

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	4754
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)	3960
	6a(2)	3659
	6b	791
	6c	
	6d	4450
	6e	
	6f	4450
	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	185

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ELECTRICAL WORKERS HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6002904

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	12017159	3835	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	86805
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ELECTRICAL WORKERS HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6002904

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10051	3617	04/01/2023	03/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2144156
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ELECTRICAL WORKERS HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6002904

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

1 Coverage Information:

(a) Name of insurance carrier

NEVADA DENTAL BENEFITS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
26-3486277	13813		433	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	207204
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ELECTRICAL WORKERS HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6002904

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

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL GROUP INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
		72045	2928	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	271899
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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A Name of plan ELECTRICAL WORKERS HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6002904	

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

ARISTOTLE PACIFIC CAPITAL, LLC

32-0710746

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

POINT BONITA CAPITAL GP, LLC

98-1557713

(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)

ANTHEM BLUE CROSS BLUE SHIELD

84-0747736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	4116506	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)

EVERSIDE HEALTH, LLC

45-3449075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	3698871	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)

BENESYS, INC.

38-2383171

(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 12 10 15 38 50 64 99	NONE	1519995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15373	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)

INNOVATIVE CARE MGMT, INC.

93-1087669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	NONE	438061	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)

LABOR FIRST, LLC

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	338090	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)

PAYER MATRIX, LLC

1400 N. PROVIDENCE RD, BLDG 2
SUITE 5000
MEDIA, PA 19063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	297653	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)

CLINICAL MANAGER

808 NORTH LAMB BLVD
LAS VEGAS, NV 89110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	219637	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)

VIVEKA HEALTH, INC.

86-2467157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	198328	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	163930	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)

NATL INVSTMNT SRVCS OF AMERICA LLC

84-3937993

(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 51	NONE	146105	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)

BROWNSTEIN HYATT FARBEN SCHRECK LLP

26-1367865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	136489	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)

SMART SOURCE, LLC

30-0830429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	100909	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)

BEHAVIORAL HEALTHCARE OPTIONS, INC.

88-0267857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	99746	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)

BERRY & CO., CPA'S LTD

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	90991	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)

CLINICAL MANAGER'S ASSISTANT

808 NORTH LAMB BLVD
LAS VEGAS, NV 89110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78266	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)

HEALTHLINX, LLC

87-0660214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	70000	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)

HEALTH SERVICES COALITION

88-0492643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	54501	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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27 50	NONE	37738	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)

PRIME THERAPEUTICS MGMT, LLC

46-3708039

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50 99	NONE	36693	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)

DIVERSIFIED DENTAL SERVICES, INC.

88-0346054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32774	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)

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

(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 21 50 59 62 63 71 72	NONE	25308	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FOCUS INVESTMENT ADVISORS, INC.

81-1193503

(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 51	NONE	23396	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)

UNION INSURANCE GROUP, INC.

36-4226088

(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?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8284	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GREENE INFUSO, LLP

3030 S. JONES BLVD, SUITE 101
LAS VEGAS, NV 89146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6013	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BENESYS, INC.	13 12 10 15 38 50 64 99	15373
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ZELIS CLAIMS INTEGRITY, LLC 86-1040704	REVENUE SHARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>ELECTRICAL WORKERS HEALTH AND WELFARE PLAN</u>	B Three-digit plan number (PN) ▶	<u>502</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>88-6002904</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC ASSET MGMT BANK LOAN FND LP</u>		
b Name of sponsor of entity listed in (a): <u>PAM BANK LOAN GP LLC</u>		
c EIN-PN <u>46-5076716-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4037485</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS SHORT DURATION HIGH YLD FD LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES, INC.</u>		
c EIN-PN <u>46-2057809-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1965813</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN FUND, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES, INC.</u>		
c EIN-PN <u>45-4783986-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1847305</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRICAL WORKERS HEALTH AND WELFARE PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6002904

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	12385131	8628213
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5183436	4413840
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2596821	2836405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10886355	6570280
(2) U.S. Government securities	1c(2)	6223889	5142327
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14131159	17668975
(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)	3522059	3813118
(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)		4037485
(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)	460977	2546662

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	1801665	2520484
f Total assets (add all amounts in lines 1a through 1e).....	1f	57191492	58177789
Liabilities			
g Benefit claims payable.....	1g	6902742	5881663
h Operating payables.....	1h	835226	2125403
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	267249	73658
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8005217	8080724
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49186275	50097065

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)	45961227	
(B) Participants.....	2a(1)(B)	2717416	
(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)		48678643
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	328641	
(B) U.S. Government securities.....	2b(1)(B)	397556	
(C) Corporate debt instruments.....	2b(1)(C)	1038919	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	21092	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1786208
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	31793432	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	31875699	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-82267
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	215310	
(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)		416059
(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)		37485
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3317134
d Total income. Add all income amounts in column (b) and enter total	2d		54368572

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36707283	
(2) To insurance carriers for the provision of benefits	2e(2)	7891559	
(3) Other	2e(3)	5949072	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		50547914
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)	293825	
(2) Contract administrator fees	2i(2)	1326004	
(3) Recordkeeping fees	2i(3)	27197	
(4) IQPA audit fees	2i(4)	63794	
(5) Investment advisory and investment management fees	2i(5)	209426	
(6) Bank or trust company trustee/custodial fees	2i(6)	25308	
(7) Actuarial fees	2i(7)	163930	
(8) Legal fees	2i(8)	142502	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	23533	
(11) Other expenses	2i(11)	634349	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2909868
j Total expenses. Add all expense amounts in column (b) and enter total	2j		53457782

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		910790
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: **BERRY & CO., CPA'S LTD**

(2) EIN: **88-0400174**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		2012437
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.			

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 _____.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

BERRY & COMPANY CPAs, LTD.
7030 Smoke Ranch Road
Las Vegas, NV 89128
Tel: (702) 515-0408

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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Independent Auditors' Report

Board of Trustees Electrical Workers Health and Welfare Plan

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Electrical Workers health and Welfare Plan as of December 31, 2024 and 2023 and changes in net assets available for benefits and plan benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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 that 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 are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 schedules of assets (held at end of year) and reportable transactions are presented for the purpose 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the 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.



Las Vegas, Nevada
September 30, 2025

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	2024	2023
<u>Assets</u>		
Investments, at fair value:		
Cash equivalents	\$ 6,570,280	\$ 10,886,355
U.S. Government securities	5,142,327	6,223,889
Corporate securities	17,668,975	14,131,159
State and municipal securities	534,225	460,977
Common collective trusts	3,813,118	3,522,059
103-12 investment entity	4,037,485	-
Fixed income fund	2,012,437	-
	39,778,847	35,224,439
Receivables:		
Employer contributions	3,111,995	4,884,102
Reciprocal contributions	1,301,845	299,334
Prescription rebates	1,269,047	1,314,979
Stop loss reimbursements	49,760	61,949
Receivable - other	107,507	117,507
	5,840,154	6,677,871
Other assets:		
Cash	8,628,213	12,385,131
Prepaid expenses	1,364,057	1,056,352
Security deposits	45,959	45,959
Due from related plan	75	75
Right of use asset leases	777,509	417,236
	10,815,813	13,904,753
Fixed assets:		
Clinics - Leasehold improvements	2,133,481	1,614,294
Clinical Manager Vehicle	54,000	54,000
Office furniture and equipment	99,572	99,572
	2,287,053	1,767,866
Less accumulated depreciation	(544,078)	(383,437)
	1,742,975	1,384,429
Total assets	58,177,789	57,191,492
<u>Liabilities</u>		
Accounts payable	1,318,633	404,812
Lease liabilities	806,770	430,414
Reciprocal contributions payable	73,658	267,249
Total liabilities	2,199,061	1,102,475
<u>Net assets</u>		
Net assets available for benefits	\$ 55,978,728	\$ 56,089,017

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 586,588	\$ 554,697
Interest and dividend income	1,786,208	648,647
Total investment income	2,372,796	1,203,344
Less investment fees	(234,734)	(162,284)
Net investment income	2,138,062	1,041,060
Employer contributions	40,980,358	64,272,193
Reciprocal contributions	4,980,869	1,614,170
Self-pay contributions	2,717,416	2,349,342
Other income	2,809,393	2,878,967
Total additions	53,626,098	72,155,732
Deductions from net assets attributed to:		
Group medical, dental, vision, disability, life insurance, and stop loss premiums	7,891,559	7,628,778
Claims paid on medical, dental, disability, vision, prescriptions, net of refunds	37,728,362	35,457,895
Stop loss recoveries	(507,740)	(1,416,219)
Network access, case management and other	316,595	268,573
Medical and dental consulting fees	808,591	709,671
Clinic operating expenses	4,763,431	4,392,824
Clinical Manager expenses	354,280	328,083
	51,355,078	47,369,605
Operating expenses:		
Actuarial fees	163,930	140,865
Administration fees	1,326,004	1,247,163
Bond and insurance	150,206	91,861
Educational seminar fees	23,533	12,567
Office and misc. expenses	283,298	169,875
Legal fees	142,502	144,554
Plan audit and contract compliance fees	90,991	72,002
Printing and postage	200,844	191,221
	2,381,308	2,070,108
Total deductions	53,736,387	49,439,713
Net increase (decrease) for the year	(110,289)	22,716,019
Net assets available for benefits:		
Beginning of year	56,089,016	33,372,997
End of year	\$ 55,978,728	\$ 56,089,016

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

STATEMENTS OF BENEFIT OBLIGATIONS DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Claims payable, claims incurred but not reported and premiums due to insurers	\$ 5,881,663	\$ 6,902,742
Other obligations for current benefit coverage, at present value of estimated amounts:		
Estimated future benefits based on participants' accumulated eligibility	16,234,303	17,815,000
 Total obligations other than postretirement benefit obligations	22,115,966	24,717,742
Postretirement benefits obligations		
Retired participants and dependents	85,099,873	88,928,550
Other participants fully eligible for benefits	53,363,017	54,869,293
Participants not fully eligible for benefits	109,504,623	120,608,838
	247,967,513	264,406,681
 Total benefit obligations	\$ 270,083,479	\$ 289,124,423

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ 6,902,742	\$ 7,511,920
Claims reported and approved for payment	36,668,495	35,422,526
Claims paid	<u>(37,689,574)</u>	<u>(36,031,704)</u>
Balance at end of year	<u>5,881,663</u>	<u>6,902,742</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	17,815,000	13,220,592
Net change during year	<u>(1,580,697)</u>	<u>4,594,408</u>
Balance at end of year	<u>16,234,303</u>	<u>17,815,000</u>
Total obligations other than postretirement benefit obligations	<u>22,115,966</u>	<u>24,717,742</u>
Postretirement benefits obligations:		
Balance at beginning of year	264,406,681	226,597,041
Increase (decrease) during the year attributed to:		
Benefits earned and other changes	(2,641,951)	11,951,163
Changes in actuarial assumptions	(26,881,271)	14,352,496
Increase for interest due to decrease in discount period	<u>13,084,054</u>	<u>11,505,981</u>
Net Increase / (Decrease)	<u>(16,439,168)</u>	<u>37,809,640</u>
Balance at end of year	<u>247,967,513</u>	<u>264,406,681</u>
Total benefit obligations at end of year	<u>\$ 270,083,479</u>	<u>\$ 289,124,423</u>

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following brief description of the Electrical Workers Health and Welfare Plan (Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established July 1, 1956, pursuant to a collective bargaining agreement (CBA) between the International Brotherhood of Electrical Workers Local Union No. 357 and certain associations of contractors. The Plan was formed to provide health and other benefits to eligible participants in the construction industry in Southern Nevada. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan receives the majority of its income from construction contractors working mainly in Southern Nevada.

Benefits

The Plan provides health (including hospital, surgical, major medical, prescriptions, dental, vision, life, and disability) benefits for eligible participants. The Plan also provides health benefits to participants after termination from covered employment if they have accumulated credit amounts (expressed in hours) in excess of hours required for current coverage. Eligibility begins when a member has accumulated 1,000 or more hours in his/her hour bank and has submitted the appropriate enrollment information/documents. Credits in excess of the 125 required to maintain eligibility can be "banked" up to 750 to be used later if hours are low or if terminated to continue benefits. This equates to six months of coverage. The accrued liability for future benefits is based on the months of eligibility times the estimated monthly cost of providing benefits.

Vesting

The particular types and levels of benefits are not considered to be vested or guaranteed rights but may be modified or eliminated at any time at the sole discretion of the Board of Trustees.

Contributions/Funding Policy

The Plan is funded by contributions based on the hours worked by employees in covered employment according to the specified terms of the CBA. For the years ended December 31, 2024 and 2023, the contribution rates were \$8.95 and \$8.95, respectively, for each straight-time hour worked by journeymen, foremen and general foremen. Time and a half and double-time hours are converted to straight time hours for the calculation of benefits. Non-working employees who have exhausted their eligibility may make contributions to continue coverage. The self-pay, COBRA and retiree contributions are determined by the Board of Trustees and are reviewed and adjusted annually as necessary.

Reciprocal Contributions

The Plan allows for reciprocity agreements with other collectively-bargained plans. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating local unions.

For the years ended December 31, 2024 and 2023, the Plan remitted cash payments of approximately \$1,469,000 and \$7,009,000, respectively, and received cash payments of approximately \$3,978,000 and \$1,614,000, respectively, in accordance with these agreements with the participating local unions. Reciprocal payments received are included in *employer's contributions* in the statements of changes in net assets available for benefits. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the liability account *reciprocal contributions payable* and are not included in the statement of changes in net assets available for benefits as they do not represent an expense of the Plan.

Agreed-Upon Procedures for Contributions

Pursuant to the collective bargaining agreements, the Plan's Board of Trustees has implemented a policy of performing agreed-upon procedures on the payroll records of contributing employers on a systematic rotation basis.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Priorities Upon Termination

In the event this Plan is terminated by mutual consent of the Employers and the Union, any monies remaining in the Plan after the payment of all expenses shall be used for the continuance of plan benefits until such monies have been exhausted.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's audited financial statements are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

Employer Contributions Receivable

Contributions receivable at year end are substantially determined from employer remittance reports received subsequent to year end, but which cover hours worked during the respective years. Management believes all contributions receivable are collectible and no allowance for uncollectible accounts has been provided.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year and is reflected as the difference between cost and fair value. For Form 5500 reporting, realized and unrealized gains and losses are computed using the investments' fair values as of the beginning of the year. For investments purchased during the year, realized and unrealized gains and losses are presented in the same manner for financial statement and Form 5500 purposes.

Property and Equipment

The Plan's policy is to capitalize assets with a cost value of \$5,000 or more and a useful life in excess of one year. Assets with a cost value less than \$5,000 are expensed. Property and equipment are carried at cost and depreciated using the straight-line method over the estimated useful lives of the assets. Depreciation expense was \$149,775 and \$116,252 for the years ending December 31, 2024 and 2023, respectively. Depreciation expense has been included with fund nurse expenses and clinic expenses on the statements of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, claims payable, eligibility credits, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Estimated Medical and Dental Claims Incurred but not Reported

Under the direct payment plan, in contrast to an insured plan, the actual cost of health and accident benefits for a particular period of time is not known until several months after the close of that period. An estimated liability is calculated by the Plan's actuary to provide for medical and dental claims incurred but not yet reported or paid.

Estimated Future Benefits Based on Participants' Accumulated Eligibility

The accrued liability for future benefits is based on the months of eligibility as of December 31, multiplied by the estimated monthly cost of benefits.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Leases

The Plan determines if an arrangement contains a lease at inception based on whether the Plan has the right to control the asset during the contract period and other facts and circumstances. Operating leases are included in right-of-use (ROU) assets and a corresponding lease liability in the statement of net assets available for benefits. ROU assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. The Plan has made an accounting policy election to not recognize assets or liabilities for leases with a term of less than 12 months.

3. FEDERAL INCOME TAX STATUS

The Plan is exempt from federal income tax under provisions of the Internal Revenue Code Section 501(c)(9). The trust established under the Plan to hold the Plan's assets obtained its latest federal income tax exemption determination letter on September 29, 1978, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. Management of the Plan believes that the Plan has taken no uncertain tax positions as of December 31, 2024 and 2023 that require adjustment to or disclosure in the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

4. INVESTMENTS - FAIR VALUE MEASUREMENTS

In accordance with U.S. GAAP, fair value is defined as the price the Plan would receive to sell an asset or pay for a liability in an orderly transaction between market participants. A three-tier hierarchy has been established for presenting valuations, based on the transparency of inputs into valuation techniques used to measure fair value. The inputs may be observable or unobservable and refer broadly to the assumptions that market participants would consider significant to value an asset or liability, based on the best information available in the circumstances. Investments with readily-available active quoted prices or for which fair value can be measured from actively quoted prices in an orderly market will generally have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value.

Investments measured and reported at fair value are classified and disclosed in one of the following categories based on inputs:

- Level 1 – Quoted prices for active markets for identical securities. An active market for the security is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis. A quoted price in an active market provides the most reliable evidence of fair value.
- Level 2 – Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.), or quoted prices for identical or similar assets in markets that are not active. Inputs that are derived principally from or corroborated by observable market data. An adjustment to any observable input that is significant to the fair value may render the measurement a Level 3 measurement.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

4. INVESTMENTS - FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 3 – Significant unobservable inputs, including management's own assumptions in determining the fair value of investments.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment. Although management believes the 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 Plan's investment assets and liabilities, if any, are reported at fair value in the accompanying statements of net assets available for benefits and their inputs for the years ended December 31, 2024 and 2023, respectively, are summarized as follows:

	Assets at Fair Value as of December 31, 2024			
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	Total
	Level 1	Level 2	Level 3	
	\$	\$	\$	\$
Cash equivalents	6,570,280	-	-	6,570,280
U.S. Government securities	-	5,142,327	-	5,142,327
Corporate securities	-	17,668,975	-	17,668,975
State and municipal securities	-	534,225	-	534,225
Total investments in the fair value hierarchy	<u>6,570,280</u>	<u>23,345,527</u>	<u>-</u>	<u>29,915,807</u>
Investments measured at NAV as a practical expedient				<u>9,863,040</u>
Total investments at fair value				<u>\$ 39,778,847</u>

	Assets at Fair Value as of December 31, 2023			
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	Total
	Level 1	Level 2	Level 3	
	\$	\$	\$	\$
Cash equivalents	10,886,355	-	-	10,886,355
U.S. Government securities	-	6,223,889	-	6,223,889
Corporate securities	-	14,131,159	-	14,131,159
State and municipal securities	-	460,977	-	460,977
Total investments in the fair value hierarchy	<u>10,886,355</u>	<u>20,816,025</u>	<u>-</u>	<u>31,702,380</u>
Investments measured at NAV as a practical expedient				<u>3,522,059</u>
Total investments at fair value				<u>\$ 35,224,439</u>

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

4. INVESTMENTS - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan follows Accounting Standards Update No. 2015-07 (“ASU 2015-07”), “Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value (“NAV”) per Share (or its Equivalent).” ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share, or its equivalent, as a practical expedient. Accordingly, investments for which fair value is measured using net asset value per share, or its equivalent, as a practical expedient have not been categorized within the fair value hierarchy. The fair value amounts presented in the table above for investment funds measured at net asset value are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Transfers into and out of each level of the fair value hierarchy may occur from time to time based on any changes to the availability or reliability of data. There were no significant transfers between levels of the hierarchy during either Plan year.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended December 31, 2024 and 2023.

Level 1 Measurements

The money market fund has a quoted NAV that represents the fair value of the fund.

Level 2 Measurements

The fair values of U.S. government securities are based on quoted market prices and/or other market data for the same or comparable instruments.

The fair values of corporate, state and municipal securities are based on quoted market prices and/or other market data for the same or comparable instruments.

Investments Reported at NAV (or its Equivalent) as a Practical Expedient

The common collective trusts (CCT) are valued at NAV as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CCT less its liability and is reported on a per unit basis. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported net asset value.

The fair values of these investments are determined from financial statements received by the Plan from the entities in which the Plan has invested. These financial statements are audited by independent accountants other than the Plan’s independent auditors. The entities in which the Plan invests prepare their financial statements stating their investments at fair value as based on the best information available, in the absence of readily ascertainable market values.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

4. INVESTMENTS - FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of unfunded commitments, liquidity provisions and investment strategies investment funds that are valued at Net Asset Value (NAV) as a practical expedient or its equivalent. Investment strategies are not shown for those investment funds that report at NAV as a practical expedient and file a Federal Form 5500 with the Department of Labor as a Direct Filing Entity or for those investment funds that were sold during the Plan year.

Investment	Unfunded Commitments (a)	Redemption Frequency	Redemption Notice Period	Investment Strategy
Common Collective Trusts				
NIS Total Absolute Return Fund, LLC	\$ -	(c)	(c)	(b)
NIS Short Duration High Yield Fund, LLC	\$ -	(c)	(c)	(b)
103-12 Investment Entity				
Pacific Asset Management Bank Loan Fund, LP	\$ -	(d)	(d)	(b)
Fixed Income Fund				
Point Bonita Capital Fund (Cayman) LP and Subsidiary	\$ -	Quarterly (e)	90 days (e)	(e)

(a) Amount of unfunded capital commitment.

(b) A member may withdraw all or any portion of its interest as of any applicable redemption dates which are typically the beginning of the month or the 15th of the month. A 30 day advance written notice is generally required, but the investment manager generally allows withdrawals with as little as 3 days advanced written notice.

Since the fund or trust filed a 5500 as a Direct Filing Entity with the Department of Labor, an investment strategy is not required to be disclosed.

(c) A limited partner may withdraw all or any portion of its capital account as of the first business day of each calendar month by providing written notice to the General Partner by no later than the 10th business day of the prior month. Withdrawals are subject to a \$1 million minimum unless waived by the General Partner in its sole discretion unless such limited partner is withdrawing all of its limited partnership interests. A limited partner must maintain a minimum of \$2 million in their capital account unless waived by the General Partner or unless the limited partner is withdrawing all of its interests.

(d) The Point Bonita Capital Fund (Cayman) LP investment objective (as implemented through the Point Bonita Capital Master Fund A LLC) is to seek to capitalize on market inefficiencies in trade finance.

Redemptions are granted at quarter-end, with ninety (90) days written notice, subject to a 25% investor-level gate and a one-year soft lock with a five percent (5%) penalty.

5. POSTRETIREMENT BENEFIT OBLIGATION

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employees' service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired participants, including beneficiaries and covered dependents, (2) active or terminated participants who are fully eligible to receive benefits and (3) active participants who are not yet fully eligible to receive benefits.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. POSTRETIREMENT BENEFIT OBLIGATION (CONTINUED)

Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The following schedules are some of the significant assumptions used in the valuations as of December 31, 2024 and 2023:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Discount rate	5.50%	4.80%
Non-disabled participants	PRI-2012 Headcount-Weighted Blue Collar Mortality Tables, males set forward 2 years, and projected generationally from 2021 using Mortality Improvement Scale MP-2021.	PRI-2012 Headcount-Weighted Blue Collar Mortality Tables, males set forward 2 years, and projected generationally from 2021 using Mortality Improvement Scale MP-2021.
Disabled participants	Pri-2012 Disabled Headcount-Weighted Mortality Tables, males set forward 2 years, and projected generationally from 2021 using Mortality Improvement Scale MP-2021.	PRI-2012 Disabled Headcount-Weighted Mortality Tables, males set forward 2 years, and projected generationally from 2021 using Mortality Improvement Scale MP-2021.

For the years ended December 31, 2024 and 2023, health cost inflation was assumed to trend according to the following schedules:

Medical Inflation							
<u>December 31, 2024</u>				<u>December 31, 2023</u>			
<u>Increase From</u>	<u>Pre 65</u>	<u>Increase From</u>	<u>Post-65</u>	<u>Increase From</u>	<u>Pre 65</u>	<u>Increase From</u>	<u>Post-65</u>
2025	6.60%	2025	6.40%	2024	7.75%	2024	7.50%
2026	6.00%	2026	5.80%	2025	6.75%	2025	6.50%
2027	5.40%	2027	5.30%	2026-2027	5.50%	2026 - 2027	5.25%
2028	5.20%	2028	5.10%	2028	5.00%	2028 - 2029	5.00%
2029	5.00%	2029	4.90%	2029	5.00%	2030	4.75%
2030	4.90%	2030	4.80%	2030	4.75%	2031-2032	4.50%
2031	4.70%	2031	4.60%	2031-2032	4.50%	2033-2069	4.00%
2032	4.60%	2032	4.40%	2033-2050	4.00%	2070+	3.75%
2033	4.40%	2033	4.30%	2051-2064	4.25%		
2034-2065	4.20%	2034-2065	4.10%	2065-2070	4.00%		
2066-2067	4.10%	2066-2067	4.00%	2071+	3.75%		
2068-2069	4.00%	2068-2070	3.90%				
2070-2071	3.90%	2071-2072	3.80%				
2072-2073	3.80%	2073+	3.70%				
2074+	3.70%						

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, it would increase obligations as of December 31, 2024 and 2023 by \$43,912,029 and \$50,709,168, respectively.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. POSTRETIREMENT BENEFIT OBLIGATION (CONTINUED)

The assumed rates of retirement for the years ended December 31, 2024 and 2023 are shown in the following schedule:

Retirement Rates		
December 31, 2024 and 2023		
Age	30+ Yrs	<30 Yrs
55	20%	5%
56	20%	5%
57	20%	5%
58	20%	5%
59	20%	10%
60	20%	20%
61	20%	20%
62	40%	40%
63	40%	40%
64	40%	40%
65	60%	60%
66+	100%	100%

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

The costs of the postretirement benefit obligation are shared by the Plan's participating employers and retirees. The Board of Trustees reviews the retiree contribution rates annually and if necessary, makes adjustments based on projections provided by the Plan's actuary. In addition to the deductibles and co-payments, retirees, on average, covered 31% and 33% of the estimated postretirement benefit obligations costs for the years ended December 31, 2024 and 2023, respectively. The following represents the self-payment rates for each group of retired participants at both December 31, 2024 and 2023.

For the years ended December 31, 2024 and 2023, retirees who were on Medicare as of June 30, 2011 paid a rate based only on their number of dependents as shown in the following schedule:

Medicare Retirees Retired as of June 30, 2011	
Coverage	Monthly Rate
Medicare member only	\$ 104.68
Medicare member + Medicare spouse	209.36
Medicare member + child	279.14
Medicare member + family	279.14

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. POSTRETIREMENT BENEFIT OBLIGATION (CONTINUED)

For the years ended December 31, 2024 and 2023, all other retirees paid a rate based on number of dependents, Medicare eligibility, and years of health and welfare eligibility as shown in the following schedules:

PPO Plan Self Payment as of December 31, 2024				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Non-Medicare member only	\$ 564.05	\$ 451.24	\$ 394.83	\$ 282.02
Non-Medicare member + spouse	1,128.10	902.48	789.67	564.05
Non-Medicare member + Medicare spouse	830.75	664.60	581.53	415.38
Non-Medicare member + child	707.48	565.98	495.23	353.74
Non-Medicare member + family	1,271.53	1,017.22	890.07	635.76

UFHC Plan Self Payment Rates as of December 31, 2024				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Non-Medicare member only	\$ 514.05	\$ 401.24	\$ 344.83	\$ 232.02
Non-Medicare member + spouse	1,078.10	852.48	739.67	514.05
Non-Medicare member + Medicare spouse	780.75	614.60	531.53	365.38
Non-Medicare member + child	657.48	515.98	445.23	303.74
Non-Medicare member + family	1,221.53	967.22	840.07	585.76

Anthem MAPD Plan Self Payment Rates as of December 31, 2024				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Medicare member only	\$ 240.21	\$ 240.21	\$ 210.18	\$ 150.13
Medicare member + spouse	664.60	664.60	581.53	415.38
Medicare member + Medicare spouse	480.42	480.42	420.37	300.26
Medicare member + child	328.11	328.11	287.10	205.07
Medicare member + family	580.60	580.60	508.02	362.87

Self-Funded Plan Self Payment Rates as of December 31, 2024				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Medicare member only	\$ 408.92	\$ 408.92	\$ 255.58	\$ 255.58
Medicare member + spouse	745.31	745.31	652.14	465.82
Medicare member + Medicare spouse	817.85	817.85	715.62	511.16
Medicare member + child	477.01	477.01	417.39	298.13
Medicare member + family	813.34	813.34	711.67	508.34

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. POSTRETIREMENT BENEFIT OBLIGATION (CONTINUED)

PPO Plan Self Payment Rates as of December 31, 2023				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Non-Medicare member only	\$ 564.05	\$ 451.24	\$ 394.83	\$ 282.02
Non-Medicare member + spouse	1,128.10	902.48	789.67	564.05
Non-Medicare member + Medicare spouse	830.75	664.60	581.53	415.38
Non-Medicare member + child	707.48	565.98	495.23	353.74
Non-Medicare member + family	1,271.53	1,017.22	890.07	635.76

UFHC Plan Self Payment Rates as of December 31, 2023				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Non-Medicare member only	\$ 514.05	\$ 401.24	\$ 344.83	\$ 232.02
Non-Medicare member + spouse	1,078.10	852.48	739.67	514.05
Non-Medicare member + Medicare spouse	780.75	614.60	531.53	365.38
Non-Medicare member + child	657.48	515.98	445.23	303.74
Non-Medicare member + family	1,221.53	967.22	840.07	585.76

Anthem MAPD Plan Self Payment Rates as of December 31, 2023				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Medicare member only	\$ 240.21	\$ 240.21	\$ 210.18	\$ 150.13
Medicare member + spouse	664.60	664.60	581.53	415.38
Medicare member + Medicare spouse	480.42	480.42	420.37	300.26
Medicare member + child	328.11	328.11	287.10	205.07
Medicare member + family	580.60	580.60	508.02	362.87

Self-Funded Plan Self Payment Rates as of December 31, 2023				
Coverage	Monthly Rate by Years of Service			
	5-10 Years	10-15 Years	15-20 Years	20+ Years
Medicare member only	\$ 408.92	\$ 408.92	\$ 357.81	\$ 255.58
Medicare member + spouse	745.31	745.31	652.14	465.82
Medicare member + Medicare spouse	817.85	817.85	715.62	511.16
Medicare member + child	477.01	477.01	417.39	298.13
Medicare member + family	813.34	813.34	711.67	508.34

The Plan's deficiency of net assets available for benefits over the Plan's total benefit obligations as of December 31, 2024 and 2023 is related primarily to the post-retirement benefit obligations, which is not planned to be fully funded by the contribution rate provided by the current collective bargaining agreement. It is expected that future benefits will be funded, as they are payable, by employer and retiree contributions. Because this deficiency is based upon the actuarial present value of expected post-retirement benefits, which are planned to be funded by the items noted above, the Board of Trustees monitors the funded status of the Plan to assess any possible changes, including changes in the terms of the Summary Plan Description that may be necessary.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

6. CONCENTRATION OF CREDIT RISK

The FDIC is an independent agency of the United States government that provides deposit insurance for protection against the loss of insured deposits if an FDIC insured bank or savings association fails. The Plan's cash in financial institution accounts exceeded the current FDIC insurance limits by approximately \$9.2 million and \$2.5 million as of December 31, 2024 and 2023, respectively.

7. RISKS AND UNCERTAINTIES

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

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

8. MULTIEMPLOYER BENEFIT PLANS

The Plan contributes to a multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in a multiemployer pension plan for the years ended December 31, 2024 and 2023 is outlined in the following table. The "EIN/PN" column provides the Employer Identification Number (EIN) and the three-digit plan number (PN) for each plan. Unless otherwise noted, the most recently available Pension Protection Act (PPA) zone status is for the pension plan's year-end as of December 31, 2024 and December 31, 2023, respectively. The zone status is based on information that the Plan received from the pension plan and is certified by the pension plan's actuary. The zone status provides an indication of the financial health of the pension plan. Among other factors, a pension plan that is not in the endangered or critical status zones is at least 80 percent funded. A pension plan in endangered status is less than 80 percent funded. A pension plan in critical status is less than 65 percent funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented for the pension plan when it was less than 80 percent funded. The last column lists the expiration date of the collective-bargaining agreement to which the pension plan is subject.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

8. MULTIEMPLOYER BENEFIT PLANS (CONTINUED)

Pension Plan	EIN/Pension Plan Number	Pension Protection Act Zone Status as of January 1,		FIP/RP Status Pending/Implemented for Plan Year Ended Dec 31,		Contributions Paid for Plan Year Ended Dec 31,		Surcharge Imposed	Expiration Date of CBA
		2024	2023	2024	2023	2024	2023		
I.B.E.W. Local Union No. 357 Pension Trust Fund, Plan A	88-6023284 001	Neither critical nor endangered	Neither critical nor endangered	N/A	N/A	\$ 14,980	\$ 16,507	No	5/31/2027

For the Plan years ended December 31, 2024 and 2023, the Plan was not listed in the plan's Form 5500 as providing more than five percent (5%) of the total contributions.

9. RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the accompanying financial statements to the Federal Form 5500 for the years ended December 31, 2024 and 2023, respectively:

	<u>December 31, 2024</u>	<u>January 1, 2024</u>
Net assets available for benefits per the financial statements	\$ 55,978,728	\$ 56,089,017
Less: Claims payable, claims incurred but not reported and premiums due to insurers	<u>(5,881,663)</u>	<u>(6,902,742)</u>
Net assets available for benefits per the Form 5500	<u>\$ 50,097,065</u>	<u>\$ 49,186,275</u>

The following schedule reconciles total additions per the accompanying financial statements to total income per the Form 5500 for the year ended December 31, 2024:

	<u>December 31, 2024</u>
Per the financial statements:	
Total additions	\$ 53,626,098
Investment fees deducted from additions	234,734
Stop loss recoveries deducted from premiums and claims	507,740
Total income per the Form 5500	<u>\$ 54,368,572</u>

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

9. RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following schedule reconciles total deductions per the accompanying financial statements to total expenses per the Form 5500 for the year ended December 31, 2024:

	December 31, 2024
Per the financial statements:	
Total deductions	\$ 53,736,387
Investment fees deducted from additions	234,734
Stop loss recoveries deducted from claims	507,740
	54,478,861
Add: claims payable, IBNR and premiums payable at end of year	5,881,663
Less: claims payable, IBNR and premiums payable at beginning of year	(6,902,742)
	(1,021,079)
Total expenses per the Form 5500	\$ 53,457,782

Realized and unrealized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and the cost value of the investment sold. Form 5500 requires realized gains and losses to be the difference between proceeds from the sale or redemption of investments and the current (fair) value of the investment at the beginning of the year, for those investments held at the beginning of the year, or the purchase price of investments acquired during the year. Also, Form 5500 requires realized gain or loss from common/collective trusts (CCT's), pooled separate accounts (PSA's), mutual funds, master trust investment accounts and 103-12 entities to be excluded and reported on separate lines, along with their respective unrealized gain or loss and other earnings.

The different methods of computing realized gain or loss and the residual unrealized appreciation (depreciation) in fair value of investments resulted in the following differences in reporting on the financial statements and the Form 5500:

	Realized	Unrealized	Total
All investments per financial statements	\$ 265,409	\$ 321,179	\$ 586,588
Less gains/plus losses of CCT's	(255,632)	(197,913)	(453,545)
Net	9,777	123,266	133,043
Per Federal Form 5500	(82,267)	215,310	133,043
Differences	\$ 92,044	\$ (92,044)	\$ -

10. RELATED PARTIES AND PARTY IN INTEREST TRANSACTIONS

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

The Plan, the I.B.E.W. Local Union No. 357 Pension Trust Fund, Plan A and the I.B.E.W. Local Union No. 357 Pension Trust Fund, Plan B share common sponsorship, management and oversight.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

11. OPERATING LEASES

The Plan leases two office space under two lease agreements. The lease agreements contain renewal options for periods of three years to five years. Lease payments related to periods subject to renewal options are excluded from the amounts used to determine the present value of the remaining lease payments. The Plan has made an accounting policy election not to separate lease components from non-lease components when determining its lease payments.

Because the initial terms of these leases are greater than a year, the Plan records the related right-of-use assets and liabilities at the present value of the lease payments to be paid over the life of the related lease. The present value of the lease payments is calculated by utilizing the discount rate stated in the lease when readily determinable.

Because the Plan does not have access to the rate implicit in the leases, the Plan utilizes the risk-free interest rate as the discount rate. The weighted average discount rate for the leases was 1.54%. In determining that rate, the Plan considers prevailing economic conditions at the commencement date and factors such as credit risk, term of lease and options, and the effect of collateralization based on the nature of and quality of the underlying asset.

These leases terminate on various dates through August 31, 2030. As of December 31, 2024, the Plan's commitment for minimum payments required by the leases, not including common area maintenance fees, for the following five years and in the aggregate thereafter is as follows:

2025	\$	195,624
2026		202,143
2027		145,783
2028		115,669
2029		103,339
Thereafter		<u>70,257</u>
Total future annual payments		832,816
Less: Imputed interest		<u>(26,045)</u>
Total lease liabilities	\$	<u>806,770</u>

Total lease expense for office space was \$267,765 and \$210,016 for 2024 and 2023, respectively, which is included in investment expenses and administrative expenses on the consolidated statements of changes in net assets available for benefits.

The weighted average remaining lease term associated with operating leases as of December 31, 2024 is 4.68 years.

12. SUBSEQUENT EVENTS

An evaluation of subsequent events through September 30, 2025, the date the financial statements were available to be issued, has determined no additional items required recognition or disclosure, except for the following:

- The Plan's Board of Trustees approved an increase in the amount of "banked hours" that participants can accumulate to a maximum of 875 hours, which equates to seven months of future eligibility. This change is effective beginning with the June 2025 work month.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN
SUPPLEMENTAL INFORMATION

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party			(d) Cost	(e) Current Value
(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par			
Treasury and Federal Agencies Obligations				
Export Import Bank of US Amrtz, 1.822%, Due 05/03/2025, Callable	13,768		\$ 13,114	\$ 13,676
U.S. Treasury Note, 0.75%, Due 08/31/2026	16,000		14,633	15,112
U.S. Treasury Note, 2.75%, Due 07/31/2027	1,844,000		1,767,199	1,776,270
U.S. Treasury Note, 3.875%, Due 12/31/2027	2,066,000		2,043,283	2,042,654
U.S. Treasury Note, 3.875%, Due 01/15/2026	171,000		170,232	170,448
U.S. Treasury Note, 4.625%, Due 11/15/2026	428,000		431,066	430,859
U.S. Treasury Note, 1.50%, Due 01/31/2027	733,000		691,572	693,308
Total Treasury and Federal Agencies Obligations			\$ 5,131,099	\$ 5,142,327
State and Municipal Obligations				
Commonwealth Fing Auth PA Rev Bds 2006 C Taxable, 5.197%, Due 06/01/2026, Callable	30,000		30,573	30,261
Louisiana LOC Govt Environment Sys Restoration Bds Taxable, 3.24%, Due 08/01/2028, Non-Callable	44,006		43,511	43,482
Oregon Sch Brds Assn Lmted Tax Pension 2005 A Taxable, 4.759%, Due 06/30/2028, Non-Callable	78,081		79,581	78,061
Wisconsin ST Gen Fd Annual App Taxable Gen Fd Appropria 20003a, 5.70% Due 05/01/2026, Callable	50,000		51,486	50,546
Louisiana LOC Govt Environment Taxable Bds 2022a, 3.615%, Due 02/01/2029, Non-Callable	83,136		83,136	82,148
New Jersey ST Trans Tr Fd Aut Taxable Program Bds 2024 B taxable, 5.093%, Due 06/15/2025, Callable	210,000		210,000	210,445
Utah ST Gobds 2010b Taxable, 3.539%, Due 07/01/2025, Callable	3,936		3,887	3,922
Dallas Tex Indpt Sch Dist Ult Tax Sch Bldg Bds 2010 C Taxable, 6.45%, Due 02/15/2035, Callable	35,000		35,011	35,359
Total State and Municipal Obligations			\$ 537,185	\$ 534,225
Corporate Obligations - Short Term (Less Than 5 Years)				
Agco Corp Sr NT, 5.45%, Due 03/21/2027, Callable	115,000		\$ 114,909	\$ 116,090
AT&T Inc Sr Gbl NT, 2.95%, Due 07/15/2026, Callable	40,000		37,421	38,984
Abay Leasing 2014 LLC Gtd Secd NT, 2.654%, Due 11/09/2026	21,670		22,761	21,131
Accenture Capital Inc Sr NT, 3.90%, Due 10/04/2027, Callable	90,000		89,884	88,673
Air Canada Ser 2015 1 Cl A, 3.60%, Due 09/15/2028	123,464		116,781	120,130
Air Lease Corp Fr, 1.875%, Due 08/15/2026, Callable	135,000		123,235	128,682
Ally Auto Recv Tr Ser 2022.1 Cl A 3, 3.31%, Due 11/16/2026	37,248		37,240	37,092
American CR Accp Rec Tr Ser 2021 4 Cl D, 1.82%, Due 02/14/2028	27,693		26,811	27,562
American Express Co Sr NT, Var Rate, Due 10/30/2026, Callable	45,000		45,000	45,557
American Express Co Sr NT, Var Rate, Due 02/16/2028, Callable	65,000		65,000	65,375
American Express CR Account Master Tr 2022-3 Asset Backed CTF Cl A, 3.75%, Due 08/16/2027	100,000		99,998	99,540
American Honda Fin Corp MTN Fr, 4.45%, Due 10/22/2027, Callable	80,000		79,945	79,409
American Home 4 Rent LP Sr Gbl NT, 4.25%, Due 02/15/2028, Callable	55,000		54,494	53,661
Americ Automobile Receivables A Ser 2023 2 Cl A 2 A Fltg Rate, Due 04/19/2027	33,074		33,073	33,232
Americredit Auto Rec Tr Ser 2020 3 Cl D, 1.92%, Due 09/18/2026	65,000		64,200	64,312
Americredit Auto Ser 2021 2 Cl C, 1.01%, Due 01/19/2027	50,000		49,988	48,984
Amphenol Corp NT, 4.75%, Due 03/30/2026, Callable	60,000		59,795	60,035
Bk of America Corp Fr, Var Rate, Due 03/11/2027, Callable	80,000		72,482	77,087
Bk of America Corp Fr, Var Rate, Due 04/02/2026, Callable	55,000		55,000	54,787
Bank New York Mellon Corp Fr, Var Rate, Due 07/24/2026, Callable	55,000		55,000	54,854
Bank New York Mellon Corp Fr, Var Rate, Due 04/26/2027, Callable	45,000		45,000	45,188
Belvoir Ld LLC Military Hsg Rev Bds 2005 A Taxable, 5.35%, Due 12/15/2025, Callable	7,974		8,552	7,974
Blackrock Funding Sr Gbl, 4.60%, Due 07/26/2027, Callable	95,000		94,997	95,217
Boardwalk Pipelines LP Sr Gbl NT, 4.45%, Due 07/15/2027, Callable	40,000		38,409	39,578
Bridgecrest Len Auto Ser 2024 1 Cl A 3, 5.53%, Due 01/18/2028	95,000		94,999	95,345
Carvana Auto Recb Tr Ser 2021 N2 Cl B, 0.75%, Due 03/10/2028	21,543		20,635	20,679
Carvana Auto Rec Tr Ser 2020 P1 Cl A 4, 0.61%, Due 10/08/2026	9,810		9,807	9,774
Carvana Auto Rev Tr Ser 2021 N4 Cl B, 1.24%, Due 09/10/2028	4,247		4,216	4,071
Carvana Auto Rec Ser 2021 P2 Cl A 4, 0.88%, Due 01/10/2027	29,566		29,555	29,088
Caterpillar Finl Svcs Mtns Fr, 4.40%, Due 10/15/2027, Callable	95,000		94,953	94,628
Dte Energy Co Sr NT, 4.95%, Due 10/15/2027, Callable	90,000		89,893	90,338
Drive Auto Receivabl Tr Ser 2024 2 Cl A 3, 5.00%, Due 09/15/2028	75,000		74,998	74,781
Drive Auto Receivabl Tr Ser 2024 1 Cl A 3, 5.35%, Due 02/15/2028	80,000		79,993	80,318
Drive Auto Rec Tr Ser 2021 2 Cl D, 1.39%, Due 03/15/2029	54,142		51,638	53,238
Drive Auto Rec Tr Ser 2021 1 Cl D, 1.45%, Due 01/16/2029	21,637		20,698	21,442
Duke Energy Corp New Sr NT, 4.85%, Due 01/05/2027, Callable	70,000		69,992	70,211
Energy Transfer L P Sr Gbl NT, 6.05%, Due 12/01/2026, Callable	70,000		70,233	71,499
Enterprise Flt Fing LLC Ser 2024 2 Cl A 2, 5.74% Due 12/20/2026	65,000		64,996	65,549
Exeter Automobile Rec Tr Ser 2021 4 Cl D Zero Cpn, Due 01/17/2028	120,000		114,061	117,965
Exeter Auto Recv Tr Ser 2021 3 Cl D, 1.55%, Due 06/15/2027	87,422		82,908	85,303

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
	Corporate Obligations - Short Term (Continued)			
	Exeter Atmbl Rec Tr Ser 2022 4 Cl C, 4.92%, Due 12/15/2028	70,163	\$ 69,650	\$ 70,179
	Exeter Atmobile Rec Ser 2022 2 Cl C, 3.85%, Due 07/17/2028	58,297	57,655	58,178
	First Horizon Natl Corp Sr NT, 4.00%, Due 05/26/2025, Callable	140,000	134,148	139,346
	First Investors At Ownr Ser 2022 1 Cl A, 2.03%, Due 01/15/2027	2,044	2,034	2,041
	Flagship CR Aut Tr Ser 2021 4 Cl B, 1.49%, Due 02/16/2027	49,072	48,037	48,823
	Ford Credit Auto Ser 2023 C Cl A 3, 5.53%, Due 09/15/2028	75,000	74,984	75,991
	Ford CR Auto Owner Tr Ser 2024 D Cl A 3, 4.61%, Due 08/15/2029	55,000	54,998	55,038
	Gallagher Arthur J & Co Sr Gtbl, 4.60%, Due 12/15/2027, Callable	50,000	49,959	49,800
	Gls Auto Recv Issuer Tr Ser 2024 4 Cl A 3, 4.75%, Due 07/17/2028	50,000	49,945	50,020
	Gls Auto Recv Issuer Tr Ser 2024 3 Cl B, 5.08%, Due 01/16/2029	80,000	79,992	80,335
	General Mtrs Finl Co Inc Sr NT, 5.40%, Due 05/08/2027, Callable	110,000	109,903	111,150
	GM Fin ConS Auto Rec Ser 2022 1 Cl C, 1.94%, Due 04/17/2028	55,000	53,047	53,273
	Goldman Sachs Group Inc Fltg Rate, Due 02/24/2028	65,000	60,269	61,994
	Hna 2015 LLC Gtd Secd NT 3/A2, 2.291%, Due 06/30/2027	64,768	68,249	62,267
	HSBC USA Inc New Autocll Sr, 6.90%, Due 04/23/2026, Callable	1,594,000	1,594,000	1,581,567
	Healthcare Trust of Amer Hldgs Sr Gtbl NT, 3.75%, Due 07/01/2027, Callable	120,000	116,897	116,591
	Hewlett Packard Enterprise Co Sr NT, 4.40%, Due 09/25/2027, Callable	70,000	69,967	69,266
	Hyundai Cap Amer Fr, 5.25%, Due 01/08/2027, Callable	80,000	79,938	80,466
	JP Morgan Chase Bank NA Sr NT, 2.182%, Due 06/01/2028, Callable	100,000	91,117	93,925
	JPMorgan Chase & Co Sr NT, Var Rate, Due 11/19/2026, Callable	50,000	44,137	48,398
	JPMorgan Chase & Co Sr Flt NT, Var Rate, Due 01/23/2028, Callable	80,000	80,000	80,297
	JPMorgan Chase & Co Sr NT, Var Rate, Due 10/22/2028, Callable	80,000	80,000	79,293
	JPMorgan Chase Finl Co LLC Fr, 6.85%, Due 12/26/2025, Non-Callable	1,557,000	1,557,000	1,543,921
	Keycorp Sr NT, Var Rate, Due 05/23/2025, Callable	50,000	50,000	50,045
	LPL Hldgs Inc Sr Gtbl 144a, 4.625%, Due 11/15/2027, Callable	70,000	64,925	68,844
	Lad Auto Receivables Tr Ser 2023 2 Cl A 2, 5.93%, Due 06/15/2027	13,156	13,155	13,189
	M & T Bk Corp Fr, Var Rate, Due 01/16/2029, Callable	45,000	45,000	44,808
	Manufacturers & Traders Tr Co Sr NT, 4.65%, Due 01/27/2026, Callable	40,000	37,652	39,891
	Master CR Card Tr II Ser 2023 1 Cl A, 4.70%, Due 06/21/2027	80,000	79,463	80,118
	Mastercard Incorporated Sr Gtbl, 4.10%, Due 01/15/2028, Callable	70,000	69,962	69,241
	Mercedes Benz Auto Receivables Tr 2023-1 Asset Backed NT Cl A-3, 4.51%, Due 11/15/2027	77,416	77,287	77,425
	Morgan Stanley Fr, Variable Rate, Due 05/04/2027, Callable	55,000	49,481	52,719
	Morgan Stanley Fin LLC Fr, 6.85%, Due 04/28/2026, Non-Callable	1,594,000	1,594,000	1,607,469
	National Secs Clearing Corp Sr 144a, 5.10%, Due 11/21/2027, Callable	95,000	96,508	95,971
	Nissan Auto Lease Tr Ser 2023-A Asset Backed NT Cl A-3, 4.91%, Due 01/15/2026	11,061	11,060	11,064
	Ohana Military Cmnty LLC 2007a Snk, 144a, 5.675%, Due 10/01/2026, Non-Callable	3,754	4,013	3,748
	Old Rep Intl Corp Sr Gtbl NT, 3.875%, Due 08/26/2026, Callable	95,000	93,998	93,412
	PNC Finl Svcs Group Inc Sr NT, Var Rate, Due 10/20/2027, Callable	85,000	87,680	87,570
	Pennsylvania Elec Co Sr 144a NT, 5.15%, Due 03/30/2026, Callable	95,000	94,773	95,247
	Penta Aircraft Leasing 2013 Amrtz, 1.691%, Due 04/29/2025, Callable	13,607	13,669	13,515
	Pioneer Nat Res Co Sr NT, 5.10%, Due 03/29/2026, Callable	50,000	49,976	50,345
	Realty Income Corp Sr Gtbl	130,000	126,810	126,039
	Sbna Auto Lease Trust Ser 2024 C Cl A 3, 4.56%, Due 02/22/2028	50,000	49,844	49,980
	Sbna Auto Lease Trust Ser 2024 A Cl A 3, 5.61%, Due 11/20/2026	90,000	90,112	90,502
	Santander Auto Rec Tr Ser 2021 3 Cl D, 1.33%, Due 09/15/2027	41,044	39,444	40,499
	Santander Drive Auto Ser 2024 5 Cl A 2, 4.88%, Due 09/15/2027	65,000	64,997	65,106
	Schwab Charles Corp New Sr NT, 3.45%, Due 02/13/2026, Callable	45,000	42,407	44,339
	Seattle Childrens Hospital Sr Gtbl, 1.208%, Due 10/01/2027, Callable	125,000	114,295	113,690
	6297782 LLC Sr 144a NT, 4.911%, Due 09/01/2027, Callable	55,000	55,000	54,817
	State Str Corp Sr Gtbl NT, Var Rate, Due 01/26/2026, Callable	65,000	65,000	64,992
	State Str Corp Sr NT, 4.993%, Due 03/18/2027, Callable	70,000	70,000	70,582
	State Str Corp Sr NT, Var Rate, Due 02/20/2029, Callable	100,000	100,000	98,853
	State Str Corp Sr NT, 4.33%, Due 10/22/2027, Callable	85,000	85,000	84,475
	Take Two Interactive Software Sr NT, 5.00%, Due 03/28/2026, Callable	95,000	94,948	95,250
	Tesla Auto Lease Tr Ser 2023 A Cl A 3, 5.89%, Due 06/22/2026	24,791	24,789	24,878
	Toyota At Rec Own Tr Ser 2022 B Cl A 3, 2.93%, Due 09/15/2026	38,424	38,423	38,191
	Truist Finl Corp Fr, 6.04%, Due 06/08/2027, Non-Callable	50,000	50,148	50,823
	Udr Inc Medium Term Nts Bk Ent Fr, 2.95%, Due 09/01/2026, Callable	50,000	46,688	48,480
	U S Bk Natl Assn Sr Gtbl Acr NT, Var Rate, Due 10/22/2027, Callable	75,000	75,073	74,595
	US Airways PT Trust Ser 2013 1 Cl A, 3.95%, Due 05/15/202	77,729	75,689	76,946
	United Airlines PT Cert Ser 2014 2 Cl A, 3.75%, Due 03/03/2028	202,140	196,867	198,152

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
Corporate Obligations - Short Term (Continued)					
	US Bancorp Fr, Var Rate, Due 10/26/2027, Callable		90,000	\$ 93,203	\$ 93,045
	Virginia Pwr Fuel Securiti Ext Sr SEC Snk, 5.088%, Due 05/01/2029, Non-Callable		93,682	93,681	94,043
	Wells Fargo & Co Sr NT, Var Rate, Due 04/25/2026, Callable		85,000	84,969	84,740
	Wells Fargo & Co Fr, Var Rate, Due 04/22/2028, Callable		35,000	35,000	35,576
	Westlake Automb Recv Tr Ser 2021 2 CI D, 1.23%, Due 12/15/2026		40,098	37,996	39,725
	Wisconsin Pub Svc Corp Sr NT, 5.35%, Due 11/10/2025, Callable		75,000	74,984	75,432
	World Omni Auto Rec Tr Ser 2022 B CI A 3, 3.25%, Due 07/15/2027		55,346	55,339	55,027
	World Omni Select Auto Tr Ser 2023 A CI A 2a, 5.18%, Due 03/15/2027		13,377	13,377	13,399
	World Omni Select Auto Tr Ser 2023 A CI B, 5.87%, Due 08/15/2028		75,000	74,927	75,924
	World Omni Auto Rec Tr Ser 2023 A CI B, 5.03%, Due 05/15/2029		40,000	40,156	40,167
	Total Corporate Obligations - Short Term			\$ 11,731,241	\$ 11,772,405
Corporate Obligations - Intermediate (5-10 Years)					
	Bear Stearns Asset Bk Ser 2003 AC5 CI A 5, 4.62%, Due 10/25/2033		6,614	\$ 6,773	\$ 6,539
	Cwabs Inc Ser 2004 5 CI 1 A, Fltg Rate, Due 10/25/2034		30,376	30,006	28,967
	Cwabs Inc Ser 2004 5 CI 2 A, Fltg Rate, Due 10/25/2034		43,245	42,442	41,080
	Cwabs Inc Ser 2004 6 CI 1 A 1, Fltg Rate, Due 10/25/2034		98,997	94,418	95,759
	Carvana Auto Recv Tr Ser 2024 N1 CI B, 5.63%, Due 05/10/2030		65,000	65,498	65,570
	Home Equity Mtg Tr Ser 2002 4 CI M 1, Fltg Rate, Due 03/25/2033		18,700	18,755	18,364
	CSFB Mtg PTC Ser 2003 27 CI IV A17, 5.75%, Due 11/25/2033		2,486	2,589	2,486
	Exeter Auto Rec Tr Ser 2024 4 CI C, 5.48%, Due 08/15/2030		40,000	39,992	40,228
	Gsaa Trust Ser 2004 3 CI AF 4, 6.22%, Due 04/25/2034		6,418	6,651	6,261
	Residential Asset Ser 2004 RS12 CI M I 1, 5.186%, Due 12/25/2034		3,328	3,403	3,320
	Structured Asset Adj Ser 2004 14 CI 3 A1, Fltg Rate, Due 10/25/2034		18,992	19,093	18,176
	Total Corporate Obligations - Intermediate			\$ 329,620	\$ 326,750
Corporate Obligations - Long Term (Over 10 Years)					
	Adjustable Rate Mtg Ser 2004 5 CI 2 A 1, Floating Rate, Due 04/25/2035		37,073	\$ 36,066	\$ 36,634
	American Home Mtg Ser 2005 1 CI VI A, Fltg Rate, Due 06/25/2045		3,379	3,408	3,358
	Bbcms Mtg Tr Ser 2019 C5 CI A SB, 2.99%, Due 11/18/2052		72,199	66,367	69,807
	Bank Ser 2018 BNK15 CI A SB, Fltg Rate, Due 11/17/2061		34,357	32,789	33,971
	Bank 2017-BNK9 Coml Mtg Pass Thru CTF CI A-SB, 3.47%, Due 11/15/2054		30,142	31,480	29,584
	Bank Ser 2017 BNK7 CI A SB, 3.265%, Due 09/17/2060		92,063	88,778	90,630
	Bayview Financial Tr Ser 2006 A CI M 4, Fltg Rate, Due 02/28/2041		11,478	11,463	11,462
	Bbcms Mtg Tr Ser 2019 C4 CI A SB, 2.832%, Due 08/16/2052		64,794	60,056	62,489
	Benchmark Mtg Tr Ser 2018 B2 CI A SB, Fltg Rate, Due 02/17/2051		25,933	28,507	25,612
	Comm Mtg Tr Ser 2015 LC21 CI A SB, 3.421%, Due 07/10/02048		1,164	1,231	1,162
	Comm 2015-PC1 Mtg Tr Mtg Pass Thru CTF CI A-5, 3.902%, Due 07/10/2050		53,711	59,169	53,530
	Comm Mtg Tr Ser 2015 CCRE25 CI A SB, 3.537%, Due 08/12/2048		5,722	6,121	5,704
	Chesapeake Funding II LLC Ser 2024 1 CI A 1, 5.52%, Due 05/15/2036		83,214	83,214	84,116
	Citigroup Coml Mtg Tr Ser 2016 C2 CI A AB, 2.71%, Due 08/12/2049		13,745	14,493	13,610
	Citigroup Res Mtg Tr Ser 2007 1 CI A 5, Fltg Rate, Due 03/25/2037		19,660	19,807	19,548
	Commonbond Student Ln Tr 2017-B-GS Private CR Student Ln Bkd NT 144a CI A-1, 2.68%, Due 09/25/2042		40,065	38,680	36,761
	Fresb Mtg Tr Ser 2018 SB55 CI A 5h, Fltg Rate, 07/25/2038		21,441	21,793	21,355
	GS Mtg Secs Corp 2005-AR6 Mtg Passthru CTF CI 1A1, 4.5488%, Due 09/25/2035		3,182	3,222	3,192
	Gsr Mtg Tr Ser 2005 5f CI 8a 7, 5.50%, Due 06/25/2035		4,807	5,035	4,807
	Jpmcc Coml Mtg SEC Tr Ser 2016 JP2 CI A SB, 2.713%, Due 08/17/2049		10,934	11,327	10,809
	MFA Trust Ser 2021 INV2 CI A 1, Fltg Rate, Due 11/25/2056		59,320	59,319	51,455
	Mill City Mtg Ln Tr Ser 2016 1 CI M3, Fltg Rate, Due 04/25/2057		80,000	78,938	78,095
	MS BofA MI Trust Ser 2015 C26 CI A 4, 3.252%, Due 10/19/2048		70,000	75,160	69,486
	Nationstar Mtg Ln Tr Ser 2013 A CI A, Fltg Rate, Due 12/25/2052		17,738	18,226	16,594
	Navient Priv Ed Ln Tr Ser 2018 E CI A 2, 4.00%, Due 12/15/2059		21,767	21,051	21,643
	Navient Private Ed Ln Tr 2016-A Private Ed Ln Backed NT A-2a 144a, 3.91%, Due 12/15/2045		10,236	10,703	10,173
	Nelnet ST Ln Tr Ser 2007 1 CI A 4, Fltg Rate, Due 8/27/2036		17,627	16,878	17,026
	New Resi Mtg Tr Ser 2018 2 CI A 1, Floating Rate, Due 02/25/2058		25,596	27,183	24,826
	Novastar Hm Eq Ln Tr Ser 2005 1 CI M 5, Fltg Rate, Due 06/25/2035		5,806	5,825	5,790
	Smb Private Ed Ln Tr Ser 2018 B CI A 2a, 3.60%, Due 01/15/2037		12,010	12,589	11,816
	Smb Private Ed Ln Tr Ser 2020 B CI A 1a, Fltg Rate, Due 07/15/2053		15,008	15,047	13,922
	Smb Private Ed Ln Tr Ser 2017 B CI A 2a, 2.82%, Due 10/15/2035		10,869	11,254	10,690
	Soundview Hm Ln Ser 2005 OPT3 CI M 1, Fltg Rate, Due 11/25/2035		52,503	51,453	51,825

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

**FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
Corporate Obligations - Long Term (Continued)			
Structured Asset Secs Ser 2005 2xs Cl 2 A2, Fltg Rate, Due 02/25/2035	6,190	\$ 6,247	\$ 6,731
Wells Fargo Coml Tr Ser 2015 LC22 Cl A 3, 3.572%, Due 09/17/2058	76,506	73,900	76,106
Total Corporate Obligations - Long Term		\$ 1,106,779	\$ 1,084,318
Foreign Obligations			
Aercap Ireland Capital Limited Sr NT, 2.45%, Due 10/29/2026, Callable	265,000	\$ 246,075	\$ 253,682
Bhp Billiton Fin USA LTD Sr NT, 5.25% Due 09/08/2026, Callable	60,000	59,903	60,622
Bhp Paribas Medium Term Sr Nts, Fltg Rate, Due 01/12/2026	1,552,000	1,552,000	1,564,261
Bank Montreal Medium Fr, 5.266%, Due 12/11/2026, Callable	50,000	50,216	50,585
Bank Nova Scotia B C Sr NT, 5.35%, Due 12/07/2026, Callable	45,000	44,941	45,577
Barclays Bank PLC Fr, 7.60%, Due 01/27/2026	1,557,000	1,557,000	1,595,614
Brookfield Fin Inc Sr NT, 3.90%, Due 01/25/2028, Callable	80,000	77,117	77,828
Canadian Imperial Bk Comm Sr Coco, Var Rate, Due 09/11/2027, Callable	80,000	80,000	79,633
Credit Suisse AG New York Fr, 5.00%, Due 07/09/2027, Non-Callable	90,000	88,776	90,527
Enbridge Inc Sr NT, 5.90%, Due 11/15/2026, Callable	65,000	64,985	66,268
HSBC Hldgs PLC Sr Glbl Coco, Var Rate, Due 06/04/2026, Callable	65,000	63,503	64,234
Oscar US Funding Xiii LLC Sr A 4 144a, 1.27%, Due 09/11/2028, Non-Callable	55,394	51,149	54,231
Reliance Inds LTD Glbl 20162 NT, 1.87%, Due 01/15/2026, Callable	11,842	11,398	11,658
Royal Bank of Canada Sub Glbl NT, 4.65%, Due 01/27/2026, Non-Callable	100,000	99,206	99,872
Royal Bk Cda Fr, Var Rate, Due 07/23/2027, Callable	80,000	80,000	80,367
Skymiles Ip LTD & Delta Air Li Sr SEC 144a, 4.75%, Due 10/20/2028, Callable	50,000	48,063	49,317
Smith & Nephew PLC Sr NT, 5.15%, Due 03/20/2027, Callable	40,000	39,957	40,287
Toronto Dominion Bank Fr, 4.693%, Due 09/15/2027, Callable	100,000	98,324	99,778
Toronto Dominion Bank Sr NT, 5.532%, Due 07/17/2026, Callable	100,000	100,013	101,162
Total Foreign Obligations		\$ 4,412,625	\$ 4,485,502
Common/Collective Trusts			
NIS Short Duration High Yield Fund, LLC	116	\$ 1,484,638	\$ 1,965,813
NIS Total Absolute Return Fund, LLC	598	1,465,544	1,847,305
Total Common/Collective Trusts		\$ 2,950,181	\$ 3,813,118
103-12 Investment Entity			
Pacific Asset Management Bank Loans	n/a	\$ 4,000,000	\$ 4,037,485
Fixed Income Fund			
Point Bonita Capital Fund	n/a	\$ 2,000,000	\$ 2,012,437
Cash Equivalents			
GS Fin Sq Gov \$466	6,570,280	\$ 6,570,280	\$ 6,570,280
Grand Totals		\$ 32,769,010	\$ 39,778,847

* - An asterisk in column (a) identifies an entity known to be a party in interest as defined by ERISA.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6002904
PLAN: 502
YEAR ENDED DECEMBER 31, 2024

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Net gain or (loss)</u>
1. Individual Transactions:						
	Limited Partnerships					
Pacific Asset Management	Bank Loan	\$ 4,000,000	\$ -	\$ -	\$ 4,000,000	\$ -
2. Series of Transactions:						
Treasury and Federal Agencies						
U.S. Treasury	Treasury Note, 2.75%, Due 07/31/2027	\$ 2,055,367	\$ -	\$ -	\$ 2,055,367	\$ -
U.S. Treasury	Treasury Note, 2.75%, Due 07/31/2027	\$ -	\$ 967,656	\$ 1,137,131	\$ 967,656	\$ (169,475)
U.S. Treasury	Treasury Note, 1.5%, Due 02/15/2025	\$ 967,461	\$ -	\$ -	\$ 967,461	\$ -
U.S. Treasury	Treasury Note, 1.5%, Due 02/15/2025	\$ -	\$ 2,304,021	\$ 2,304,280	\$ 2,304,021	\$ (260)
U.S. Treasury	Treasury Note, 3.875%, Due 12/31/2027	\$ 3,882,504	\$ -	\$ -	\$ 3,882,504	\$ -
U.S. Treasury	Treasury Note, 3.875%, Due 12/31/2027	\$ -	\$ 1,986,088	\$ 1,989,822	\$ 1,986,088	\$ (3,734)
U.S. Treasury	Treasury Note, 3.875%, Due 01/15/2026	\$ 1,341,763	\$ -	\$ -	\$ 1,341,763	\$ -
U.S. Treasury	Treasury Note, 3.875%, Due 01/15/2026	\$ -	\$ 2,933,251	\$ 2,924,815	\$ 2,933,251	\$ 8,436
U.S. Treasury	Treasury Note, 4.625%, Due 11/15/2026	\$ 2,809,907	\$ -	\$ -	\$ 2,809,907	\$ -
U.S. Treasury	Treasury Note, 4.625%, Due 11/15/2026	\$ -	\$ 2,383,965	\$ 2,378,841	\$ 2,383,965	\$ 5,124
U.S. Treasury	Treasury Note, 1.50%, Due 01/31/2027	\$ 2,183,167	\$ -	\$ -	\$ 2,183,167	\$ -
U.S. Treasury	Treasury Note, 1.50%, Due 01/31/2027	\$ -	\$ 2,970,467	\$ 2,969,353	\$ 2,970,467	\$ 1,114
Non-Government Obligations						
Citigroup Global Mkts	Hldgs In Fr, 8.15%, Due 07/25/2025	\$ 1,500,000	\$ -	\$ -	\$ 1,500,000	\$ -
Citigroup Global Mkts	Hldgs In Fr, 8.15%, Due 07/25/2025	\$ -	\$ 1,500,000	\$ 1,500,000	\$ 1,500,000	\$ -
Morgan Stanley Fin LLC	Fr, 7.65%, Due 12/22/2025	\$ 1,557,000	\$ -	\$ -	\$ 1,557,000	\$ -
Morgan Stanley Fin LLC	Fr, 7.65%, Due 12/22/2025	\$ -	\$ 1,557,000	\$ 1,557,000	\$ 1,557,000	\$ -
Foreign Obligations						
Barclays Bank PLC	Fr, 7.00%, Due 07/30/2025	\$ 1,500,000	\$ -	\$ -	\$ 1,500,000	\$ -
Barclays Bank PLC	Fr, 7.00%, Due 07/30/2025	\$ -	\$ 1,500,000	\$ 1,500,000	\$ 1,500,000	\$ -

Note:

-Columns (e) "Lease Rental" and (f) "Expense Incurred with Transaction" are omitted, as the answers are n/a

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
Treasury and Federal Agencies Obligations			
Export Import Bank of US Amrtz, 1.822%, Due 05/03/2025, Callable	13,768	\$ 13,114	\$ 13,676
U.S. Treasury Note, 0.75%, Due 08/31/2026	16,000	14,633	15,112
U.S. Treasury Note, 2.75%, Due 07/31/2027	1,844,000	1,767,199	1,776,270
U.S. Treasury Note, 3.875%, Due 12/31/2027	2,066,000	2,043,283	2,042,654
U.S. Treasury Note, 3.875%, Due 01/15/2026	171,000	170,232	170,448
U.S. Treasury Note, 4.625%, Due 11/15/2026	428,000	431,066	430,859
U.S. Treasury Note, 1.50%, Due 01/31/2027	733,000	691,572	693,308
Total Treasury and Federal Agencies Obligations		\$ 5,131,099	\$ 5,142,327
State and Municipal Obligations			
Commonwealth Fing Auth PA Rev Bds 2006 C Taxable, 5.197%, Due 06/01/2026, Callable	30,000	30,573	30,261
Louisiana LOC Govt Environment Sys Restoration Bds Taxable, 3.24%, Due 08/01/2028, Non-Callable	44,006	43,511	43,482
Oregon Sch Brds Assn Lmted Tax Pension 2005 A Taxable, 4.759%, Due 06/30/2028, Non-Callable	78,081	79,581	78,061
Wisconsin ST Gen Fd Annual App Taxable Gen Fd Appropria 20003a, 5.70% Due 05/01/2026, Callable	50,000	51,486	50,546
Louisiana LOC Govt Environment Taxable Bds 2022a, 3.615%, Due 02/01/2029, Non-Callable	83,136	83,136	82,148
New Jersey ST Trans Tr Fd Aut Taxable Program Bds 2024 B taxable, 5.093%, Due 06/15/2025, Callable	210,000	210,000	210,445
Utah ST Gobds 2010b Taxable, 3.539%, Due 07/01/2025, Callable	3,936	3,887	3,922
Dallas Tex Indpt Sch Dist Ult Tax Sch Bldg Bds 2010 C Taxable, 6.45%, Due 02/15/2035, Callable	35,000	35,011	35,359
Total State and Municipal Obligations		\$ 537,185	\$ 534,225
Corporate Obligations - Short Term (Less Than 5 Years)			
Agco Corp Sr NT, 5.45%, Due 03/21/2027, Callable	115,000	\$ 114,909	\$ 116,090
AT&T Inc Sr Gbl NT, 2.95%, Due 07/15/2026, Callable	40,000	37,421	38,984
Abay Leasing 2014 LLC Gtd Secd NT, 2.654%, Due 11/09/2026	21,670	22,761	21,131
Accenture Capital Inc Sr NT, 3.90%, Due 10/04/2027, Callable	90,000	89,884	88,673
Air Canada Ser 2015 1 Cl A, 3.60%, Due 09/15/2028	123,464	116,781	120,130
Air Lease Corp Fr, 1.875%, Due 08/15/2026, Callable	135,000	123,235	128,682
Ally Auto Recv Tr Ser 2022.1 Cl A 3, 3.31%, Due 11/16/2026	37,248	37,240	37,092
American CR Accp Rec Tr Ser 2021 4 Cl D, 1.82%, Due 02/14/2028	27,693	26,811	27,562
American Express Co Sr NT, Var Rate, Due 10/30/2026, Callable	45,000	45,000	45,557
American Express Co Sr NT, Var Rate, Due 02/16/2028, Callable	65,000	65,000	65,375
American Express CR Account Master Tr 2022-3 Asset Backed CTF Cl A, 3.75%, Due 08/16/2027	100,000	99,998	99,540
American Honda Fin Corp MTN Fr, 4.45%, Due 10/22/2027, Callable	80,000	79,945	79,409
American Home 4 Rent LP Sr Gbl NT, 4.25%, Due 02/15/2028, Callable	55,000	54,494	53,661
Americ Automobile Receivables A Ser 2023 2 Cl A 2 A Fltg Rate, Due 04/19/2027	33,074	33,073	33,232
Americredit Auto Rec Tr Ser 2020 3 Cl D, 1.92%, Due 09/18/2026	65,000	64,200	64,312
Americredit Auto Ser 2021 2 Cl C, 1.01%, Due 01/19/2027	50,000	49,988	48,984
Amphenol Corp NT, 4.75%, Due 03/30/2026, Callable	60,000	59,795	60,035
Bk of America Corp Fr, Var Rate, Due 03/11/2027, Callable	80,000	72,482	77,087
Bk of America Corp Fr, Var Rate, Due 04/02/2026, Callable	55,000	55,000	54,787
Bank New York Mellon Corp Fr, Var Rate, Due 07/24/2026, Callable	55,000	55,000	54,854
Bank New York Mellon Corp Fr, Var Rate, Due 04/26/2027, Callable	45,000	45,000	45,188
Belvoir Ld LLC Military Hsg Rev Bds 2005 A Taxable, 5.35%, Due 12/15/2025, Callable	7,974	8,552	7,974
Blackrock Funding Sr Gbl, 4.60%, Due 07/26/2027, Callable	95,000	94,997	95,217
Boardwalk Pipelines LP Sr Gbl NT, 4.45%, Due 07/15/2027, Callable	40,000	38,409	39,578
Bridgecrest Len Auto Ser 2024 1 Cl A 3, 5.53%, Due 01/18/2028	95,000	94,999	95,345
Carvana Auto Recb Tr Ser 2021 N2 Cl B, 0.75%, Due 03/10/2028	21,543	20,635	20,679
Carvana Auto Rec Tr Ser 2020 P1 Cl A 4, 0.61%, Due 10/08/2026	9,810	9,807	9,774
Carvana Auto Rev Tr Ser 2021 N4 Cl B, 1.24%, Due 09/10/2028	4,247	4,216	4,071
Carvana Auto Rec Ser 2021 P2 Cl A 4, 0.88%, Due 01/10/2027	29,566	29,555	29,088
Caterpillar Finl Svcs Mtns Fr, 4.40%, Due 10/15/2027, Callable	95,000	94,953	94,628
Dte Energy Co Sr NT, 4.95%, Due 10/15/2027, Callable	90,000	89,893	90,338
Drive Auto Receivabl Tr Ser 2024 2 Cl A 3, 5.00%, Due 09/15/2028	75,000	74,998	74,781
Drive Auto Receivabl Tr Ser 2024 1 Cl A 3, 5.35%, Due 02/15/2028	80,000	79,993	80,318
Drive Auto Rec Tr Ser 2021 2 Cl D, 1.39%, Due 03/15/2029	54,142	51,638	53,238
Drive Auto Rec Tr Ser 2021 1 Cl D, 1.45%, Due 01/16/2029	21,637	20,698	21,442
Duke Energy Corp New Sr NT, 4.85%, Due 01/05/2027, Callable	70,000	69,992	70,211
Energy Transfer L P Sr Gbl NT, 6.05%, Due 12/01/2026, Callable	70,000	70,233	71,499
Enterprise Flt Fing LLC Ser 2024 2 Cl A 2, 5.74% Due 12/20/2026	65,000	64,996	65,549
Exeter Automobile Rec Tr Ser 2021 4 Cl D Zero Cpn, Due 01/17/2028	120,000	114,061	117,965
Exeter Auto Recv Tr Ser 2021 3 Cl D, 1.55%, Due 06/15/2027	87,422	82,908	85,303

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
Corporate Obligations - Short Term (Continued)				
	Exeter Atmbl Rec Tr Ser 2022 4 Cl C, 4.92%, Due 12/15/2028	70,163	\$ 69,650	\$ 70,179
	Exeter Atmobile Rec Ser 2022 2 Cl C, 3.85%, Due 07/17/2028	58,297	57,655	58,178
	First Horizon Natl Corp Sr NT, 4.00%, Due 05/26/2025, Callable	140,000	134,148	139,346
	First Investors At Ownr Ser 2022 1 Cl A, 2.03%, Due 01/15/2027	2,044	2,034	2,041
	Flagship CR Aut Tr Ser 2021 4 Cl B, 1.49%, Due 02/16/2027	49,072	48,037	48,823
	Ford Credit Auto Ser 2023 C Cl A 3, 5.53%, Due 09/15/2028	75,000	74,984	75,991
	Ford CR Auto Owner Tr Ser 2024 D Cl A 3, 4.61%, Due 08/15/2029	55,000	54,998	55,038
	Gallagher Arthur J & Co Sr Gbl, 4.60%, Due 12/15/2027, Callable	50,000	49,959	49,800
	Gls Auto Recv Issuer Tr Ser 2024 4 Cl A 3, 4.75%, Due 07/17/2028	50,000	49,945	50,020
	Gls Auto Recv Issuer Tr Ser 2024 3 Cl B, 5.08%, Due 01/16/2029	80,000	79,992	80,335
	General Mtrs Finl Co Inc Sr NT, 5.40%, Due 05/08/2027, Callable	110,000	109,903	111,150
	GM Fin ConS Auto Rec Ser 2022 1 Cl C, 1.94%, Due 04/17/2028	55,000	53,047	53,273
	Goldman Sachs Group Inc Fltg Rate, Due 02/24/2028	65,000	60,269	61,994
	Hna 2015 LLC Gtd Secd NT 3/A2, 2.291%, Due 06/30/2027	64,768	68,249	62,267
	HSBC USA Inc New Autocl Sr, 6.90%, Due 04/23/2026, Callable	1,594,000	1,594,000	1,581,567
	Healthcare Trust of Amer Hldgs Sr Gbl NT, 3.75%, Due 07/01/2027, Callable	120,000	116,897	116,591
	Hewlett Packard Enterprise Co Sr NT, 4.40%, Due 09/25/2027, Callable	70,000	69,967	69,266
	Hyundai Cap Amer Fr, 5.25%, Due 01/08/2027, Callable	80,000	79,938	80,466
	JP Morgan Chase Bank NA Sr NT, 2.182%, Due 06/01/2028, Callable	100,000	91,117	93,925
	JPMorgan Chase & Co Sr NT, Var Rate, Due 11/19/2026, Callable	50,000	44,137	48,398
	JPMorgan Chase & Co Sr Flt NT, Var Rate, Due 01/23/2028, Callable	80,000	80,000	80,297
	JPMorgan Chase & Co Sr NT, Var Rate, Due 10/22/2028, Callable	80,000	80,000	79,293
	JPMorgan Chase Finl Co LLC Fr, 6.85%, Due 12/26/2025, Non-Callable	1,557,000	1,557,000	1,543,921
	Keycorp Sr NT, Var Rate, Due 05/23/2025, Callable	50,000	50,000	50,045
	LPL Hldgs Inc Sr Gbl 144a, 4.625%, Due 11/15/2027, Callable	70,000	64,925	68,844
	Lad Auto Receivables Tr Ser 2023 2 Cl A 2, 5.93%, Due 06/15/2027	13,156	13,155	13,189
	M & T Bk Corp Fr, Var Rate, Due 01/16/2029, Callable	45,000	45,000	44,808
	Manufacturers & Traders Tr Co Sr NT, 4.65%, Due 01/27/2026, Callable	40,000	37,652	39,891
	Master CR Card Tr II Ser 2023 1 Cl A, 4.70%, Due 06/21/2027	80,000	79,463	80,118
	Mastercard Incorporated Sr Gbl, 4.10%, Due 01/15/2028, Callable	70,000	69,962	69,241
	Mercedes Benz Auto Receivables Tr 2023-1 Asset Backed NT Cl A-3, 4.51%, Due 11/15/2027	77,416	77,287	77,425
	Morgan Stanley Fr, Variable Rate, Due 05/04/2027, Callable	55,000	49,481	52,719
	Morgan Stanley Fin LLC Fr, 6.85%, Due 04/28/2026, Non-Callable	1,594,000	1,594,000	1,607,469
	National Secs Clearing Corp Sr 144a, 5.10%, Due 11/21/2027, Callable	95,000	96,508	95,971
	Nissan Auto Lease Tr Ser 2023-A Asset Backed NT Cl A-3, 4.91%, Due 01/15/2026	11,061	11,060	11,064
	Ohana Military Cmnty LLC 2007a Snk, 144a, 5.675%, Due 10/01/2026, Non-Callable	3,754	4,013	3,748
	Old Rep Intl Corp Sr Gbl NT, 3.875%, Due 08/26/2026, Callable	95,000	93,998	93,412
	PNC Finl Svcs Group Inc Sr NT, Var Rate, Due 10/20/2027, Callable	85,000	87,680	87,570
	Pennsylvania Elec Co Sr 144a NT, 5.15%, Due 03/30/2026, Callable	95,000	94,773	95,247
	Penta Aircraft Leasing 2013 Amrtz, 1.691%, Due 04/29/2025, Callable	13,607	13,669	13,515
	Pioneer Nat Res Co Sr NT, 5.10%, Due 03/29/2026, Callable	50,000	49,976	50,345
	Realty Income Corp Sr Gbl	130,000	126,810	126,039
	Sbna Auto Lease Trust Ser 2024 C Cl A 3, 4.56%, Due 02/22/2028	50,000	49,844	49,980
	Sbna Auto Lease Trust Ser 2024 A Cl A 3, 5.61%, Due 11/20/2026	90,000	90,112	90,502
	Santander Auto Rec Tr Ser 2021 3 Cl D, 1.33%, Due 09/15/2027	41,044	39,444	40,499
	Santander Drive Auto Ser 2024 5 Cl A 2, 4.88%, Due 09/15/2027	65,000	64,997	65,106
	Schwab Charles Corp New Sr NT, 3.45%, Due 02/13/2026, Callable	45,000	42,407	44,339
	Seattle Childrens Hospital Sr Gbl, 1.208%, Due 10/01/2027, Callable	125,000	114,295	113,690
	6297782 LLC Sr 144a NT, 4.911%, Due 09/01/2027, Callable	55,000	55,000	54,817
	State Str Corp Sr Gbl NT, Var Rate, Due 01/26/2026, Callable	65,000	65,000	64,992
	State Str Corp Sr NT, 4.993%, Due 03/18/2027, Callable	70,000	70,000	70,582
	State Str Corp Sr NT, Var Rate, Due 02/20/2029, Callable	100,000	100,000	98,853
	State Str Corp Sr NT, 4.33%, Due 10/22/2027, Callable	85,000	85,000	84,475
	Take Two Interactive Software Sr NT, 5.00%, Due 03/28/2026, Callable	95,000	94,948	95,250
	Tesla Auto Lease Tr Ser 2023 A Cl A 3, 5.89%, Due 06/22/2026	24,791	24,789	24,878
	Toyota At Rec Own Tr Ser 2022 B Cl A 3, 2.93%, Due 09/15/2026	38,424	38,423	38,191
	Truist Finl Corp Fr, 6.04%, Due 06/08/2027, Non-Callable	50,000	50,148	50,823
	Udr Inc Medium Term Nts Bk Ent Fr, 2.95%, Due 09/01/2026, Callable	50,000	46,688	48,480
	U S Bk Natl Assn Sr Gbl Acr NT, Var Rate, Due 10/22/2027, Callable	75,000	75,073	74,595
	US Airways PT Trust Ser 2013 1 Cl A, 3.95%, Due 05/15/202	77,729	75,689	76,946
	United Airlines PT Cert Ser 2014 2 Cl A, 3.75%, Due 03/03/2028	202,140	196,867	198,152

The accompanying notes are an integral part of these financial statements.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
Corporate Obligations - Short Term (Continued)					
	US Bancorp Fr, Var Rate, Due 10/26/2027, Callable		90,000	\$ 93,203	\$ 93,045
	Virginia Pwr Fuel Securiti Ext Sr SEC Snk, 5.088%, Due 05/01/2029, Non-Callable		93,682	93,681	94,043
	Wells Fargo & Co Sr NT, Var Rate, Due 04/25/2026, Callable		85,000	84,969	84,740
	Wells Fargo & Co Fr, Var Rate, Due 04/22/2028, Callable		35,000	35,000	35,576
	Westlake Automb Recv Tr Ser 2021 2 CI D, 1.23%, Due 12/15/2026		40,098	37,996	39,725
	Wisconsin Pub Svc Corp Sr NT, 5.35%, Due 11/10/2025, Callable		75,000	74,984	75,432
	World Omni Auto Rec Tr Ser 2022 B CI A 3, 3.25%, Due 07/15/2027		55,346	55,339	55,027
	World Omni Select Auto Tr Ser 2023 A CI A 2a, 5.18%, Due 03/15/2027		13,377	13,377	13,399
	World Omni Select Auto Tr Ser 2023 A CI B, 5.87%, Due 08/15/2028		75,000	74,927	75,924
	World Omni Auto Rec Tr Ser 2023 A CI B, 5.03%, Due 05/15/2029		40,000	40,156	40,167
	Total Corporate Obligations - Short Term			\$ 11,731,241	\$ 11,772,405
Corporate Obligations - Intermediate (5-10 Years)					
	Bear Stearns Asset Bk Ser 2003 AC5 CI A 5, 4.62%, Due 10/25/2033		6,614	\$ 6,773	\$ 6,539
	Cwabs Inc Ser 2004 5 CI 1 A, Fltg Rate, Due 10/25/2034		30,376	30,006	28,967
	Cwabs Inc Ser 2004 5 CI 2 A, Fltg Rate, Due 10/25/2034		43,245	42,442	41,080
	Cwabs Inc Ser 2004 6 CI 1 A 1, Fltg Rate, Due 10/25/2034		98,997	94,418	95,759
	Carvana Auto Recv Tr Ser 2024 N1 CI B, 5.63%, Due 05/10/2030		65,000	65,498	65,570
	Home Equity Mtg Tr Ser 2002 4 CI M 1, Fltg Rate, Due 03/25/2033		18,700	18,755	18,364
	CSFB Mtg PTC Ser 2003 27 CI IV A17, 5.75%, Due 11/25/2033		2,486	2,589	2,486
	Exeter Auto Rec Tr Ser 2024 4 CI C, 5.48%, Due 08/15/2030		40,000	39,992	40,228
	Gsaa Trust Ser 2004 3 CI AF 4, 6.22%, Due 04/25/2034		6,418	6,651	6,261
	Residential Asset Ser 2004 RS12 CI M I 1, 5.186%, Due 12/25/2034		3,328	3,403	3,320
	Structured Asset Adj Ser 2004 14 CI 3 A1, Fltg Rate, Due 10/25/2034		18,992	19,093	18,176
	Total Corporate Obligations - Intermediate			\$ 329,620	\$ 326,750
Corporate Obligations - Long Term (Over 10 Years)					
	Adjustable Rate Mtg Ser 2004 5 CI 2 A 1, Floating Rate, Due 04/25/2035		37,073	\$ 36,066	\$ 36,634
	American Home Mtg Ser 2005 1 CI VI A, Fltg Rate, Due 06/25/2045		3,379	3,408	3,358
	Bbcms Mtg Tr Ser 2019 C5 CI A SB, 2.99%, Due 11/18/2052		72,199	66,367	69,807
	Bank Ser 2018 BNK15 CI A SB, Fltg Rate, Due 11/17/2061		34,357	32,789	33,971
	Bank 2017-BNK9 Coml Mtg Pass Thru CTF CI A-SB, 3.47%, Due 11/15/2054		30,142	31,480	29,584
	Bank Ser 2017 BNK7 CI A SB, 3.265%, Due 09/17/2060		92,063	88,778	90,630
	Bayview Financial Tr Ser 2006 A CI M 4, Fltg Rate, Due 02/28/2041		11,478	11,463	11,462
	Bbcms Mtg Tr Ser 2019 C4 CI A SB, 2.832%, Due 08/16/2052		64,794	60,056	62,489
	Benchmark Mtg Tr Ser 2018 B2 CI A SB, Fltg Rate, Due 02/17/2051		25,933	28,507	25,612
	Comm Mtg Tr Ser 2015 LC21 CI A SB, 3.421%, Due 07/10/02048		1,164	1,231	1,162
	Comm 2015-PC1 Mtg Tr Mtg Pass Thru CTF CI A-5, 3.902%, Due 07/10/2050		53,711	59,169	53,530
	Comm Mtg Tr Ser 2015 CCRE25 CI A SB, 3.537%, Due 08/12/2048		5,722	6,121	5,704
	Chesapeake Funding II LLC Ser 2024 1 CI A 1, 5.52%, Due 05/15/2036		83,214	83,214	84,116
	Citigroup Coml Mtg Tr Ser 2016 C2 CI A AB, 2.71%, Due 08/12/2049		13,745	14,493	13,610
	Citigroup Res Mtg Tr Ser 2007 1 CI A 5, Fltg Rate, Due 03/25/2037		19,660	19,807	19,548
	Commonbond Student Ln Tr 2017-B-GS Private CR Student Ln Bkd NT 144a CI A-1, 2.68%, Due 09/25/2042		40,065	38,680	36,761
	Fresb Mtg Tr Ser 2018 SB55 CI A 5h, Fltg Rate, 07/25/2038		21,441	21,793	21,355
	GS Mtg Secs Corp 2005-AR6 Mtg Passthru CTF CI 1A1, 4.5488%, Due 09/25/2035		3,182	3,222	3,192
	Gsr Mtg Tr Ser 2005 5f CI 8a 7, 5.50%, Due 06/25/2035		4,807	5,035	4,807
	Jpmcc Coml Mtg SEC Tr Ser 2016 JP2 CI A SB, 2.713%, Due 08/17/2049		10,934	11,327	10,809
	MFA Trust Ser 2021 INV2 CI A 1, Fltg Rate, Due 11/25/2056		59,320	59,319	51,455
	Mill City Mtg Ln Tr Ser 2016 1 CI M3, Fltg Rate, Due 04/25/2057		80,000	78,938	78,095
	MS BofA MI Trust Ser 2015 C26 CI A 4, 3.252%, Due 10/19/2048		70,000	75,160	69,486
	Nationstar Mtg Ln Tr Ser 2013 A CI A, Fltg Rate, Due 12/25/2052		17,738	18,226	16,594
	Navient Priv Ed Ln Tr Ser 2018 E CI A 2, 4.00%, Due 12/15/2059		21,767	21,051	21,643
	Navient Private Ed Ln Tr 2016-A Private Ed Ln Backed NT A-2a 144a, 3.91%, Due 12/15/2045		10,236	10,703	10,173
	Nelnet ST Ln Tr Ser 2007 1 CI A 4, Fltg Rate, Due 8/27/2036		17,627	16,878	17,026
	New Resi Mtg Tr Ser 2018 2 CI A 1, Floating Rate, Due 02/25/2058		25,596	27,183	24,826
	Novastar Hm Eq Ln Tr Ser 2005 1 CI M 5, Fltg Rate, Due 06/25/2035		5,806	5,825	5,790
	Smb Private Ed Ln Tr Ser 2018 B CI A 2a, 3.60%, Due 01/15/2037		12,010	12,589	11,816
	Smb Private Ed Ln Tr Ser 2020 B CI A 1a, Fltg Rate, Due 07/15/2053		15,008	15,047	13,922
	Smb Private Ed Ln Tr Ser 2017 B CI A 2a, 2.82%, Due 10/15/2035		10,869	11,254	10,690
	Soundview Hm Ln Ser 2005 OPT3 CI M 1, Fltg Rate, Due 11/25/2035		52,503	51,453	51,825

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ELECTRICAL WORKERS HEALTH AND WELFARE PLAN

**FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

EIN: 88-6002904

PLAN NO. 502

DECEMBER 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares/Par	(d) Cost	(e) Current Value
Corporate Obligations - Long Term (Continued)			
Structured Asset Secs Ser 2005 2xs Cl 2 A2, Fltg Rate, Due 02/25/2035	6,190	\$ 6,247	\$ 6,731
Wells Fargo Coml Tr Ser 2015 LC22 Cl A 3, 3.572%, Due 09/17/2058	76,506	73,900	76,106
Total Corporate Obligations - Long Term		\$ 1,106,779	\$ 1,084,318
Foreign Obligations			
Aercap Ireland Capital Limited Sr NT, 2.45%, Due 10/29/2026, Callable	265,000	\$ 246,075	\$ 253,682
Bhp Billiton Fin USA LTD Sr NT, 5.25% Due 09/08/2026, Callable	60,000	59,903	60,622
Bhp Paribas Medium Term Sr Nts, Fltg Rate, Due 01/12/2026	1,552,000	1,552,000	1,564,261
Bank Montreal Medium Fr, 5.266%, Due 12/11/2026, Callable	50,000	50,216	50,585
Bank Nova Scotia B C Sr NT, 5.35%, Due 12/07/2026, Callable	45,000	44,941	45,577
Barclays Bank PLC Fr, 7.60%, Due 01/27/2026	1,557,000	1,557,000	1,595,614
Brookfield Fin Inc Sr NT, 3.90%, Due 01/25/2028, Callable	80,000	77,117	77,828
Canadian Imperial Bk Comm Sr Coco, Var Rate, Due 09/11/2027, Callable	80,000	80,000	79,633
Credit Suisse AG New York Fr, 5.00%, Due 07/09/2027, Non-Callable	90,000	88,776	90,527
Enbridge Inc Sr NT, 5.90%, Due 11/15/2026, Callable	65,000	64,985	66,268
HSBC Hldgs PLC Sr Glbl Coco, Var Rate, Due 06/04/2026, Callable	65,000	63,503	64,234
Oscar US Funding Xiii LLC Sr A 4 144a, 1.27%, Due 09/11/2028, Non-Callable	55,394	51,149	54,231
Reliance Inds LTD Glbl 20162 NT, 1.87%, Due 01/15/2026, Callable	11,842	11,398	11,658
Royal Bank of Canada Sub Glbl NT, 4.65%, Due 01/27/2026, Non-Callable	100,000	99,206	99,872
Royal Bk Cda Fr, Var Rate, Due 07/23/2027, Callable	80,000	80,000	80,367
Skymiles Ip LTD & Delta Air Li Sr SEC 144a, 4.75%, Due 10/20/2028, Callable	50,000	48,063	49,317
Smith & Nephew PLC Sr NT, 5.15%, Due 03/20/2027, Callable	40,000	39,957	40,287
Toronto Dominion Bank Fr, 4.693%, Due 09/15/2027, Callable	100,000	98,324	99,778
Toronto Dominion Bank Sr NT, 5.532%, Due 07/17/2026, Callable	100,000	100,013	101,162
Total Foreign Obligations		\$ 4,412,625	\$ 4,485,502
Common/Collective Trusts			
NIS Short Duration High Yield Fund, LLC	116	\$ 1,484,638	\$ 1,965,813
NIS Total Absolute Return Fund, LLC	598	1,465,544	1,847,305
Total Common/Collective Trusts		\$ 2,950,181	\$ 3,813,118
103-12 Investment Entity			
Pacific Asset Management Bank Loans	n/a	\$ 4,000,000	\$ 4,037,485
Fixed Income Fund			
Point Bonita Capital Fund	n/a	\$ 2,000,000	\$ 2,012,437
Cash Equivalents			
GS Fin Sq Gov \$466	6,570,280	\$ 6,570,280	\$ 6,570,280
Grand Totals		\$ 32,769,010	\$ 39,778,847

* - An asterisk in column (a) identifies an entity known to be a party in interest as defined by ERISA.

ELECTRICAL WORKERS HEALTH AND WELFARE PLAN
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6002904
PLAN: 502
YEAR ENDED DECEMBER 31, 2024

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Net gain or (loss)</u>
1. Individual Transactions:						
	Limited Partnerships					
Pacific Asset Management	Bank Loan	\$ 4,000,000	\$ -	\$ -	\$ 4,000,000	\$ -
2. Series of Transactions:						
Treasury and Federal Agencies						
U.S. Treasury	Treasury Note, 2.75%, Due 07/31/2027	\$ 2,055,367	\$ -	\$ -	\$ 2,055,367	\$ -
U.S. Treasury	Treasury Note, 2.75%, Due 07/31/2027	\$ -	\$ 967,656	\$ 1,137,131	\$ 967,656	\$ (169,475)
U.S. Treasury	Treasury Note, 1.5%, Due 02/15/2025	\$ 967,461	\$ -	\$ -	\$ 967,461	\$ -
U.S. Treasury	Treasury Note, 1.5%, Due 02/15/2025	\$ -	\$ 2,304,021	\$ 2,304,280	\$ 2,304,021	\$ (260)
U.S. Treasury	Treasury Note, 3.875%, Due 12/31/2027	\$ 3,882,504	\$ -	\$ -	\$ 3,882,504	\$ -
U.S. Treasury	Treasury Note, 3.875%, Due 12/31/2027	\$ -	\$ 1,986,088	\$ 1,989,822	\$ 1,986,088	\$ (3,734)
U.S. Treasury	Treasury Note, 3.875%, Due 01/15/2026	\$ 1,341,763	\$ -	\$ -	\$ 1,341,763	\$ -
U.S. Treasury	Treasury Note, 3.875%, Due 01/15/2026	\$ -	\$ 2,933,251	\$ 2,924,815	\$ 2,933,251	\$ 8,436
U.S. Treasury	Treasury Note, 4.625%, Due 11/15/2026	\$ 2,809,907	\$ -	\$ -	\$ 2,809,907	\$ -
U.S. Treasury	Treasury Note, 4.625%, Due 11/15/2026	\$ -	\$ 2,383,965	\$ 2,378,841	\$ 2,383,965	\$ 5,124
U.S. Treasury	Treasury Note, 1.50%, Due 01/31/2027	\$ 2,183,167	\$ -	\$ -	\$ 2,183,167	\$ -
U.S. Treasury	Treasury Note, 1.50%, Due 01/31/2027	\$ -	\$ 2,970,467	\$ 2,969,353	\$ 2,970,467	\$ 1,114
Non-Government Obligations						
Citigroup Global Mkts	Hldgs In Fr, 8.15%, Due 07/25/2025	\$ 1,500,000	\$ -	\$ -	\$ 1,500,000	\$ -
Citigroup Global Mkts	Hldgs In Fr, 8.15%, Due 07/25/2025	\$ -	\$ 1,500,000	\$ 1,500,000	\$ 1,500,000	\$ -
Morgan Stanley Fin LLC	Fr, 7.65%, Due 12/22/2025	\$ 1,557,000	\$ -	\$ -	\$ 1,557,000	\$ -
Morgan Stanley Fin LLC	Fr, 7.65%, Due 12/22/2025	\$ -	\$ 1,557,000	\$ 1,557,000	\$ 1,557,000	\$ -
Foreign Obligations						
Barclays Bank PLC	Fr, 7.00%, Due 07/30/2025	\$ 1,500,000	\$ -	\$ -	\$ 1,500,000	\$ -
Barclays Bank PLC	Fr, 7.00%, Due 07/30/2025	\$ -	\$ 1,500,000	\$ 1,500,000	\$ 1,500,000	\$ -

Note:

-Columns (e) "Lease Rental" and (f) "Expense Incurred with Transaction" are omitted, as the answers are n/a