2024, amounts due to the Service Center for reallocation of administrative expenses amounts to \$614.

5. Net Assets Available for Benefits

Net Assets available for benefits are segregated into the following components:

	2024	2023
Designated for participant benefits and taxes payable	\$ 29,526,011	\$ 27,441,554
Designated for Employer payroll taxes and other purposes	680,793	537,960
Designated for market value fluctuation	(79,803)	(406,055)
	\$ 30,127,001	\$ 27,573,459

6. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right to terminate the Plan after mutual consent of the Unions and Association, subject to the provisions of ERISA.

In the event of termination or discontinuance of the Plan, the Trustees shall first pay all costs of administering the Plan. First, the Trustees pay or set aside money for payment of expenses and anticipated expenses, including the expenses of liquidation. Second, the Trustees shall pay all vacation benefits which are due. If the remaining assets are insufficient to pay these benefits in full, the benefits of all eligible participants or eligible beneficiaries shall be reduced on a pro rata basis. Third, if sufficient assets then remain to pay additional vacation benefits (after considering the expense of computation and distribution) the Trustees shall establish a plan for distribution, similar to that provided for payment of vacation benefits in the Trust Agreement and make distributions according to such plan; otherwise, the Trustees shall distribute the remaining assets for the benefit of participants for whom contributions were received during the last year or the last two years before the date of termination, in such an equitable manner as the Trustees determine.

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

7. Tax Status

The Internal Revenue Service has determined and informed the Trustees by a letter dated December 19, 1968, that the Plan and related trust, as then designed, was in accordance with the applicable section of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Trustees and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe 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 were no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations 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.

8. Risks and Uncertainties

Investments

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and 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 contractors 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.

International Brotherhood of Electrical Workers Vacation Fund
Notes to Financial Statements
December 31, 2024 and 2023

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 30,127,001	\$ 27,573,459
Less: benefits and taxes payable at year end	(29,526,011)	(27,441,554)
Net assets available for benefits per the Form 5500	\$ 600,990	\$ 131,905

The following is a reconciliation of benefits paid to participants per the financial statements as of December 31, to Form 5500:

	2024
Benefits paid per the financial statements	\$ 25,045,631
Plus: benefits payable current year	27,378,266
Less: benefits payable prior year	(25,440,740)
Benefits paid per Form 5500	\$ 26,983,157

The following is a reconciliation of payroll taxes paid according to the financial statements to Form 5500 as of December 31,

	2024
Payroll taxes paid per the financial statements	\$ 1,969,276
Plus: Payroll taxes payable on current benefits payable	2,147,745
Less: Payroll taxes payable on prior benefits payable	(2,000,814)
Payroll taxes paid per Form 5500	\$ 2,116,207

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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	Cost (d)	Current Value (e)
MONEY MARKET FUND:		
FINANCIAL SQUARE TR GOVERNMENT INSTITUTIONAL CLASS FD #465	\$ 84,875	\$ 84,875
PNC PREMIUM BUSINESS MONEY MARKET	6,276,476	6,276,476
TOTAL MONEY MARKET FUNDS	<u>\$ 6,361,350</u>	<u>\$ 6,361,350</u>
U.S GOVERNMENT AND AGENCY SECURITIES		
US TREASURY NT 2.25% 8/15/27	287,098	285,210
US TREASURY NT 2.25% 11/15/27	268,069	274,233
US TREASURY NT 3.125% 11/15/28	954,297	957,120
US TREASURY NT 2% 11/15/26	311,759	311,974
US TREASURY NT 2.375% 5/15/27	463,305	459,758
US TREASURY NT 2.875% 7/31/25	248,652	218,302
US TREASURY NT 0.25% 5/31/25	368,453	393,548
US TREASURY NT 0.75% 8/31/26	497,941	472,255
US TREASURY NT 1.125% 10/31/26	298,477	283,650
US TREASURY NT 1.25% 12/31/26	149,795	141,497
US TREASURY NT 3.25% 06/30/29	381,938	381,764
US TREASURY NT 3.125% 8/31/27	214,444	218,556
US TREASURY NT 3.875% 9/30/29	274,018	264,192
US TREASURY NT 4.125% 10/31/27	305,473	298,863
US TREASURY NT 3.875% 11/30/29	491,133	488,870
FHLMC UMBS POOL #SB1175 5% 5/25/39	177,396	177,156
FFCB NT 4% 1/6/28	151,719	148,598
FNMA POOL #735648 V/R 02/01/34	1,281	1,304
FNMA POOL #817330 V/R 7/1/35	819	811
FNR 2013-32 CL TA 2% 11/25/42	36,096	33,457
FNR 2015-16 CL MC 3% 1/25/45	304,863	306,760
FNR 2022-38 CL DA 4.5% 4/25/47	179,554	169,864
FHR 4030 CL BC 2% 1/15/42	29,061	27,525
FHR 2024-5206 CL BJ 3% 9/25/49	155,409	155,484
GNR 2010-14 CL PA 3% 2/20/40	497	478
TSY INFL IX NT 0.125% 4/15/25	346,310	333,988
BMO HARRIS BK MKT CD 4.5% 5/16/28 FDIC #16571	250,000	253,873
CIBC BK MKT CD 4.45% 4/13/28 FDIC #33306	250,000	253,438
MORGAN STANLEY MKT CD 4.55% 5/3/27 FDIC #32992	250,000	252,953
TOTAL US GOVERNMENT AND AGENCY SECURITIES	<u>7,647,855</u>	<u>7,565,480</u>
MUNICIPAL BONDS		
CAMDEN CNTY NJ TXBL 1.237% 1/15/26	175,024	189,093
CO ST HSG TXBL 4.804% 5/1/28	125,000	125,616
CT ST TXBL GO 5.05% 5/15/27	183,456	182,214

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED)		
FL ST TXBL 1.705% 7/1/27	\$ 138,771	\$ 148,338
IL ST HSG TXBL 3.48% 4/1/27	150,000	146,694
MS ST TXBL GO 0.715% 11/1/25	90,000	87,457
MONTGOMERY CO VA TXBL 1.614% 6/1/27	156,551	168,280
PHILADELPHIA PA TXBL 4.602% 9/1/29	140,000	139,063
SPRINGDALE AR TXBL 4.975% 8/1/27	175,000	176,407
STAFFORD TX TXBL 1% 9/1/25	150,000	146,522
YORK CNTY PA GO 0.998% 6/1/25	125,000	123,264
TOTAL MUNICIPAL BONDS	<u>1,608,803</u>	<u>1,632,948</u>
CORPORATE BONDS:		
AT&T INC NT 2.3% 6/1/27	75,695	80,228
BERKSHIRE HATHAWAY NT 3.5% 2/1/25	159,683	149,759
ENTERGY MS NT 2.85% 6/1/28	117,484	121,901
ENTERGY TEXAS NT 1.5% 9/1/26	84,799	80,446
EXELON CORP NT 5.15% 3/15/29	89,803	90,455
FLORIDA P&L NT 4.4% 5/15/28	144,904	143,554
KENTUCKY UTIL CO NT 3.3% 10/1/25	157,598	143,598
OGE ENERGY NT 5.45% 5/15/29	109,856	111,800
SAN DIEGO G&E NT 4.95% 8/15/28	189,183	190,832
WISC ELEC PWR NT 5% 5/15/29	179,566	181,260
WISCONSIN P & L NT 3.05% 10/15/27	144,680	148,355
AMAZON.COM INC NT 0.8% 6/3/25	169,934	167,511
AMGEN INC NT 1.9% 2/21/25	94,806	94,621
ASTRAZENECA FIN LLC NT 1.2% 5/28/26	79,899	76,470
BAKER HUGHES LLC NT 3.337% 12/15/27	172,463	178,438
COLGATE-PALMOLIVE CO NT 3.1% 8/15/27	149,820	145,130
COMCAST CORP NT 3.55% 5/1/28	171,688	172,789
JOHN DEERE CAPITAL NT 4.15% 9/15/27	196,090	198,066
WALT DISNEY NT 3.35% 3/24/25	114,937	114,677
EMORY UNIV NT 1.566% 9/1/25	185,000	181,169
ENERGY TRANSFER LP NT 5.25% 7/1/29	99,797	100,476
EQUIFAX NT 5.1% 6/1/28	74,777	75,281
FACTSET RESEARCH NT 2.9% 3/1/27	79,863	76,832
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WW GRAINGER INC NT 1.85% 2/15/25	194,458	194,171
HEWLETT PACKARD NT 4.55% 10/15/29	99,894	97,479
LAB CORP OF AMER NT 1.55% 6/1/26	74,950	71,666
ELI LILLY & CO NT 4.2% 8/14/29	179,606	176,231
ONEOK INC NT 5.65% 11/1/28	99,869	102,039
PAYPAL HOLDINGS NT 3.9% 6/1/27	144,816	142,932

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):		
ROPER TECHNOLOGIES NT 1% 9/15/25	\$ 109,855	\$ 107,317
SNAP-ON INC NT 3.25% 3/1/27	145,274	140,863
TEXAS INSTRUMENTS NT 4.6% 2/8/29	189,799	189,485
WRKCO INC NT 4% 3/15/28	94,724	96,941
WORKDAY INC NT 3.5% 4/1/27	74,956	73,108
YALE UNIV NT 0.873% 4/15/25	200,000	197,882
AMERIPRISE FINL NT 5.7% 12/15/28	183,908	185,454
BANK OF NY MELLON NT 1.05% 10/15/26	176,492	188,126
CATERPILLAR FINL NT 4.85% 2/27/29	184,748	185,982
CHUBB INA HOLDINGS NT 4.65% 8/15/29	189,818	189,324
CITIBANK NT 5.803% 9/29/28	180,108	185,620
GOLDMAN SACHS GROUP NT V/R 6/15/27	140,148	139,166
HORACE MANN NT 7.25% 9/15/28	106,418	111,887
MASTERCARD INC NT 4.875% 3/9/28	149,855	151,706
MID-AMERICA APTS NT 4.2% 6/15/28	177,976	180,871
MORGAN STANLEY NT V/R 7/22/28	128,330	130,181
NATL RURAL UTIL NT 3.05% 4/25/27	137,811	144,569
PNC FINANCIAL SVCS NT 1.15% 8/13/26	149,717	141,735
PACCAR FINANCIAL NT 4% 9/26/29	199,588	193,442
PROGRESSIVE CORP NT 2.5% 3/15/27	149,943	143,612
PROLOGIS LP NT 4.875% 6/15/28	159,022	160,389
PUBLIC STORAGE NT 1.85% 5/1/28	174,792	182,370
REALTY INCOME NT 3.65% 1/15/28	139,674	144,825
SANTANDER HOLDINGS NT 3.244% 10/5/26	79,299	72,767
CHARLES SCHWAB NT 1.15% 5/13/26	176,638	190,960
SIMON PROPERTY GRP NT 1.375% 1/15/27	89,884	84,395
STATE STREET CORP NT V/R 11/4/28	184,498	185,150
US BANCORP NT V/R 6/12/29	190,644	189,179
WELLS FARGO NT V/R 5/22/28	120,706	125,975
MARM 2004-13 CL 2A1 V/R 4/21/34	1,382	1,363
RALI 2006-QS13 CL 2A1 5.75% 9/25/21	175	106
SARM 2005-11 CL 3A 5.3781% 5/25/35	9,827	8,553
ABFS 2001-2 CL A4 V/R 12/25/31	736	618
FORDO 2022-B CL A3 3.74% 9/15/26	53,185	53,059
TOTAL CORPORATE BONDS	<u>8,360,771</u>	<u>8,356,208</u>
FOREIGN BONDS:		
BANK OF MONTREAL NT 5.717% 9/25/28	182,929	184,574
BK OF NOVA SCOTIA NT 1.35% 6/24/26	149,885	142,949
ENBRIDGE INC NT 2.5% 2/14/25	79,947	79,763
MAGNA INTL NT 5.05% 3/14/29	178,954	180,875

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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	Cost (d)	Current Value (e)
	FOREIGN BONDS (CONTINUED):		
	ROYAL BK OF CANADA NT 1.15% 7/14/26	\$ 149,949	\$ 142,473
	TORONTO-DOMINION BK NT 1.2% 6/3/26	150,000	142,841
	BHP FINANCE USA NT 5.1% 9/8/28	187,283	186,702
	BP CAPITAL MARKETS NT 3.279% 9/19/27	175,452	178,851
	BANCO SANTANDER NT 6.607% 11/7/28	84,104	84,130
	MITSUBISHI UFJ FIN NT V/R 4/17/26	150,000	149,475
	PFIZER INVESTMENT NT 4.45% 5/19/28	149,820	148,682
	TOTAL FOREIGN BONDS	<u>1,638,323</u>	<u>1,621,313</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 25,617,101</u>	<u>\$ 25,537,299</u>

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (20)	\$ -	\$ 3,545,758	\$ 3,545,758	\$ 3,545,758	\$ -
Commerce Bank	Financial Square Tr Government (106)	3,523,291	-	3,523,291	3,523,291	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

**International Brotherhood of Electrical Workers Vacation Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Accounting expense	\$ 4,320	\$ 4,640
Administrative fees	124,883	97,905
Audit expense	22,060	19,950
Bad debt expense	7,251	91,984
Computer consulting	21,504	-
Dues and subscriptions	1,275	-
Education expense	2,350	1,195
Insurance	614	1,317
Investment consulting	7,500	3,850
Legal fees	2,411	2,161
Miscellaneous	1,298	10,934
Payroll examinations	16,293	12,709
	<u>\$ 211,759</u>	<u>\$ 246,645</u>

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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	Cost (d)	Current Value (e)
MONEY MARKET FUND:		
FINANCIAL SQUARE TR GOVERNMENT INSTITUTIONAL CLASS FD #465	\$ 84,875	\$ 84,875
PNC PREMIUM BUSINESS MONEY MARKET	6,276,476	6,276,476
TOTAL MONEY MARKET FUNDS	<u>\$ 6,361,350</u>	<u>\$ 6,361,350</u>
U.S GOVERNMENT AND AGENCY SECURITIES		
US TREASURY NT 2.25% 8/15/27	287,098	285,210
US TREASURY NT 2.25% 11/15/27	268,069	274,233
US TREASURY NT 3.125% 11/15/28	954,297	957,120
US TREASURY NT 2% 11/15/26	311,759	311,974
US TREASURY NT 2.375% 5/15/27	463,305	459,758
US TREASURY NT 2.875% 7/31/25	248,652	218,302
US TREASURY NT 0.25% 5/31/25	368,453	393,548
US TREASURY NT 0.75% 8/31/26	497,941	472,255
US TREASURY NT 1.125% 10/31/26	298,477	283,650
US TREASURY NT 1.25% 12/31/26	149,795	141,497
US TREASURY NT 3.25% 06/30/29	381,938	381,764
US TREASURY NT 3.125% 8/31/27	214,444	218,556
US TREASURY NT 3.875% 9/30/29	274,018	264,192
US TREASURY NT 4.125% 10/31/27	305,473	298,863
US TREASURY NT 3.875% 11/30/29	491,133	488,870
FHLMC UMBS POOL #SB1175 5% 5/25/39	177,396	177,156
FFCB NT 4% 1/6/28	151,719	148,598
FNMA POOL #735648 V/R 02/01/34	1,281	1,304
FNMA POOL #817330 V/R 7/1/35	819	811
FNR 2013-32 CL TA 2% 11/25/42	36,096	33,457
FNR 2015-16 CL MC 3% 1/25/45	304,863	306,760
FNR 2022-38 CL DA 4.5% 4/25/47	179,554	169,864
FHR 4030 CL BC 2% 1/15/42	29,061	27,525
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GNR 2010-14 CL PA 3% 2/20/40	497	478
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TOTAL US GOVERNMENT AND AGENCY SECURITIES	<u>7,647,855</u>	<u>7,565,480</u>
MUNICIPAL BONDS		
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CO ST HSG TXBL 4.804% 5/1/28	125,000	125,616
CT ST TXBL GO 5.05% 5/15/27	183,456	182,214

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

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MS ST TXBL GO 0.715% 11/1/25	90,000	87,457
MONTGOMERY CO VA TXBL 1.614% 6/1/27	156,551	168,280
PHILADELPHIA PA TXBL 4.602% 9/1/29	140,000	139,063
SPRINGDALE AR TXBL 4.975% 8/1/27	175,000	176,407
STAFFORD TX TXBL 1% 9/1/25	150,000	146,522
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CORPORATE BONDS:		
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SAN DIEGO G&E NT 4.95% 8/15/28	189,183	190,832
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AMGEN INC NT 1.9% 2/21/25	94,806	94,621
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International Brotherhood of Electrical Workers Vacation Fund
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December 31, 2024

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CITIBANK NT 5.803% 9/29/28	180,108	185,620
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RALI 2006-QS13 CL 2A1 5.75% 9/25/21	175	106
SARM 2005-11 CL 3A 5.3781% 5/25/35	9,827	8,553
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International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

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	PFIZER INVESTMENT NT 4.45% 5/19/28	149,820	148,682
	TOTAL FOREIGN BONDS	<u>1,638,323</u>	<u>1,621,313</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 25,617,101</u>	<u>\$ 25,537,299</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).

▶ **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: 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 IBEW VACATION FUND	1b Three-digit plan number (PN) ▶ 501
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 IBEW VACATION FUND 5735 ELIZABETH AVENUE ST. LOUIS MO 63110	1c Effective date of plan 04/23/1949 2b Employer Identification Number (EIN) 43-0647886 2c Plan Sponsor's telephone number 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	<input checked="" type="checkbox"/> <i>Frank Jacobs</i>	<input checked="" type="checkbox"/> <i>10/14/25</i>	FRANK JACOBS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<input checked="" type="checkbox"/> <i>Kyle McKenna</i>	<input checked="" type="checkbox"/> <i>10/15/25</i>	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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	4,174
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	4,174
6a(2) Total number of active participants at the end of the plan year	6a(2)	4,078
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,078
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	158

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:

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)

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 type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input 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 _____

International Brotherhood of Electrical Workers Vacation Fund
EIN: 43-0647886 Plan Number: 501
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>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (20)	\$ -	\$ 3,545,758	\$ 3,545,758	\$ 3,545,758	\$ -
Commerce Bank	Financial Square Tr Government (106)	3,523,291	-	3,523,291	3,523,291	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						