

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NECA/IBEW FAMILY MEDICAL CARE TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2006
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND 2400 RESEARCH BOULEVARD, SUITE 500 ROCKVILLE, MD 20850-3266
2b	Employer Identification Number (EIN) 75-3198514
2c	Plan Sponsor's telephone number 301-556-4300
2d	Business code (see instructions) 238210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	07/28/2025	PAUL A. NOBLE, UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/28/2025	DAVID LONG, EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 39703
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) 35904 6a(2) 37969 6b 3794 6c 6d 41763 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1592

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 4U

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

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 6
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **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
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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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514	

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.
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1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	C-4446	25750	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	(b) Total amount of fees paid
0	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	

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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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	244602
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
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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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514	

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.
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1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G-3171	27355	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	(b) Total amount of fees paid
0	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	

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(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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(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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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)	2443914	
(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)		2443914
b Benefit charges (1) Claims paid	9b(1)	1672500	
(2) Increase (decrease) in claim reserves	9b(2)	173565	
(3) Incurred claims (add (1) and (2))	9b(3)		1846065
(4) Claims charged	9b(4)		1846065
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)	166527	
(E) Taxes	9c(1)(E)	54988	
(F) Charges for risks or other contingencies	9c(1)(F)	61098	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		282613
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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)		396589
(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	
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
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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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(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
94-1340523	00000	102809	2078	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	(b) Total amount of fees paid
0	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
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	(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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	13840898
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
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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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(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
94-1340523	00000	799	529	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	(b) Total amount of fees paid
0	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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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 ☐ paid in cash, or ☐ 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	3687887
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
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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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514	

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.
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1 Coverage Information:

(a) Name of insurance carrier SIERRA HEALTH AND LIFE INSURANCE CO., INC
--

(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
94-0734860	71420	23818	2387	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	(b) Total amount of fees paid
0	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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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 ☐ paid in cash, or ☐ 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	3691043
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
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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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514	

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
KAISER FOUNDATION HEALTH PLAN INC

(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
94-1340523	0000	103716	811	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	(b) Total amount of fees paid
0	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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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 ☐ paid in cash, or ☐ 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	5434012
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

ANTHEM BLUE CROSS BLUE SHIELD

58-0469845

(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 62	NONE	13704904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAV-RX PRESCRIPTION SERVICES

47-0527013

(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	NONE	6271206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL ELECTRICAL BENEFIT FUND

53-0181657

(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	AFFILIATED BENEFIT FUND	3681491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ADMINISTRATIVE STAFF

75-3198514

(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 56	EMPLOYEES	3206711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZELIS CLAIMS INTEGRITY, INC.

86-1040704

(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	NONE	2197048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XPERIS IT COMPANY

47-1728257

(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	NONE	1443045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

METROPOLITAN LIFE INSURANCE CO

13-5581829

(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	NONE	1216747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWORD HEALTH TECHNOLOGIES

13937 SPRAGUE LANE, SUITE 100
DRAPER, UT 84020

(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	NONE	733086	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS

52-6435649

(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	712384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TELADOC HEALTH INC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	484897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POTTS-DUPRE, HAWKINS & KRAMER CHTD.

52-1660807

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	424464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS

52-0975591

(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	NONE	387649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VISION SERVICE PLAN

36-3560825

(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	NONE	387353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT W. BAIRD & CO. INCORPORATED

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	352078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEX HEALTH INC

06-1593514

(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?
15 49	NONE	214014	Yes ☒ No ☐	Yes ☐ No ☒	114958	Yes ☐ No ☒

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)

ASB CAPITAL MANAGEMENT, LLC

52-0965622

(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	264953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA INVESTMENT TRUST COMPANY

06-1440627

(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	201085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(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	195771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MILLER, KAPLAN,LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	177348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOSTER & FOSTER ACTUARIES

59-1921114

(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	NONE	175909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS LLC

36-4776242

(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	120244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TALKSPACE NETWORK, LLC

82-5274788

(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	NONE	119065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAGELLAN HEALTH

52-2135463

(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	NONE	117984	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPOTLIGHT TALENT SOURCING LLC

85-1689772

(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	NONE	99168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	81167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	79882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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 62 65	NONE	62019	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	53425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORD HARRISON LLP

58-1314995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	45635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN OFF-SITE DATA PROTECT

23-2588479

(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?
64	NONE	42044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

UNION INSURANCE GROUP

303 W. ERIE ST., SUITE 310
CHICAGO, IL 60654

(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 23 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	37419	Yes ☐ No ☒

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

BAZA SERVICES LLC

27-4748093

(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	NONE	33034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN KEY TEMP

26-1278726

(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	NONE	32752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	21818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTERS FOR MEDICARE & MEDICAID SER

54-1194322

(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	NONE	20211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FONTANA LITHOGRAPH,INC DBA MOSAIC

52-0821478

(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	NONE	19355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SOVOS COMPLIANCE, LLC

46-1379693

(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	NONE	17802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP, INC

13-3036745

(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?
15	NONE	15647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUM, SMITH & BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	15002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

RICHARD J. WOLF AND CO. INC

10120 E TANGLEWOOD CIR
PALOS PARK, IL 60464-2612

(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	NONE	5901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BHS

6225 SMITH AVENUE
BALTIMORE, MD 21209

(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	NONE	5759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEN BATES TECHNOLOGIES INC

32-0102319

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	5060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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
WEX HEALTH INC	15 49	114958
(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.	
BANCORP	INTERCHANGE FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UNION INSURANCE GROUP	22 23 53	37419
(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.	
VARIOUS	COMMISSIONS	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 NECA/IBEW FAMILY MEDICAL CARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND		D Employer Identification Number (EIN) 75-3198514
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: VOYA SENIOR LOAN COMMON TRUST FUND		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST COMPANY		
c EIN-PN 06-1440627-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46804200
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25818974
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO DIVERSIFIED INTL EQUITY FUND		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC.		
c EIN-PN 74-3178242-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38491287
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC.		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43893088
a Name of MTIA, CCT, PSA, or 103-12 IE: IRM CORE BOND FUND II		
b Name of sponsor of entity listed in (a): INCOME RESEARCH & MANAGEMENT		
c EIN-PN 27-1803513-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115962307
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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

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

A Name of plan NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE TRUST FUND	D Employer Identification Number (EIN) 75-3198514

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-118353	-171680
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	44226192	46327971
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	17236827	25494776
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	65020438	32498287
(2) U.S. Government securities	1c(2)	93100548	109517664
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	132048455	150216186
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	4642	49
(B) Common	1c(4)(B)	147245	48446
(5) Partnership/joint venture interests	1c(5)	37984998	36355433
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	42624983	47755033
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	30533925	25818974
(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)	157951859	198346682
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	342968628	401241235
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	420009	475815
f Total assets (add all amounts in lines 1a through 1e).....	1f	964150396	1073924871
Liabilities			
g Benefit claims payable	1g	77517000	71100000
h Operating payables	1h	3546770	2630320
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	25340809	24552038
k Total liabilities (add all amounts in lines 1g through 1j)	1k	106404579	98282358
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	857745817	975642513

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)	703150659	
(B) Participants	2a(1)(B)	11501007	
(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)		714651666
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2524888	
(B) U.S. Government securities	2b(1)(B)	2567766	
(C) Corporate debt instruments	2b(1)(C)	7115613	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	79459	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12287726
(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)	8626886	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8626886
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	190248151	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	192581064	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2332913
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2237117	
(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)		-632506
(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)		6511164
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		41720718
c Other income	2c		37360229
d Total income. Add all income amounts in column (b) and enter total	2d		815955853

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	629438303	
(2) To insurance carriers for the provision of benefits	2e(2)	29999004	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		659437307
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)	4519967	
(2) Contract administrator fees	2i(2)	26427500	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	327053	
(5) Investment advisory and investment management fees	2i(5)	1956976	
(6) Bank or trust company trustee/custodial fees	2i(6)	220963	
(7) Actuarial fees	2i(7)	175909	
(8) Legal fees	2i(8)	507470	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	148939	
(11) Other expenses	2i(11)	4337073	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		38621850
j Total expenses. Add all expense amounts in column (b) and enter total	2j		698059157

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		117896696
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: **CALIBRE CPA GROUP PLLC**

(2) EIN: **47-0900880**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		36355433
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024





NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8
Supplemental Information	
Schedules of Administrative Expenses	18
Summary Schedules of Operations	19
Schedule of Assets (Held at End of Year)	20
Schedule of Reportable Transactions	33





INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
NECA/IBEW Family Medical Care Trust Fund

Opinion

We have audited the accompanying financial statements of NECA/IBEW Family Medical Care Trust Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Fund 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 Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, 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 Fund'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 Fund'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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The schedules of administrative expenses and summary schedules of operations on pages 18 and 19 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions on pages 20 through 33 represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with U.S. generally accepted accounting principles and 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 U.S. generally accepted accounting principles and the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Calibre CPA Group, PLLC

Bethesda, MD
July 21, 2025

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value		
U.S. Government and government agency obligations	\$ 109,517,664	\$ 93,100,548
Corporate obligations	150,216,186	132,048,455
Mutual funds	401,241,235	342,968,628
103-12 investment entities	198,346,682	157,951,859
Common collective trust	72,623,174	73,721,719
Limited partnerships	36,355,433	37,984,998
Short-term investments	32,026,584	63,348,475
Total investments, at fair value	<u>1,000,326,958</u>	<u>901,124,682</u>
Receivables		
Contributions	46,327,971	44,226,192
Prescription rebates	18,772,793	14,335,572
Subrogations	207,074	267,886
Merger assets due	30,759	30,759
Accrued interest and dividends	2,476,265	2,227,310
Total receivables	<u>67,814,862</u>	<u>61,087,719</u>
Cash	<u>595,904</u>	<u>587,197</u>
Other assets	<u>475,815</u>	<u>420,009</u>
Total assets	<u>1,069,213,539</u>	<u>963,219,607</u>
Liabilities and Net Assets		
Liabilities		
Cash overdrafts	767,584	705,550
Due to brokers	1,814,003	1,634,362
Accounts payable	2,630,320	3,546,770
Reciprocity contributions payable	6,401,328	5,566,756
Deferred contribution income	6,015,199	11,528,415
Segregated merger assets	4,842,592	4,974,937
Total liabilities	<u>22,471,026</u>	<u>27,956,790</u>
Net assets available for benefits	<u>\$ 1,046,742,513</u>	<u>\$ 935,262,817</u>

See accompanying notes to financial statements.

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Contributions		
Bargaining	\$ 656,547,590	\$ 614,634,065
Self-pay	11,501,007	12,133,258
Non-bargaining	30,281,407	29,999,837
Reciprocity - net	<u>16,321,662</u>	<u>11,626,361</u>
Total contributions	<u>714,651,666</u>	<u>668,393,521</u>
Investment income		
Interest and dividends	20,835,153	17,776,078
Net appreciation in fair value of investments	43,029,346	52,022,600
Less: investment expenses	<u>(1,956,976)</u>	<u>(1,946,731)</u>
Total investment income - net	<u>61,907,523</u>	<u>67,851,947</u>
Other income		
Prescription rebates	35,631,576	27,042,319
Subrogation income	1,728,653	1,753,056
Miscellaneous	<u>79,459</u>	<u>111,884</u>
Total other income	<u>37,439,688</u>	<u>28,907,259</u>
Total additions	<u>813,998,877</u>	<u>765,152,727</u>
Deductions		
Benefits paid to or for participants		
Medical benefits	478,574,411	440,717,492
Prescription benefits	108,324,284	86,248,801
Dental benefits	22,281,541	21,355,455
Disability benefits	12,096,486	3,282,515
Vision benefits	4,329,547	4,359,924
Infertility benefits	960,447	-
Health insurance premiums	27,310,488	26,272,849
Life insurance premiums	2,688,516	1,323,392
Special fund account benefits	8,070,761	6,768,302
Preferred Provider Organization fees	<u>1,217,826</u>	<u>1,162,938</u>
Total benefits paid to or for participants	665,854,307	591,491,668
Benefits administration expenses	22,746,010	19,940,445
Administrative expenses	<u>13,918,864</u>	<u>12,484,738</u>
Total deductions	<u>702,519,181</u>	<u>623,916,851</u>
Net change	111,479,696	141,235,876
Net assets available for benefits		
Beginning of year	<u>935,262,817</u>	<u>794,026,941</u>
End of year	<u>\$ 1,046,742,513</u>	<u>\$ 935,262,817</u>

See accompanying notes to financial statements.



NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	<u>\$ 71,100,000</u>	<u>\$ 77,517,000</u>
Postemployment benefit obligations for current benefit coverage at estimated amounts, net of amounts currently payable		
Accumulated eligibility credits for active participants	234,765,000	221,587,000
COBRA benefits	<u>2,205,000</u>	<u>2,568,000</u>
	<u>236,970,000</u>	<u>224,155,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Retired participants and beneficiaries	60,895,000	68,886,000
Active participants fully eligible to receive benefits	133,759,000	157,203,000
Active participants not yet eligible to receive benefits	<u>193,360,000</u>	<u>240,116,000</u>
	<u>388,014,000</u>	<u>466,205,000</u>
Total benefit obligations	<u>\$ 696,084,000</u>	<u>\$ 767,877,000</u>

See accompanying notes to financial statements.

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable		
Balance at beginning of year	\$ 77,517,000	\$ 85,489,000
Change in claims payable and claims incurred but not reported	<u>(6,417,000)</u>	<u>(7,972,000)</u>
Balance at end of year	<u>71,100,000</u>	<u>77,517,000</u>
Postemployment benefit obligations for current benefit coverage at estimated amounts, net of amounts currently payable		
Balance at beginning of year	224,155,000	192,504,000
Change during the year attributable to Accumulated eligibility credits for active participants	13,178,000	31,209,000
COBRA benefits	<u>(363,000)</u>	<u>442,000</u>
Balance at end of year	<u>236,970,000</u>	<u>224,155,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	466,205,000	526,897,000
Change during the year attributable to Change in actuarial assumptions	(58,747,000)	4,462,000
Change in expected claims and self-pay rates	(46,708,000)	(85,051,000)
Benefits accumulated	28,819,000	29,631,000
Passage of time	22,800,000	25,913,000
Experience gain	(14,824,000)	(25,155,000)
Benefits paid	<u>(9,531,000)</u>	<u>(10,492,000)</u>
Balance at end of year	<u>388,014,000</u>	<u>466,205,000</u>
Total benefit obligations	<u>\$ 696,084,000</u>	<u>\$ 767,877,000</u>

See accompanying notes to financial statements.



NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE FUND

NECA/IBEW Family Medical Care Trust Fund (the Fund) was established to provide health and welfare benefits for employees and retirees of employers who contribute to the Fund pursuant to a collective bargaining agreement between an employer and a union, or as otherwise agreed to by the Board of Trustees (Trustees). The Fund is a multiemployer defined benefit health and welfare plan and subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participation in the Fund began on January 1, 2006.

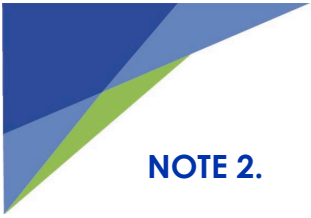
The Fund provides health, prescription, dental, vision, disability, infertility, accident, and life insurance benefits for eligible participants and their beneficiaries and covered dependents. The Fund is self-insured for all benefits except a few Kaiser Permanente plans that were grandfathered into the Fund and are only available to members in certain local unions as a result of those local unions' prior merger into the Fund, a United Healthcare (UHC) Medicare advantage plan that is available to all Medicare eligible retirees and Medicare eligible spouses, and life and accidental death and dismemberment insurance. Bargaining unit eligibility is based on 140 credited hours of employment per month.

In addition, under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), participants who no longer meet the eligibility requirements may make self-contributions in order to continue coverage if certain events, called "qualifying events," cause the loss of coverage.

The Fund also offers a special fund account program. Under this program, participating employers contribute specified amounts per hour of work into a special fund account in the individual employee's name. The amounts that accumulate in this account can then be used by the employee for certain specified expenses that are not otherwise covered under the Fund. Participant balances do not earn interest and no fees are charged to the participant accounts. The total amounts allocated to participant accounts as of December 31, 2024 and 2023 were \$39,776,943 and \$35,813,314, respectively.

As a result of prior mergers with other plans, certain assets and liabilities have been reported on the statements of net assets available for benefits which are the result of merged assets either exceeding or being less than the required amount as outlined in the merger agreement. These merger assets due and segregated merger assets will be settled through subsequent contributions or claims.

Participants should refer to the summary plan description for more complete information.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting. Additions are recognized when earned. Deductions are recognized when incurred except for benefit payments which are recognized when approved for payment.

Contributions Receivable - Employer contributions due and unpaid prior to year-end are reported as contributions receivable. Delinquency and payroll compliance audit receivables are included in contributions receivable when collection is probable. Allowance for credit losses is considered immaterial and is not provided.

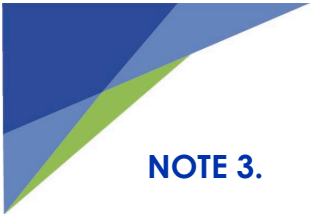
Deferred Contribution Income - Employer contributions paid prior to year-end related to subsequent years.

Prescription Drug Rebates - Under the agreements with Sav-Rx and Anthem, the Fund has the opportunity to receive rebates for certain prescription drugs. The rebates are recognized in the period earned.

Investments Valuation and Income Recognition - The investments of the Fund are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Purchases and sales of the investments are reflected on a trade-date basis. Appreciation or depreciation (unrealized and realized gains and losses) in value are reported on the statements of changes in net assets available for benefits in the period in which they occur. Interest income is reported on an accrual basis. Dividends are reported on the ex-dividend date.

Benefit Obligations - Claims payable and claims incurred but not reported, accumulated eligibility credits and the reserve for COBRA benefits were estimated by the Fund consultant and actuary based on eligibility counts and claims experience. The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits (net of self-contribution amounts) that are attributed to participant service rendered to December 31. Postretirement benefits include future benefits expected to be paid for currently retired or terminated participants and their beneficiaries and dependents, and active participants and their beneficiaries and dependents after retirement from service with the participating employers. 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 participant's service in the industry rendered to the valuation date.

Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.



NOTE 3. FUNDING POLICY

The Fund is financed by employer and retiree contributions, as specified in the collective bargaining agreements (CBAs), and members electing COBRA coverage. Required employer contribution rates per hour range from \$2.67 to \$13.02, in accordance with the provisions of the applicable CBAs.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Fund in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Fund is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provision to satisfy the obligations of the Fund. Any remaining Fund assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Fund. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 5. TAX STATUS

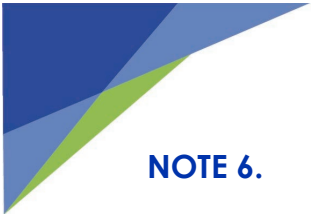
The Internal Revenue Service (IRS) has advised that the Fund qualifies under Section 501(c)(9) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax laws. The Fund's exemption letter is dated July 27, 2005 in which the IRS stated that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving the exemption letter. The Fund administrator and the Fund counsel believe the Fund is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Fund was qualified, and the related trust was tax-exempt as of the financial statement date.

The Fund files Form 990, *Return of Organization Exempt from Income Tax*, and Form 5500, *Annual Return/Report of Employee Benefit Plan*. As of December 31, 2024, the statute of limitations for tax years 2021 through 2023 remain open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Fund files returns.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Level 1

U.S. Government obligations: U.S. Treasury note obligations are traded in active markets on national securities exchanges and are valued at closing prices on the last business day of each period presented.

Mutual funds: Generally, represent investments with various investment managers. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value (NAV) as of the last business day of each period presented. The funds' underlying assets are principally marketable equity and fixed income securities.

Level 2

U.S. Government agency obligations: U.S. Government agency obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Corporate obligations: Corporate obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Short-term investment: Valued at cost which approximates fair value.

The following tables set forth, by level within the fair value hierarchy, the Fund's investment assets measured at fair value on a recurring basis as of December 31, 2024 and 2023.

Description	Total Investments at 12/31/24	Quoted Prices in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and government agency obligations	\$ 109,517,664	\$ 63,694,556	\$ 45,823,108	\$ -
Corporate obligations	150,216,186	-	150,216,186	-
Mutual funds	401,241,235	401,241,235	-	-
Short-term investments	32,026,584	-	32,026,584	-
	693,001,669	<u>\$ 464,935,791</u>	<u>\$ 228,065,878</u>	<u>\$ -</u>
Investments measured at NAV*	307,325,289			
Total	<u>\$ 1,000,326,958</u>			

Description	Total Investments at 12/31/23	Quoted Prices in Active Market for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and government agency obligations	\$ 93,100,548	\$ 46,365,616	\$ 46,734,932	\$ -
Corporate obligations	132,048,455	-	132,048,455	-
Mutual funds	342,968,628	342,968,628	-	-
Short-term investments	63,348,475	-	63,348,475	-
	631,466,106	<u>\$ 389,334,244</u>	<u>\$ 242,131,862</u>	<u>\$ -</u>
Investments measured at NAV*	269,658,576			
Total	<u>\$ 901,124,682</u>			

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

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Investments in 103-12 investment entities and common collective trusts are carried at fair value using NAV per share as reported by the investee. NAV is the fair market value of the underlying investments, less any liabilities, divided by the number of outstanding shares/units. The fair value of investments in limited partnerships is estimated based on financial information provided by each investment entity.

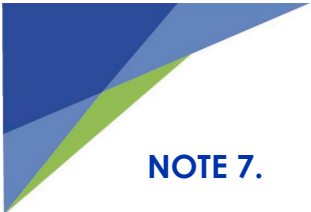
The following table summarizes the Fund's investments in certain entities that calculate NAV per share as the fair value measurement as of December 31, 2024 and 2023; categorized by investment type:

Description	Fair Value December 31, 2024 (in millions)	Fair Value December 31, 2023 (in millions)	Unfunded Commitments (in millions)	Redemption Frequency	Redemption Notice Period
103-12 investment entities	\$ 198.35	\$ 157.95	N/A	Daily	2 days, 30 days
Common collective trust	72.62	73.72	N/A	Monthly	30 days
Limited partnerships	<u>36.36</u>	<u>37.98</u>	\$ -	Quarterly	Redemption will be effective on last day of the quarter following the quarter in which the redemption notice was received
	<u>\$ 307.33</u>	<u>\$ 269.65</u>			

The Fund's investments in the 103-12 investment entities category are direct filing entities with the Department of Labor and can be redeemed daily.

The Fund's investment in the common collective trust category consists of two investment funds. The first is a direct filing entity with the Department of Labor and can be redeemed on a pro rata basis with available liquid assets. A second fund is an investment that seeks to provide investors with superior, long-term risk adjusted total returns over a full market cycle by investing in floating rate senior-loans and other senior floating rate debt instruments secured by U.S. and non-U.S. corporations and other business entities.

The Fund's investments in the limited partnership category consists of two investments. The first is a real estate investment fund (LP 1). The fair value is based on the ownership interest as a percent of LP 1's net assets. LP 1 invests directly and indirectly in real estate and real estate related assets which may include joint ventures, partnerships, and other participation interests with real estate owners, developers and others. The second investment is a real estate equity commingled investment fund (LP 2) that invests primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.



NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS

The actuarial present value of the expected postretirement benefit obligation is determined by the Fund's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for self-contribution payments, 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 were significant assumptions used in the valuations as of December 31, 2024 and 2023:

Weighted-average discount rate:	5.40% for 2024 4.65% for 2023
Average retirement age:	Approximately 65
Actuarial method:	Projected unit credit
Mortality rates:	Healthy Lives - RP-2000 Mortality Table with Blue Collar Adjustment, sex-distinct, and set back one year. Disabled Lives - RP-2000 Disabled Mortality Table for Males set back four years.

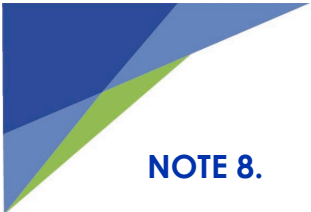
Health trend rates used to measure the benefit obligations as of December 31, 2024 and 2023 were 8.50% initially, then graded down to 4.00%.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point in each year, it would increase the postemployment obligation as of December 31, 2024 and 2023 by \$79,063,000 and \$100,308,000, respectively.

From December 31, 2023 to December 31, 2024, postretirement benefit obligations decreased by \$78.2 million. This change in obligation is mainly due to an increase in the discount rate from 4.65% to 5.40%. This decreased the postretirement benefit obligations by \$58.7 million. The discount rate of 5.40% is equal to the December 31, 2024 level of interest rates as measured by the corporate bond index.

Also contributing to the decrease in liabilities was a decline in Medicare costs. This resulted in a decrease of the postretirement benefit obligations of \$46.7 million. Changes in the population resulted in a decrease in the postretirement benefit obligations of \$14.8 million. The remainder of the change is due to the passage of time, including benefits paid and accumulated during the year.

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



NOTE 8. RISKS AND UNCERTAINTIES

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

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

NOTE 9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The International Brotherhood of Electrical Workers (IBEW) and the National Electrical Contractors Association (NECA) appoint the union and employer trustees, respectively, and are both participating employers in the Fund. The National Electrical Benefit Fund (NEBF) is a multiemployer defined benefit pension plan formed by an Employees Benefit Agreement between the IBEW and NECA. Additionally, employees of NEBF and their dependents participate in the Fund.

The Fund receives certain administrative services from NEBF which includes salaries and benefits, rent, data processing costs, and other administrative costs. The Fund reimbursed NEBF \$3,681,490 and \$3,622,989 during the years ending December 31, 2024 and 2023, respectively, for these costs. The Fund owed NEBF \$1,017,659 and \$1,246,664 as of December 31, 2024 and 2023, respectively.

The Fund also pays certain investment and administrative fees directly to service providers, including Bank of New York Mellon, the investment custodian. Those transactions qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 1,046,742,513	\$ 935,262,817
Amounts currently payable	(71,100,000)	(77,517,000)
Net assets available for benefits per the Form 5500	<u>\$ 975,642,513</u>	<u>\$ 857,745,817</u>

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Benefits paid to or for participants per financial statements	\$ 665,854,307	\$ 591,491,668
Add: amounts currently payable at end of year	71,100,000	77,517,000
Less: amounts currently payable at beginning of year	<u>(77,517,000)</u>	<u>(85,489,000)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 659,437,307</u>	<u>\$ 583,519,668</u>

The Fund has an investment in a common collective trust that does not file a Form 5500 with the Department of Labor and therefore the Fund's investment cannot be listed on Schedule H, Line 1(c)(9) *Value of interest in common/collective trusts*, as a common collective trust (a direct filing entity) on the Fund's Form 5500. Schedule H of the Fund's Form 5500 must include the Fund's proportionate share of the underlying assets and liabilities of the common collective trust. The information below and on the following pages are reconciliations of other receivables, interest-bearing cash, loans, preferred stocks, common stocks, other investments, common collective trusts, and other liabilities per the financial statements to Schedule H of the Form 5500 for the years ended December 31, 2024 and 2023.

	2024	2023
Other receivables per financial statements	\$ 21,486,891	\$ 16,861,527
Add: Fund's proportionate share of common collective trust's receivables	<u>4,007,885</u>	<u>375,300</u>
Other receivables per Form 5500	<u>\$ 25,494,776</u>	<u>\$ 17,236,827</u>
Short-term investments per financial statements	\$ 32,026,584	\$ 63,348,475
Add: Fund's proportionate share of common collective trust's short-term investments	<u>471,703</u>	<u>1,671,963</u>
Interest-bearing cash per Form 5500	<u>\$ 32,498,287</u>	<u>\$ 65,020,438</u>
Loans per financial statements	\$ -	\$ -
Add: Fund's proportionate share of common collective trust's loans	<u>47,755,033</u>	<u>42,624,983</u>
Loans per Form 5500	<u>\$ 47,755,033</u>	<u>\$ 42,624,983</u>

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

	2024	2023
Preferred stocks per financial statements	\$ -	\$ -
Add: Fund's proportionate share of common collective trust's preferred stocks	<u>49</u>	<u>4,642</u>
Preferred stocks per Form 5500	<u>\$ 49</u>	<u>\$ 4,642</u>
Common stocks per financial statements	\$ -	\$ -
Add: Fund's proportionate share of common collective trust's common stocks	<u>48,446</u>	<u>147,245</u>
Common stocks per Form 5500	<u>\$ 48,446</u>	<u>\$ 147,245</u>
Common collective trusts per financial statements	\$ 72,623,174	\$ 73,721,719
Less: Fund's proportionate share of common collective trust's		
Receivables	(4,007,885)	(375,300)
Short-term investments	(471,703)	(1,671,963)
Loans	(47,755,033)	(42,624,983)
Preferred stocks	(49)	(4,642)
Common stocks	(48,446)	(147,245)
Add: Fund's proportionate share of common collective trust's other liabilities	<u>5,478,916</u>	<u>1,636,339</u>
Common collective trusts per Form 5500	<u>\$ 25,818,974</u>	<u>\$ 30,533,925</u>
Liabilities per financial statements	\$ 22,471,026	\$ 27,956,790
Less: cash overdrafts	(767,584)	(705,550)
Less: accounts payable	(2,630,320)	(3,546,770)
Add: Fund's proportionate share of common collective trust's other liabilities	<u>5,478,916</u>	<u>1,636,339</u>
Other liabilities per Form 5500	<u>\$ 24,552,038</u>	<u>\$ 25,340,809</u>

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 21, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

		(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares			(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Short-term investments					
	CASH	N/A	N/A	N/A	\$ 1,579,922	\$ 1,579,922
	DREYFUS GOVT CAS MGMT INST 289	N/A	N/A	30,446,662	30,446,662	30,446,662
	Voya Senior Loan Trust Fund: assets detailed below					
	CASH	N/A	N/A	225,792	225,792	225,792
	BLACKROCK LIQUIDITY FUNDS FEDFUND PORTFOLIO	N/A	N/A	245,911	245,911	245,911
	Total short-term investments				<u>32,498,287</u>	<u>32,498,287</u>
	U.S. Government and government agency obligations					
	FHLMC POOL #G0-6828	9/1/2041	4.00 %	206,416	212,705	194,939
	FHLMC POOL #G0-7576	3/1/2042	4.50	147,488	154,863	143,134
	FHLMC POOL #G0-8768	6/1/2047	4.50	339,912	348,835	325,850
	FHLMC POOL #G0-8537	7/1/2043	3.00	163,056	158,598	143,869
	FHLMC POOL #G0-8572	2/1/2044	3.50	181,190	181,331	164,605
	FHLMC POOL #G0-8672	10/1/2045	4.00	152,764	156,213	141,997
	FHLMC POOL #G0-8677	11/1/2045	4.00	71,794	73,645	66,734
	FHLMC POOL #G0-8681	12/1/2045	3.50	164,315	163,994	147,605
	FHLMC POOL #G0-8694	2/1/2046	4.00	164,392	168,091	151,081
	FHLMC POOL #G0-8706	5/1/2046	3.50	201,201	200,572	180,744
	FHLMC POOL #G0-8716	7/1/2046	3.50	33,279	33,159	30,110
	FHLMC POOL #G0-8741	1/1/2047	3.00	435,633	377,503	377,920
	FHLMC POOL #C9-1793	10/1/2034	3.50	118,869	121,896	113,211
	FHLMC POOL #C9-1826	5/1/2035	3.00	222,464	236,611	205,977
	FHLMC POOL #C0-1186	6/1/2031	6.00	484	529	500
	FHLMC POOL #A9-1165	2/1/2040	5.00	22,535	24,155	22,478
	FHLMC POOL #C5-9356	10/1/2031	6.00	443	481	453
	FHLMC POOL #C6-0745	11/1/2031	6.00	119	130	121
	FHLMC POOL #Z5-4693	12/1/2046	3.00	79,441	83,773	68,672
	FHLMC POOL #Z5-4732	8/1/2047	4.50	95,262	104,966	91,232
	FHLMC POOL #ZT-0531	4/1/2047	3.50	610,818	543,723	550,298
	FHLMC POOL #SB-1203	9/1/2036	1.50	687,887	603,084	593,275
	FHLMC POOL #SB-8088	1/1/2036	1.50	456,415	395,013	393,676
	FHLMC POOL #SC-0242	2/1/2042	2.50	376,200	345,457	321,279
	FHLMC POOL #SD-0039	2/1/2046	4.00	104,640	111,793	98,697
	FHLMC POOL #SD-0580	4/1/2051	3.00	430,846	452,927	369,959
	FHLMC POOL #SD-0968	4/1/2052	3.50	421,400	406,322	374,676
	FHLMC POOL #SD-2176	1/1/2053	6.00	203,811	211,676	207,414
	FHLMC POOL #SD-2446	3/1/2053	5.50	437,226	435,450	434,559
	FHLMC POOL #SD-2903	3/1/2051	2.00	1,096,785	847,600	859,276
	FHLMC POOL #SD-5044	3/1/2054	6.00	371,599	374,444	376,374
	FHLMC POOL #SD-7548	11/1/2051	2.50	425,658	431,012	352,296
	FHLMC POOL #SD-7534	2/1/2051	2.50	507,515	426,075	421,562
	FHLMC POOL #SD-7535	2/1/2051	2.50	780,967	694,939	647,734
	FHLMC POOL #SD-7536	2/1/2051	2.50	414,629	416,314	343,570
	FHLMC POOL #SD-7555	8/1/2052	3.00	570,628	490,205	491,442
	FHLMC POOL #SD-3906	10/1/2053	6.00	271,418	271,376	275,123
	FHLMC POOL #Z4-0130	1/1/2046	3.00	176,730	180,403	154,045
	FHLMC POOL #Q1-3205	11/1/2042	3.00	407,671	366,904	359,716
	FHLMC POOL #G6-7710	3/1/2048	3.50	663,290	611,574	595,873
	FHLMC POOL #G6-7700	8/1/2046	3.50	282,559	281,102	255,340
	FHLMC POOL #G6-7701	10/1/2046	3.00	447,002	451,230	388,762
	FHLMC POOL #G6-0187	8/1/2045	3.00	676,158	613,296	589,508
	FHLMC POOL #G6-0988	5/1/2047	3.00	308,405	297,370	267,680
	FHLMC POOL #QC-9160	10/1/2051	3.00	537,991	563,461	459,374
	FHLMC POOL #QK-0430	9/1/2040	2.00	260,572	269,570	217,554
	FHLMC POOL #RA-4562	2/1/2051	2.50	353,621	378,320	293,021
	FHLMC POOL #RB-5105	2/1/2041	2.00	517,687	425,393	432,004
	FHLMC POOL #RB-5095	12/1/2040	2.00	424,043	359,575	353,919
	FHLMC POOL #RB-5100	1/1/2041	2.00	504,336	429,153	420,894
	FHLMC POOL #RB-5138	11/1/2041	2.00	817,675	724,689	679,112
	FNMA GTD REMIC P/T 17-M4 A2	12/25/2026	2.55	129,785	125,100	124,909
	FHLMC MULTICLASS MTG K121 A2	10/25/2030	1.55	375,000	303,003	313,646
	FHLMC MULTICLASS MTG K071 A2	11/25/2027	3.29	900,000	1,041,012	867,618
	FHLMC MULTICLASS MTG K156 A3	6/25/2033	3.70	225,000	225,206	206,102
	FHLMC MULTICLASS MTG K752 A2	7/25/2030	4.28	475,000	446,426	462,911

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

		(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares				
		Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	FNMA POOL #0535714	1/1/2031	7.50 %	666	\$ 726	\$ 681
	FNMA POOL #0AL9745	11/1/2043	3.50	183,313	183,943	166,978
	FNMA POOL #0AO8044	7/1/2042	3.50	206,550	203,501	188,130
	FNMA POOL #0AT0456	4/1/2043	4.00	84,697	86,669	79,718
	FNMA POOL #0AT5026	5/1/2043	3.00	688,344	614,712	606,527
	FNMA POOL #0AU4279	9/1/2043	3.00	383,212	371,296	337,725
	FNMA POOL #0745275	2/1/2036	5.00	33,706	36,181	33,445
	FNMA POOL #0745355	3/1/2036	5.00	37,456	40,195	37,288
	FNMA POOL #0BF0345	10/1/2043	3.00	179,001	183,875	157,772
	FNMA POOL #0BF0500	12/1/2054	3.00	434,294	393,307	371,916
	FNMA POOL #0BH5700	10/1/2032	3.00	366,189	346,793	348,451
	FNMA POOL #0BM1031	9/1/2043	3.00	211,086	230,150	186,009
	FNMA POOL #0BM2005	12/1/2047	4.00	51,310	53,723	47,566
	FNMA POOL #0BM3108	8/1/2046	4.50	151,054	158,135	145,089
	FNMA POOL #0BM4755	2/1/2046	4.50	83,922	87,023	81,335
	FNMA POOL #0BM5136	6/1/2046	4.00	534,884	506,134	500,314
	FNMA POOL #0BM5476	11/1/2048	4.00	383,892	420,721	355,964
	FNMA POOL #0BM5538	11/1/2048	5.00	57,162	62,870	56,295
	FNMA POOL #0BM5628	11/1/2048	4.50	61,612	64,192	58,835
	FNMA POOL #0BM5787	8/1/2047	4.00	78,624	81,412	73,058
	FNMA POOL #0BO1856	8/1/2049	3.00	377,411	400,410	326,789
	FNMA POOL #0BQ9451	3/1/2051	2.00	582,004	569,454	460,185
	FNMA POOL #0CA5354	3/1/2050	3.50	316,123	329,509	280,376
	FNMA POOL #0CA5556	4/1/2050	3.50	152,517	156,521	136,825
	FNMA POOL #0CA7604	11/1/2050	3.00	428,923	380,737	373,228
	FNMA POOL #0CA8761	1/1/2036	2.50	600,274	559,380	549,407
	FNMA POOL #0CB2278	12/1/2051	2.00	439,940	444,271	348,837
	FNMA POOL #0CB6541	6/1/2053	6.00	522,217	539,678	528,066
	FNMA POOL #0FM2609	4/1/2040	4.00	268,506	292,504	259,965
	FNMA POOL #0FM2771	4/1/2040	4.00	281,842	307,296	273,970
	FNMA POOL #0FM2972	12/1/2044	4.00	362,032	368,537	339,680
	FNMA POOL #0FM4032	8/1/2035	2.50	318,877	294,413	291,865
	FNMA POOL #0FM5024	12/1/2050	2.50	347,300	366,076	286,165
	FNMA POOL #0FM5931	2/1/2051	2.50	369,653	370,692	305,011
	FNMA POOL #0FM7381	5/1/2051	2.50	441,057	459,389	365,098
	FNMA POOL #0FM7615	6/1/2036	2.00	295,013	260,303	263,447
	FNMA POOL #0FM7689	6/1/2041	2.50	498,693	524,761	426,168
	FNMA POOL #0FM8318	7/1/2051	2.50	403,758	420,666	333,545
	FNMA POOL #0FM8368	8/1/2051	2.00	602,370	603,076	474,879
	FNMA POOL #0FM9781	12/1/2051	2.50	394,861	397,391	325,879
	FNMA POOL #0FM9243	10/1/2051	3.00	344,264	351,902	295,065
	FNMA POOL #0FM9284	11/1/2051	2.50	539,612	557,318	445,380
	FNMA POOL #0FS0027	11/1/2051	2.50	364,741	334,650	301,517
	FNMA POOL #0FS0434	11/1/2051	2.50	991,973	802,878	826,115
	FNMA POOL #0FS0739	2/1/2052	3.50	329,934	332,100	293,318
	FNMA POOL #0FS1120	3/1/2052	3.00	264,948	263,126	227,172
	FNMA POOL #0FS1115	5/1/2051	2.50	459,848	449,717	385,545
	FNMA POOL #0FS1144	3/1/2052	3.00	408,868	405,035	349,202
	FNMA POOL #0FS1974	2/1/2036	1.50	475,890	421,274	411,031
	FNMA POOL #0FS2018	3/1/2050	4.50	591,348	577,581	564,010
	FNMA POOL #0FS2489	8/1/2052	5.00	349,326	358,932	338,151
	FNMA POOL #0FS2902	9/1/2052	5.00	658,295	611,802	639,987
	FNMA POOL #0FS4654	7/1/2051	2.00	1,069,822	801,029	839,778
	FNMA POOL #0FS5163	4/1/2053	5.00	681,522	635,200	660,170
	FNMA POOL #0FS5788	9/1/2053	6.50	274,400	279,717	283,442
	FNMA POOL #0FS7969	10/1/2036	1.50	417,024	359,814	360,196
	FNMA POOL #0FS8463	6/1/2054	6.00	480,982	491,946	489,630
	FNMA POOL #0FP0057	8/1/2053	4.00	442,247	411,147	415,421
	FNMA POOL #0AA3409	3/1/2039	5.00	70,449	76,724	70,177
	FNMA POOL #0AB6904	11/1/2042	3.00	385,282	346,212	339,499
	FNMA POOL #0MA0461	7/1/2030	4.50	29,957	31,273	29,709
	FNMA POOL #0MA3243	1/1/2038	3.50	166,005	166,602	155,435
	FNMA POOL #0MA3305	2/1/2048	3.50	173,832	185,457	155,627
	FNMA POOL #0MA3385	4/1/2048	4.50	405,366	416,197	386,756
	FNMA POOL #0MA4047	6/1/2050	2.00	715,207	559,627	561,860

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

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(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	FNMA POOL #0MA4018	4/1/2050	2.00 %	691,337	\$ 553,069	\$ 543,114
	FNMA POOL #0MA4155	10/1/2035	2.00	547,964	497,876	486,389
	FNMA POOL #0MA4158	10/1/2050	2.00	798,787	664,241	626,904
	FNMA POOL #0MA4202	11/1/2040	1.50	516,225	421,853	412,226
	FNMA POOL #0MA4333	4/1/2041	2.00	815,767	706,298	680,676
	FNMA POOL #0AE0949	2/1/2041	4.00	70,663	72,637	66,650
	FREDDIE MAC SEASONED CRED 4 MA	2/25/2059	3.00	124,439	127,166	113,845
	FREDDIE MAC SEASONED CRED 3 MT	5/25/2060	2.00	221,517	228,580	173,647
	GNMA II POOL #0MA0154	6/20/2042	3.50	309,004	277,235	282,736
	GNMA II POOL #0MA0392	9/20/2042	3.50	398,649	365,885	364,206
	GNMA II POOL #0MA0462	10/20/2042	3.50	534,143	464,621	487,747
	GNMA II POOL #0MA1286	9/20/2043	4.00	511,997	458,158	483,018
	GNMA II POOL #0MA3597	4/20/2046	3.50	164,981	177,922	149,278
	GNMA II POOL #0MA3736	6/20/2046	3.50	179,346	192,489	162,182
	GNMA II POOL #0MA4004	10/20/2046	3.50	114,367	114,858	103,421
	GNMA II POOL #0MA4721	9/20/2047	4.50	82,340	87,383	79,293
	GNMA II POOL #0MA5765	2/20/2049	5.00	87,972	96,330	86,411
	GNMA II POOL #0MA6709	6/20/2050	2.50	419,447	357,644	351,765
	GNMA II POOL #0MA8571	1/20/2053	6.00	102,167	104,010	103,594
	GNMA II POOL #0785433	4/20/2051	2.50	435,838	454,838	361,811
	GNMA II POOL #0785447	3/20/2051	2.50	423,663	439,154	348,891
	GNMA II POOL #0785531	6/20/2051	2.50	503,429	528,601	417,922
	GNMA II POOL #0785615	8/20/2051	2.50	523,297	421,254	432,641
	GNMA II POOL #0787304	3/20/2054	6.00	427,947	441,120	438,928
	GS MORTGAGE SECURITIES GS8 A4	11/10/2050	3.47	350,000	324,324	334,544
	GNMA POOL #0619189	1/15/2035	5.00	165	172	165
	U S TREASURY BOND	5/15/2043	2.88	2,325,000	2,931,747	1,763,001
	U S TREASURY BOND	2/15/2045	2.50	6,025,000	6,602,305	4,185,266
	U S TREASURY BOND	5/15/2049	2.88	1,075,000	784,742	763,207
	U S TREASURY BOND	8/15/2049	2.25	1,300,000	828,551	806,208
	U S TREASURY BOND	8/15/2050	1.38	1,425,000	967,591	696,198
	U S TREASURY BOND	11/15/2040	1.38	725,000	528,061	449,275
	U S TREASURY BOND	5/15/2051	2.38	4,125,000	2,728,594	2,598,420
	U S TREASURY BOND	5/15/2041	2.25	2,675,000	2,173,168	1,900,507
	U S TREASURY BOND	8/15/2041	1.75	725,000	492,046	470,032
	U S TREASURY BOND	2/15/2042	2.38	6,525,000	4,783,741	4,650,368
	U S TREASURY BOND	5/15/2052	2.88	4,325,000	3,332,625	3,029,879
	U S TREASURY BOND	8/15/2042	3.38	2,075,000	1,734,191	1,714,718
	U S TREASURY BOND	2/15/2043	3.88	575,000	554,879	507,886
	U S TREASURY BOND	5/15/2043	3.88	5,800,000	5,241,231	5,110,148
	U S TREASURY BOND	5/15/2044	4.63	175,000	169,805	169,832
	U S TREASURY NOTE	10/31/2026	1.13	2,875,000	2,583,457	2,717,651
	U S TREASURY NOTE	11/15/2031	1.38	1,250,000	1,048,248	1,021,388
	U S TREASURY NOTE	2/15/2032	1.88	3,375,000	2,879,027	2,838,578
	U S TREASURY NOTE	8/31/2027	3.13	2,450,000	2,413,834	2,379,171
	U S TREASURY NOTE	11/30/2027	3.88	5,675,000	5,624,397	5,610,248
	U S TREASURY NOTE	12/31/2029	3.88	1,000,000	983,358	976,840
	U S TREASURY NOTE	8/31/2030	4.13	4,475,000	4,466,313	4,405,593
	U S TREASURY NOTE	1/31/2031	4.00	7,950,000	7,874,538	7,755,623
	U S TREASURY NOTE	2/15/2027	4.13	6,775,000	6,709,271	6,755,962
	U S TREASURY NOTE	5/15/2034	4.38	425,000	419,242	418,557
	Total U.S. Government and government agency obligations				118,182,809	109,517,664
Corporate obligations						
	ABN AMRO BANK NV 144A	7/28/2025	4.75	500,000	507,255	497,995
	AON GLOBAL LTD	5/15/2045	4.75	500,000	512,025	431,340
	AT&T INC	12/1/2057	3.80	800,000	558,768	553,072
	AERCAP IRELAND CAPITAL DAC / A	10/29/2028	3.00	200,000	199,636	185,148
	AERCAP IRELAND CAPITAL DAC / A	4/15/2027	6.45	488,000	502,735	503,230
	ALLEGION PLC	10/1/2029	3.50	625,000	677,531	584,063
	AMCOR GROUP FINANCE PLC	5/23/2029	5.45	1,000,000	998,660	1,008,160
	AMGEN INC	3/2/2053	5.65	250,000	248,431	241,158
	ANHEUSER-BUSCH INBEV WORLDWIDE	1/23/2039	5.45	75,000	74,792	75,198
	ANHEUSER-BUSCH INBEV WORLDWIDE	1/23/2029	4.75	75,000	74,764	74,950
	ARCELORMITTAL SA	11/29/2032	6.80	775,000	770,125	828,281
	ASHTAD CAPITAL INC 144A	8/12/2026	1.50	725,000	723,122	685,981

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

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(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	BBCMS MORTGAGE TRUST 2 5C29 A2	9/15/2057	4.74 %	325,000	\$ 323,273	\$ 320,723
	BPCE SA 144A	3/15/2025	4.50	500,000	492,500	499,090
	BNP PARIBAS SA 144A	1/9/2030	5.18	500,000	500,000	498,315
	BANCO SANTANDER SA	4/12/2028	4.38	200,000	227,104	195,078
	BANCO SANTANDER SA	11/7/2028	6.61	600,000	600,000	630,816
	BANK OF AMERICA CORP	7/23/2030	3.19	1,000,000	1,061,560	921,690
	BANK5 2023-5YR4 5YR4 A3	12/15/2056	6.50	367,886	378,910	384,187
	BANK5 2024-5YR7 5YR7 A3	6/15/2057	5.77	500,000	504,986	511,460
	BANK 2019-BNK21 BN21 A5	10/17/2052	2.85	400,000	430,281	358,840
	BANK 2020-BNK29 BN29 A4	11/15/2053	2.00	500,000	490,820	410,985
	BANK 2017-BNK5 BNK5 A5	6/15/2060	3.39	300,000	336,563	288,612
	BANK 2017-BNK7 BNK7 A5	9/15/2060	3.44	500,000	531,426	480,335
	BANK 2017-BNK8 BNK8 A4	11/15/2050	3.49	170,000	166,055	159,669
	BARCLAYS PLC	1/10/2028	4.34	500,000	479,090	489,035
	BELL TELEPHONE CO OF CANADA OR	5/11/2033	5.10	675,000	674,528	656,370
	BENCHMARK 2018-B1 MORTGA B1 A5	1/15/2051	3.67	275,000	247,188	263,676
	BNP PARIBAS SA 144A	1/13/2031	3.05	500,000	500,000	446,015
	BOARDWALK PIPELINES LP	6/1/2026	5.95	400,000	429,192	404,816
	BOARDWALK PIPELINES LP	5/3/2029	4.80	225,000	262,274	221,855
	BROADCOM INC	4/15/2029	4.75	350,000	402,374	347,729
	BROADCOM INC 144A	2/15/2041	3.50	200,000	199,308	156,252
	BUNGE LTD FINANCE CORP	9/25/2027	3.75	550,000	602,877	535,552
	CFRCR COMMERCIAL MORTGAG C4 A4	5/10/2058	3.28	400,000	422,484	392,756
	CIM TRUST 2022-R2 R2 A1 144A	12/25/2061	3.75	435,980	426,481	404,646
	CIM TRUST 2022-R3 R3 A1 144A	3/25/2062	4.50	337,676	325,729	325,776
	CNA FINANCIAL CORP	8/15/2030	2.05	550,000	548,614	472,285
	CSAIL 2016-C7 COMMERCIAL C7 A5	11/15/2049	3.50	450,000	414,668	434,277
	CVS PASS-THROUGH TRUST	1/10/2030	6.94	189,471	220,486	195,009
	CVS PASS-THROUGH TRUST 144A	1/10/2032	7.51	98,482	122,859	103,689
	CVS HEALTH CORP	7/20/2045	5.13	200,000	276,060	168,380
	CVS HEALTH CORP	3/25/2028	4.30	47,000	46,622	45,531
	CVS HEALTH CORP	2/21/2033	5.25	150,000	149,735	143,832
	CAMERON LNG LLC 144A	1/15/2035	3.30	450,000	450,000	371,457
	CAPITAL ONE FINANCIAL CORP	3/9/2027	3.75	120,000	113,981	117,149
	CAPITAL ONE FINANCIAL CORP	1/31/2028	3.80	300,000	317,502	289,518
	CARLISLE COS INC	3/1/2030	2.75	525,000	518,469	470,132
	CENTENE CORP	7/15/2028	2.45	725,000	731,344	653,573
	CHARTER COMMUNICATIONS OPERATI	7/23/2025	4.91	64,000	64,999	63,925
	CHARTER COMMUNICATIONS OPERATI	10/23/2035	6.38	475,000	465,288	474,326
	CHARTER COMMUNICATIONS OPERATI	6/1/2041	3.50	100,000	99,544	68,589
	CHARTER COMMUNICATIONS OPERATI	12/1/2061	4.40	175,000	174,836	116,743
	CHASE HOME LENDIN RPL1 A1 144A	6/25/2062	3.50	471,240	426,381	430,445
	CHASE HOME LENDI RPL1 A1A 144A	3/25/2064	3.25	516,359	441,768	455,893
	CHASE HOME LENDIN RPL3 A1 144A	9/25/2063	3.25	571,745	471,596	505,497
	CHASE HOME LENDI RPL2 A1A 144A	8/25/2064	3.25	1,099,142	948,714	968,498
	CHENIERE ENERGY PARTNERS LP	6/30/2033	5.95	300,000	299,322	307,284
	CHEVRON CORP	5/11/2027	2.00	300,000	300,000	283,584
	CIM TRUST 2023-R2 R2 A1 144A	8/25/2064	5.50	454,409	447,476	452,519
	CITIGROUP INC	10/27/2028	3.52	1,100,000	980,144	1,058,596
	CITIGROUP COMMERCIAL M GC36 A5	2/10/2049	3.62	450,000	460,881	440,744
	CITIGROUP COMMERCIAL MOR C3 A4	11/15/2049	3.15	500,000	469,766	481,690
	COLORADO ST HSG & FIN AUTH	11/1/2050	6.00	700,000	724,703	715,778
	COLUMBIA PIPELINE GROUP INC	6/1/2045	5.80	400,000	447,908	385,828
	COLUMBIA PIPELINES OPERAT 144A	8/15/2030	5.93	300,000	299,994	308,910
	COMMONSPIRIT HEALTH	10/1/2029	3.35	500,000	500,000	465,575
	COMMONWEALTH BANK OF AUST 144A	3/13/2034	5.84	925,000	925,000	935,129
	COMMONWEALTH EDISON CO	3/15/2052	3.85	375,000	374,336	277,826
	COOPERATIEVE RABOBANK UA	7/21/2026	3.75	250,000	235,945	244,950
	COREBRIDGE FINANCIAL INC	4/5/2027	3.65	525,000	524,265	510,405
	COX COMMUNICATIONS INC 144A	6/15/2051	3.60	250,000	248,588	164,610
	CREDIT AGRICOLE SA 144A	3/17/2025	4.38	500,000	493,015	498,945
	ENERGY TRANSFER LP 144A	2/1/2031	7.38	400,000	419,500	418,284
	DXC TECHNOLOGY CO	9/15/2026	1.80	675,000	674,325	639,191
	DENTSPLY SIRONA INC	6/1/2030	3.25	550,000	601,277	486,013
	DEUTSCHE BANK AG/NEW YORK NY	5/28/2032	3.04	150,000	150,000	128,589
	DEUTSCHE BANK AG/NEW YORK NY	1/7/2033	3.74	1,000,000	864,900	846,380

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
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	DISCOVER BANK	8/9/2028	5.97 %	675,000	\$ 699,770	\$ 687,386
	KINDER MORGAN INC	1/15/2032	7.75	90,000	111,215	102,255
	ELEVANCE HEALTH INC	2/15/2053	5.13	425,000	423,445	378,862
	ENEL FINANCE INTERNATIONA 144A	9/15/2037	6.80	250,000	271,038	268,730
	ENERGY TRANSFER LP	2/1/2042	6.50	475,000	512,121	492,314
	ENEL FINANCE INTERNATIONA 144A	4/6/2028	3.50	400,000	362,544	381,108
	ENLINK MIDSTREAM LLC	9/1/2034	5.65	425,000	423,377	423,581
	EQUINIX EUROPE 2 FINANCING COR	6/15/2034	5.50	1,000,000	992,210	1,003,030
	EVERSOURCE ENERGY	8/15/2030	1.65	550,000	549,846	457,826
	FMC CORP	10/1/2026	3.20	500,000	499,495	484,955
	FEDERATION DES CAISSES DE 144A	8/23/2027	4.55	725,000	724,906	716,032
	FIDELITY NATIONAL INFORMATION	3/1/2041	3.10	575,000	571,521	417,979
	FIRST NATIONAL MASTER NOTE 1 A	5/15/2030	5.34	700,000	699,878	706,419
	FIRSTKEY HOMES 202 SFR1 A 144A	8/17/2038	1.54	449,179	449,177	427,547
	FIRSTKEY HOMES 202 SFR3 A 144A	7/17/2038	4.25	497,608	466,595	491,801
	FIRSTKEY HOMES 202 SFR1 A 144A	5/19/2039	4.15	544,572	540,463	533,566
	FLEX LTD	5/12/2030	4.88	500,000	592,170	487,525
	FLEX LTD	1/15/2032	5.25	450,000	449,015	442,647
	FLOWERS FOODS INC	3/15/2031	2.40	475,000	472,692	402,320
	FRESENIUS MEDICAL CARE US 144A	6/15/2029	3.75	475,000	530,257	442,752
	GMF FLOORPLAN OWNER 1A A1 144A	3/15/2029	5.13	925,000	924,881	934,148
	GENUINE PARTS CO	11/1/2033	6.88	850,000	846,065	931,745
	GLENORE FUNDING LLC 144A	10/6/2030	6.38	800,000	795,600	840,224
	GOLDMAN SACHS GROUP INC/THE	4/23/2029	3.81	725,000	778,823	697,407
	GUARDIAN LIFE INSURANCE C 144A	1/24/2077	4.85	300,000	302,448	249,444
	HCA INC	3/15/2052	4.63	325,000	285,782	253,227
	HCA INC	3/15/2042	4.38	100,000	98,426	81,692
	HANOVER INSURANCE GROUP INC/TH	9/1/2030	2.50	500,000	499,340	430,690
	HEALTH CARE SERVICE CORP 144A	6/15/2034	5.45	1,000,000	996,940	999,980
	HOME PARTNERS OF AMER 3 A 144A	1/17/2041	2.20	431,416	431,408	385,845
	HUNTINGTON BANCSHARES INC/OH	8/4/2028	4.44	725,000	725,000	717,554
	INTACT FINANCIAL CORP 144A	9/22/2032	5.46	500,000	500,000	499,370
	INTERNATIONAL BUSINESS MACHINE	5/15/2039	4.15	450,000	447,881	387,288
	INTERNATIONAL FLAVORS & F 144A	10/15/2027	1.83	550,000	549,995	505,049
	IPALCO ENTERPRISES INC	4/1/2034	5.75	925,000	922,382	926,795
	ITC HOLDINGS CORP 144A	9/22/2027	4.95	700,000	699,293	701,078
	JP MORGAN CHASE COMMERC JP3 A5	8/15/2049	2.87	400,000	368,766	384,804
	JPMCC COMMERCIAL MORTGA JP7 A5	9/15/2050	3.45	400,000	430,891	382,304
	JPMORGAN CHASE & CO	7/22/2035	5.29	1,100,000	1,100,000	1,088,263
	JPMDB COMMERCIAL MORTGAG C7 A5	10/15/2050	3.41	900,000	859,992	853,101
	JAB HOLDINGS BV 144A	5/28/2051	3.75	325,000	323,203	211,198
	JACKSON NATIONAL LIFE GLO 144A	4/12/2028	5.25	575,000	574,000	572,608
	KEYBANK NA/CLEVELAND OH	8/8/2032	4.90	575,000	573,563	545,031
	KINDER MORGAN ENERGY PARTNERS	3/15/2032	7.75	204,000	271,426	230,320
	LPL HOLDINGS INC	5/20/2034	6.00	925,000	922,253	942,029
	LINCOLN NATIONAL CORP	10/9/2037	6.30	200,000	263,324	208,204
	AKER BP ASA 144A	7/15/2031	3.10	475,000	467,224	410,448
	MMAF EQUIPMENT FINAN A A3 144A	12/13/2029	5.54	825,000	824,833	838,481
	MPLX LP	3/1/2027	4.13	375,000	367,125	369,458
	MACQUARIE BANK LTD 144A	6/10/2025	4.88	500,000	549,910	499,440
	MICROSOFT CORP	3/17/2052	2.92	225,000	221,045	149,153
	MILL CITY MORTGAGE L 3 A1 144A	8/25/2058	3.50	82,685	81,805	81,046
	MILL CITY MORTGAGE L 1 A1 144A	10/25/2069	3.25	89,244	90,444	86,546
	MORGAN STANLEY CAPITAL UBS8 A4	12/15/2048	3.81	350,000	337,777	345,037
	MORGAN STANLEY BANK OF C32 A4	12/15/2049	3.72	600,000	579,000	583,422
	MORGAN STANLEY CAPITAL I H4 A4	12/15/2051	4.31	300,000	276,363	290,697
	MUTUAL OF OMAHA COS GLOBA 144A	10/15/2029	4.75	1,100,000	1,099,516	1,082,972
	UTAH ACQUISITION SUB INC	6/15/2046	5.25	200,000	236,038	168,572
	NXP BV / NXP FUNDING LLC / NXP	2/15/2032	2.65	725,000	723,209	610,392
	NNN REIT INC	6/15/2034	5.50	1,000,000	987,680	996,070
	NATIONWIDE BUILDING SOCIE 144A	9/14/2026	4.00	450,000	427,379	441,284
	NATIONWIDE MUTUAL INSURAN 144A	8/15/2039	9.38	500,000	650,665	637,285
	NAVIENT PRIVATE EDUC GA A 144A	4/15/2070	1.58	266,886	266,484	235,572
	NAVIENT PRIVATE EDUCA A A 144A	7/15/2070	2.23	433,507	382,909	388,722
	NAVIENT PRIVATE EDUC BA A 144A	10/15/2070	4.16	475,054	444,714	455,881
	NISOURCE INC	5/1/2030	3.60	650,000	722,625	606,229

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

		(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares				
		Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	NORDSON CORP	12/15/2029	4.50 %	1,075,000	\$ 1,072,925	\$ 1,048,415
	NVENT FINANCE SARL	4/15/2028	4.55	525,000	587,465	519,813
	OBX 2022-NQM5 TRU NQM5 A1 144A	5/25/2062	4.31	346,423	345,288	337,042
	OBX 2024-HYB1 TRU HYB1 A1 144A	3/25/2053	3.63	403,821	386,940	397,150
	OCHSNER LSU HEALTH SYSTEM OF N	5/15/2031	2.51	725,000	725,000	559,715
	ORACLE CORP	11/9/2052	6.90	275,000	306,504	308,608
	PFS FINANCING CORP F A 144A	8/15/2029	4.75	725,000	724,925	723,246
	PREMIER HEALTH PARTNERS	11/15/2026	2.91	875,000	784,263	836,911
	PROGRESS RESIDENTI SFR8 A 144A	10/17/2038	1.51	344,250	344,234	326,618
	PROTECTIVE LIFE CORP 144A	1/15/2030	3.40	450,000	378,117	417,051
	PROTECTIVE LIFE GLOBAL FU 144A	6/12/2029	5.22	600,000	600,000	603,594
	QUANTA SERVICES INC	10/1/2030	2.90	550,000	548,147	491,238
	RELIANCE INC	8/15/2025	1.30	425,000	423,700	415,297
	RENEAS ELECTRONICS CORP 144A	11/25/2026	2.17	750,000	729,923	710,355
	REXFORD INDUSTRIAL REALTY LP	12/1/2030	2.13	550,000	545,386	460,108
	ROCHE HOLDINGS INC 144A	12/13/2051	2.61	350,000	350,000	208,607
	ROGERS COMMUNICATIONS INC	11/15/2049	3.70	325,000	316,986	227,916
	ROGERS COMMUNICATIONS INC	2/15/2034	5.30	400,000	396,476	390,152
	NATWEST GROUP PLC	5/8/2030	4.45	475,000	475,000	458,100
	SOUTH BOW USA INFRASTRUCT 144A	10/1/2034	5.58	500,000	500,000	486,480
	SKANDINAVISKA ENSKILDA BA 144A	3/5/2029	5.38	825,000	820,652	832,953
	J M SMUCKER CO/THE	11/15/2053	6.50	425,000	421,974	456,675
	STARWOOD MORTGAGE RE 1 A1 144A	12/25/2066	2.45	540,138	540,129	469,207
	STELLANTIS FINANCE US INC 144A	1/29/2027	1.71	775,000	672,010	722,928
	SUMITOMO MITSUI FINANCIAL GROU	7/8/2030	2.13	450,000	450,000	384,867
	SWEDBANK AB 144A	9/20/2027	5.34	750,000	750,000	756,803
	TD SYNEX CORP	8/9/2026	1.75	700,000	697,669	664,713
	SYNCHRONY FINANCIAL	7/23/2025	4.50	450,000	439,538	448,205
	T-MOBILE USA INC	4/15/2030	3.88	550,000	578,380	517,473
	T-MOBILE USA INC	11/15/2060	3.60	200,000	201,878	132,456
	TARGA RESOURCES CORP	3/15/2033	6.13	625,000	624,113	644,669
	TELEFONICA EMISIONES SA	3/1/2049	5.52	200,000	269,430	184,864
	TEXTRON INC	11/15/2033	6.10	875,000	873,434	912,240
	TIMKEN CO/THE	12/15/2028	4.50	450,000	449,406	441,365
	TOWD POINT MORTGAGE 6 A1 144A	10/25/2057	2.75	40,436	39,049	39,483
	TOWD POINT MORTGAGE 4 A1 144A	6/25/2058	3.00	102,286	98,685	95,092
	TOWD POINT MORTGAGE 6 A1A 144A	3/25/2058	3.75	21,361	21,272	21,127
	TOWD POINT MORTGAGE 4 A1 144A	10/25/2059	2.90	104,523	105,536	99,430
	TOWD POINT MORTGAGE 2 A1 144A	7/1/2062	3.75	575,431	551,296	534,546
	TOWD POINT MORTGAGE 3 A1 144A	8/1/2062	3.75	556,828	534,201	519,966
	TOWD POINT MORTGAGE 1 A1 144A	1/25/2063	3.75	328,302	312,983	311,407
	TOWD POINT MORTGAGE 1 A1 144A	3/25/2064	4.71	541,175	536,742	540,255
	TOWD POINT MORTGAGE 2 A1A 144A	12/25/2064	4.71	725,000	726,545	717,975
	TOWD POINT MORTGAGE 5 A1A 144A	10/25/2064	4.50	703,970	684,777	686,019
	TOYOTA AUTO LOAN EXT 1A A 144A	4/25/2035	3.82	400,000	373,500	393,032
	TRANE TECHNOLOGIES FINANCING L	3/3/2033	5.25	825,000	823,919	827,483
	TRINITY ACQUISITION PLC	8/15/2043	6.13	375,000	440,681	370,200
	TRITON CONTAINER INTERNAT 144A	6/15/2031	3.15	325,000	324,695	275,928
	UNITED RENTALS NORTH AMER 144A	12/15/2029	6.00	750,000	750,000	757,133
	UNIVERSAL HEALTH SERVICES INC	10/15/2029	4.63	1,075,000	1,074,538	1,036,784
	VALE OVERSEAS LTD	11/21/2036	6.88	550,000	655,054	585,635
	VERIZON COMMUNICATIONS INC	3/15/2039	4.81	525,000	526,890	484,622
	VERIZON MASTER TRUST 6 A1A	8/20/2030	4.17	1,075,000	1,074,721	1,064,551
	VIATRIS INC	6/22/2050	4.00	400,000	463,968	272,944
	VIDEOTRON LTD 144A	6/15/2029	3.63	625,000	574,388	580,513
	VITERRA FINANCE BV 144A	4/21/2031	3.20	1,000,000	772,900	873,210
	VMWARE LLC	8/15/2026	1.40	725,000	723,768	686,778
	VODAFONE GROUP PLC	2/15/2030	7.88	30,000	34,205	33,972
	VODAFONE GROUP PLC	2/27/2037	6.15	142,000	161,289	149,164
	VOLKSWAGEN GROUP OF AMERI 144A	11/24/2025	1.25	550,000	549,043	532,879
	WEIR GROUP PLC/THE 144A	5/13/2026	2.20	800,000	776,192	769,320
	WELLS FARGO & CO	6/17/2027	3.20	600,000	662,238	586,092
	WELLS FARGO & CO	7/25/2029	5.57	725,000	725,000	736,187
	WELLS FARGO & CO	10/23/2029	6.30	300,000	300,000	312,177
	WELLS FARGO COMMERCIAL C51 A4	6/15/2052	3.31	575,000	522,711	524,245
	WELLS FARGO COMMERCIAL C52 A4	8/15/2052	2.64	475,000	422,973	434,435
	WESTERN & SOUTHERN LIFE I 144A	4/28/2061	3.75	350,000	348,345	233,898

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
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	WESTINGHOUSE AIR BRAKE TECHNOL	11/15/2026	3.45 %	500,000	\$ 527,640	\$ 487,550
	WESTPAC BANKING CORP	8/10/2033	5.41	725,000	725,000	713,552
	WESTVACO CORP NY	1/15/2027	7.67	700,000	832,608	721,203
	AMERICAN AIRLINES INC/AAD 144A	4/20/2026	5.50	820,000	809,270	818,204
	AMERICAN AIRLINES INC/AAD 144A	4/20/2029	5.75	425,000	420,317	421,468
	ALBERTSONS COS INC / SAFE 144A	3/15/2026	3.25	1,110,000	1,096,632	1,082,894
	BOYD GAMING CORP	12/1/2027	4.75	1,280,000	1,227,039	1,237,491
	BRINK'S CO/THE 144A	6/15/2029	6.50	740,000	751,751	749,931
	CENTENE CORP	12/15/2027	4.25	1,040,000	966,063	1,009,008
	CHARTER COMMUNICATIONS OPERATI	7/23/2025	4.91	1,005,000	1,011,561	1,003,824
	CLEARWAY ENERGY OPERATING 144A	3/15/2028	4.75	1,030,000	999,566	985,020
	CLEVELAND-CLIFFS INC 144A	11/1/2029	6.88	120,000	119,963	118,716
	CROWN AMERICAS LLC / CROWN AME	2/1/2026	4.75	1,245,000	1,213,084	1,229,848
	DCP MIDSTREAM OPERATING LP	7/15/2025	5.38	397,000	423,175	397,492
	ESAB CORP 144A	4/15/2029	6.25	975,000	981,060	987,129
	FORTRESS TRANSPORTATION A 144A	5/1/2028	5.50	1,265,000	1,202,318	1,237,183
	GFL ENVIRONMENTAL INC 144A	8/1/2025	3.75	860,000	869,684	851,486
	GGAM FINANCE LTD 144A	5/15/2026	7.75	615,000	615,301	624,016
	GGAM FINANCE LTD 144A	2/15/2027	8.00	605,000	615,278	624,033
	GLP CAPITAL LP / GLP FINANCING	4/15/2026	5.38	1,060,000	1,057,092	1,059,979
	GENTING NEW YORK LLC / GE 144A	10/1/2029	7.25	480,000	484,588	494,496
	HAT HOLDINGS I LLC / HAT 144A	6/15/2026	3.38	830,000	773,140	804,253
	HAT HOLDINGS I LLC / HAT 144A	6/15/2027	8.00	435,000	454,339	453,357
	HERC HOLDINGS INC 144A	7/15/2027	5.50	580,000	577,016	572,622
	HERC HOLDINGS INC 144A	6/15/2029	6.63	655,000	662,396	663,299
	HILTON DOMESTIC OPERATING 144A	5/1/2025	5.38	1,120,000	1,128,133	1,114,467
	ICAHN ENTERPRISES LP / ICAHN E	5/15/2026	6.25	234,000	226,330	231,831
	ICAHN ENTERPRISES LP / ICAHN E	5/15/2027	5.25	895,000	835,420	847,368
	INTERNATIONAL GAME TECHNO 144A	1/15/2027	6.25	1,210,000	1,221,299	1,217,599
	JAZZ SECURITIES DAC 144A	1/15/2029	4.38	1,300,000	1,209,079	1,225,718
	KINETIK HOLDINGS LP 144A	12/15/2028	6.63	1,225,000	1,239,369	1,253,187
	MACQUARIE AIRFINANCE HOLD 144A	5/1/2028	8.38	910,000	941,384	953,598
	MACQUARIE AIRFINANCE HOLD 144A	3/26/2029	6.40	40,000	40,800	41,223
	ONEMAIN FINANCE CORP	1/15/2027	3.50	620,000	575,453	591,387
	ONEMAIN FINANCE CORP	9/15/2028	3.88	330,000	306,274	304,108
	PARK INTERMEDIATE HOLDING 144A	10/1/2028	5.88	630,000	620,530	615,812
	PARK INTERMEDIATE HOLDING 144A	5/15/2029	4.88	650,000	613,758	610,883
	PHINIA INC 144A	4/15/2029	6.75	965,000	982,388	984,300
	PRIME SECURITY SERVICES B 144A	4/15/2026	5.75	1,240,000	1,221,060	1,239,306
	SBA COMMUNICATIONS CORP	2/15/2027	3.88	1,125,000	1,115,717	1,078,515
	SLM CORP	10/29/2025	4.20	930,000	950,862	921,695
	SLM CORP	11/2/2026	3.13	345,000	329,609	329,282
	SIRIUS XM RADIO LLC 144A	9/1/2026	3.13	1,300,000	1,270,633	1,248,728
	ONEMAIN FINANCE CORP	3/15/2026	7.13	325,000	330,575	330,837
	STARWOOD PROPERTY TRUST INC	3/15/2025	4.75	74,000	71,151	73,962
	STARWOOD PROPERTY TRUST I 144A	7/15/2026	3.63	976,000	957,393	941,947
	STARWOOD PROPERTY TRUST I 144A	1/15/2027	4.38	60,000	58,350	58,010
	SUNOCO LP / SUNOCO FINANCE COR	3/15/2028	5.88	370,000	366,510	368,490
	SUNOCO LP / SUNOCO FINANCE COR	4/15/2027	6.00	870,000	867,152	868,277
	TALLGRASS ENERGY PARTNERS 144A	1/15/2028	5.50	345,000	329,869	331,762
	TALLGRASS ENERGY PARTNERS 144A	3/1/2027	6.00	295,000	289,762	292,257
	TALLGRASS ENERGY PARTNERS 144A	2/15/2029	7.38	445,000	445,000	446,411
	TEGNA INC 144A	3/15/2026	4.75	995,000	1,028,599	981,269
	TEGNA INC	3/15/2028	4.63	270,000	254,386	255,150
	TENET HEALTHCARE CORP	11/1/2027	5.13	630,000	620,261	616,959
	TENET HEALTHCARE CORP	6/1/2029	4.25	665,000	615,405	624,302
	TEVA PHARMACEUTICAL FINANCE NE	10/1/2026	3.15	875,000	783,087	840,788
	TEVA PHARMACEUTICAL FINANCE NE	3/1/2028	6.75	275,000	281,444	280,764
	TEVA PHARMACEUTICAL FINANCE NE	5/9/2027	4.75	130,000	124,680	126,857
	TRANSDIGM INC 144A	8/15/2028	6.75	610,000	618,500	615,319
	TRANSDIGM INC 144A	3/1/2029	6.38	605,000	607,014	606,343
	VICI PROPERTIES LP / VICI 144A	12/1/2026	4.25	1,105,000	1,126,642	1,086,668
	VISTRA OPERATIONS CO LLC 144A	9/1/2026	5.50	1,240,000	1,212,962	1,236,094
	WESCO DISTRIBUTION INC 144A	3/15/2029	6.38	850,000	859,298	861,365
	WESTERN DIGITAL CORP	2/15/2026	4.75	1,070,000	1,121,972	1,059,685
	WESTERN MIDSTREAM OPERATING LP	2/1/2025	4.35	980,000	1,001,962	977,491
	TRAVEL + LEISURE CO	10/1/2025	6.60	1,045,000	1,092,126	1,047,613
	XPO INC 144A	6/1/2028	6.25	985,000	988,046	991,017
	Total corporate obligations				155,195,941	150,216,186

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

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(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Preferred stocks					
	Voya Senior Loan Trust Fund: assets detailed below					
	24 HOUR FITNESS WORLDWIDE, INC.	N/A	N/A	164,424	\$ 197,465	\$ 49
	Total preferred stocks				197,465	49
	Common stocks					
	Voya Senior Loan Trust Fund: assets detailed below					
	24 HOUR FITNESS WORLDWIDE, INC.	N/A	N/A	123,347	252,354	1,233
	CUMULUS MEDIA NEW HOLDINGS INC.	N/A	N/A	9,798	129,819	6,398
	MORAN FOODS, LLC	N/A	N/A	829,437	60,429	-
	RIVERBED TECHNOLOGY, INC.	N/A	N/A	8,656	592	87
	TRAVELPORTTECHNOLOGY LIMITED	N/A	N/A	111	252,780	37,173
	YAK ACCESS LLC	N/A	N/A	3,160	32	3,555
	Total common stocks				696,006	48,446
	Limited partnerships					
	BGO DIVERSIFIED US PROPERTY FUND, L.P.	N/A	N/A	13,588	32,742,523	32,859,554
	INTERCONTINENTAL U.S. REAL ESTATE INVESTMENT FUND, LLC	N/A	N/A	3,479,525	2,500,000	3,495,879
	Total limited partnerships				35,242,523	36,355,433
	Loans (other than to participants)					
	Voya Senior Loan Trust Fund: assets detailed below					
	Transdigm, Inc.	3/14/2030	7.22 %	200,335	201,136	201,144
	Vertex Aerospace	12/6/2030	7.22	151,108	151,637	151,644
	Kaman Corporation	4/21/2031	7.97	145,949	147,131	147,134
	Transdigm, Inc.	8/10/2028	7.72	109,101	109,549	109,550
	Dealer Tire, LLC	6/24/2031	7.97	230,607	231,184	231,183
	Holley/Driven	11/15/2028	8.22	135,634	133,097	133,091
	Rough Country LLC	7/31/2028	7.97	130,225	129,770	129,770
	L&W Group, Inc.	4/6/2028	8.47	124,086	123,577	123,581
	IXS LLC	3/1/2027	8.72	125,383	121,207	121,203
	TI Group Automotive Systems, L.L.C.	12/16/2026	7.72	96,459	96,700	96,700
	RealTruck (fka Truck Hero, Inc.)	1/31/2028	9.47	88,388	88,335	88,333
	Thor Industries, Inc.	11/15/2030	6.72	62,249	62,597	62,599
	Triton Water Holdings, Inc.	3/31/2028	8.47	186,558	188,330	188,330
	Action Holding B.V.	6/30/2031	7.47	137,356	138,331	138,329
	US LBM	12/17/2027	8.22	164,437	165,029	165,028
	Leaf Home Solutions	2/16/2029	9.22	151,886	145,248	145,241
	Wilsonart LLC	7/24/2031	8.72	142,970	143,570	143,573
	Oldcastle BuildingEnvelope, Inc.	4/30/2029	8.72	141,806	140,515	140,521
	MI Windows and Doors, LLC	3/28/2031	7.47	127,756	129,251	129,247
	US LBM	5/29/2031	8.22	119,141	118,343	118,340
	Cornerstone Building Brands, Inc (Ply Gem)	4/12/2028	7.72	111,303	106,661	106,656
	Jane Street Group	12/7/2031	4.49	316,552	315,919	315,909
	Focus Financial Partners	8/8/2031	7.72	234,587	237,003	237,014
	Ascensus, Inc.	8/2/2028	7.47	222,074	223,872	223,878
	Cetera Financial Group	8/9/2030	8.47	209,894	210,838	210,841
	Edelman Financial Services	4/8/2028	4.47	186,290	187,706	187,707
	Jefferies Finance LLC	10/9/2031	7.47	185,132	186,113	186,115
	Hightower Holding, LLC	4/21/2028	7.97	180,440	181,397	181,399
	Exclusive Networks	12/4/2031	8.97	149,300	148,554	148,554
	Advisor Group	8/16/2028	7.72	135,554	136,259	136,253
	First Eagle Investment Management, Inc.	3/5/2029	7.47	122,984	123,390	123,385
	Edelman Financial Services	10/20/2028	9.72	116,454	117,514	117,509
	Virtu Financial LLC	6/13/2031	7.22	89,580	90,046	90,042
	Focus Financial Partners	8/8/2031	7.72	25,195	25,455	25,456
	AOC (a.k.a LSF11 A5 Holdco LLC)	10/16/2028	7.97	224,813	226,477	226,476
	Tronox Finance LLC	4/4/2029	6.72	184,774	185,661	185,664
	Ineos Group Holdings	2/19/2030	7.72	176,478	177,219	177,214
	INEOS Quattro	10/1/2031	8.72	155,272	154,589	154,593
	Arxada (fka LSI / Lonza Specialty Ingredients)	7/2/2028	8.39	151,282	148,876	148,870
	PQ Performance Chemicals	8/2/2030	7.72	146,789	147,890	147,890
	Latham Pool Products, Inc.	2/17/2029	8.22	148,880	146,960	146,957
	W.R. Grace Holdings LLC	9/22/2028	7.72	137,582	138,697	138,700
	A-AP Buyer Inc. (d.b.a Austin Powder)	8/1/2031	7.72	137,356	138,496	138,501
	Olympus Water US Holding Corp (a.k.a Solenis)	6/15/2031	7.97	127,284	127,870	127,864

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

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	USALCO, LLC	9/30/2031	8.47 %	92,041	\$ 92,934	\$ 92,933
	Viant Medical Holdings, Inc.	10/15/2031	8.47	89,580	90,682	90,681
	Minerals Technologies	12/1/2031	6.47	89,580	90,082	90,084
	USALCO, LLC	3/30/2026	8.72	9,483	9,575	9,575
	AlliedUniversal fka Universal Services of America	5/15/2028	8.22	282,519	283,762	283,754
	Legence Holdings LLC (fka Therma Holdings LLC)	12/16/2027	8.22	216,967	217,987	217,984
	Aggreko plc	8/2/2029	8.72	208,792	211,151	211,141
	PLZ Aerospace Corporation	8/3/2026	8.22	170,974	157,159	157,153
	Service Logic	10/29/2027	7.97	139,504	141,081	141,074
	Cimpress	5/17/2028	6.97	123,900	124,210	124,210
	TruGreen	11/2/2027	8.47	108,173	105,652	105,648
	Anticimex	11/16/2028	7.72	101,541	102,343	102,345
	Minimax Viking GmbH	7/25/2028	7.22	99,407	99,964	99,966
	SonicWall US Holdings Inc.	5/16/2028	9.47	102,203	102,223	102,219
	Amentum	9/30/2031	6.72	217,978	217,738	217,733
	Construction Partners, Inc	10/30/2031	6.97	179,160	180,289	180,280
	Arcosa, Inc.	8/14/2031	6.72	146,314	148,143	148,143
	SUBCOM	1/30/2031	8.47	90,753	92,341	92,341
	U.S. Silica Company	7/18/2031	8.97	163,820	163,672	163,666
	Smyrna Ready Mix Concrete, LLC	4/1/2029	7.97	103,605	104,258	104,253
	Foley	12/29/2028	9.22	50,334	50,943	50,943
	Pactiv Evergreen Group Holdings Inc (f.k.a Reynolds Group)	9/27/2028	6.97	216,005	217,063	217,072
	TricorBraun	3/3/2028	7.72	203,608	203,689	203,682
	Novolex (aka Flex Acquisition Company, Inc)	4/20/2029	7.72	163,223	163,729	163,733
	RxBenefits, Inc.	12/18/2027	8.97	130,341	130,589	130,586
	ProAmpac PG Borrower LLC	9/15/2028	8.47	115,432	115,905	115,908
	Trident TPI Holdings, Inc (a.k.a Tekni Plex)	9/17/2028	7.97	89,710	90,616	90,620
	Pretium Packaging	10/1/2028	9.47	31,133	32,263	32,262
	Pretium Packaging	10/1/2028	9.07	16,135	12,913	12,913
	Belron S.A.	10/1/2031	7.22	229,347	231,870	231,880
	Caliber Collision	1/30/2031	7.72	215,805	217,035	217,036
	Cengage Learning Acquisition, Inc.	3/24/2031	7.97	198,303	199,611	199,604
	Nord Anglia Education, Inc.	1/30/2028	8.47	176,577	177,989	177,993
	Ascend Learning LLC	12/11/2028	7.97	168,210	169,303	169,306
	Spring Education	10/4/2030	8.47	157,126	158,288	158,285
	KinderCare Education, LLC (fka Knowledge Universe Education, LLC)	6/12/2030	7.72	127,532	129,050	129,047
	FrontDoor (fka American Home Shield)	12/17/2031	6.72	89,580	89,750	89,748
	Ryman Hospitality Properties, Inc.	5/18/2030	6.72	15	15	15
	Zayo Group, LLC	3/9/2027	7.47	238,880	223,998	223,993
	Cablevision Lightpath	10/30/2027	7.72	165,362	165,676	165,672
	Lorca Finco PLC (f.k.a. Masmovil)	4/18/2031	7.97	121,359	122,622	122,623
	Inmarsat plc	9/13/2029	8.97	121,602	108,834	108,834
	Viasat	3/4/2029	8.97	20,476	18,455	18,453
	Kohler Energy	5/1/2031	9.22	139,555	139,639	139,642
	Alpha Generation, LLC	10/15/2031	7.22	89,356	90,151	90,154
	Vistra Operations Company LLC (fka TCEH)	12/20/2030	6.22	67,361	67,617	67,614
	Kohler Energy	5/2/2031	7.72	29,860	29,860	29,860
	Visual Comfort & Co	7/24/2028	7.97	191,694	192,001	192,002
	Coherent Corp (f/k/a II-VI Incorporated)	7/1/2029	6.97	255,168	256,674	256,683
	The Chamberlain Group, Inc.	11/3/2028	7.72	210,821	212,296	212,289
	Ingram Micro	9/18/2031	7.22	141,266	142,015	142,016
	Verra Mobility	3/26/2028	6.72	139,750	140,476	140,470
	Convergint Technologies	3/31/2028	8.22	138,655	140,249	140,244
	Convergint Technologies	3/31/2029	11.22	89,580	89,437	89,440
	Covia Holdings Corporation (fka Unimin Corporation)	7/31/2026	8.47	149,300	149,225	149,230
	Goodnight Water Solutions LLC	5/22/2029	9.72	126,980	127,513	127,509
	AMC Entertainment Inc.	1/4/2029	11.47	297,850	304,045	304,030
	City Football Group	7/21/2030	7.97	169,475	169,373	169,369
	Playtika	3/4/2028	7.22	166,201	166,866	166,866
	Cinemark USA, Inc.	5/24/2030	7.22	158,917	159,950	159,950
	Cineworld	10/31/2031	9.72	155,272	155,520	155,524
	TKO Group Holdings	11/14/2031	6.72	89,580	90,234	90,236
	WCI Holdings, LLC	8/13/2031	9.22	71,664	71,965	71,963
	Kidde Global Solutions	10/10/2031	8.72	203,048	203,048	203,048
	Nuvei Technologies Corp	7/18/2031	7.47	140,693	141,157	141,162
	Envestnet Inc	9/19/2031	7.97	110,482	111,587	111,587

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

		(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares				
		Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	Golden State Foods Corp	9/30/2031	8.72 %	203,048	\$ 205,078	\$ 205,078
	Shearer's Foods	2/12/2031	8.47	175,865	176,269	176,260
	Shearer's Foods	2/12/2031	8.47	175,865	176,269	176,260
	Chobani, LLC	10/25/2027	8.22	161,768	163,482	163,486
	Upfield (Flora Food Group)	1/5/2028	8.97	157,676	158,464	158,464
	8th Avenue Food & Provisions, Inc.	10/1/2025	8.22	151,156	148,208	148,214
	Refresco Group N.V.	7/12/2029	7.72	142,221	143,117	143,110
	Dessert Holdings	6/15/2028	8.47	111,326	107,363	107,360
	Kenan Advantage Group, Inc.	1/22/2029	7.72	33,351	33,581	33,581
	Medline Industries Inc.	10/21/2028	6.72	307,644	309,244	309,237
	Bausch & Lomb Corporation	5/5/2027	7.72	233,437	234,628	234,619
	Sivantos (Siemens Audiology)	2/8/2029	8.22	193,121	195,728	195,736
	Resonetics LLC	6/18/2031	7.72	184,669	185,833	185,823
	Embecka Corp	3/30/2029	7.47	172,724	172,189	172,196
	R1 RCM Inc.	11/30/2031	7.72	239,676	240,587	240,575
	1-800 Contacts	11/6/2027	7.97	230,903	232,681	232,676
	CHG Medical Staffing, Inc.	9/29/2028	7.47	213,583	214,459	214,451
	Pacific Dental Services	3/17/2031	7.22	179,961	181,455	181,460
	BrightSpring Health Services (fka PharMerica Corporation)	2/21/2031	6.97	175,581	176,389	176,390
	Sevita (fka National Mentor, Civitas Solutions)	3/2/2028	8.22	169,432	168,229	168,228
	Southern Veterinary Partners, LLC	12/4/2031	7.72	158,258	159,572	159,569
	Global Medical Response, Inc. (fka Air Medical Group Holdings, Inc.)	10/31/2028	9.97	154,922	155,588	155,586
	IVC Evidensia	12/12/2028	9.22	135,465	136,684	136,678
	Aspen Dental Management, Inc.	12/23/2027	7.84	136,200	133,735	133,732
	ExamWorks Group, Inc.	11/1/2028	7.47	132,507	133,183	133,181
	Ceva Sante Animale S.A.	11/12/2030	7.72	124,323	125,255	125,255
	Surgery Center Holdings, Inc.	12/19/2030	7.22	120,923	121,988	121,989
	Hanger, Inc.	10/15/2031	7.97	116,397	117,678	117,678
	Aspen Dental Management, Inc.	12/23/2027	7.97	119,132	117,441	117,444
	ExamWorks Group, Inc.	11/1/2028	7.22	113,468	114,024	114,021
	US Fertility	10/11/2031	8.97	105,679	106,736	106,735
	LifePoint Health, Inc.	5/1/2031	7.97	65,528	65,829	65,830
	Gentiva (fka Kindred At Home Hospice)	2/11/2028	9.22	33,670	33,922	33,922
	R1 RCM Inc.	11/30/2031	7.72	17,120	17,185	17,184
	Hanger, Inc.	10/15/2031	7.97	14,987	15,152	15,152
	US Fertility	10/3/2031	8.97	4,803	4,791	4,792
	Sevita (fka National Mentor, Civitas Solutions)	3/2/2028	8.22	4,814	4,780	4,780
	athenahealth, Inc.	2/15/2029	7.97	376,825	378,634	378,642
	Cotiviti (Versend Technologies, Inc.)	5/1/2031	7.22	264,945	267,356	267,346
	PointClickCare	10/11/2031	7.72	209,020	210,191	210,196
	Waystar Technologies, Inc.	10/22/2029	7.22	157,122	157,766	157,760
	Wellsy	3/10/2028	7.47	153,676	154,583	154,579
	Fertitta Entertainment LLC (fka Golden Nugget)	1/29/2029	7.97	246,066	247,345	247,334
	Inspire Brands (FKA Arby's Restaurant Group)	12/15/2027	7.22	241,457	242,205	242,212
	Whataburger	8/3/2028	7.22	193,673	194,622	194,615
	Caesars Entertainment, Inc.	2/6/2030	6.72	185,232	186,473	186,467
	Altera Mountain Company (fka Intrawest)	8/17/2028	7.22	184,402	185,214	185,209
	SG Lottery (Scientific Games)	4/4/2029	7.47	160,829	161,440	161,432
	Life Time, Inc	10/22/2031	6.97	149,300	150,076	150,078
	Penn National Gaming, Inc.	5/3/2029	6.97	136,907	137,660	137,665
	Flynn Restaurant Group	12/3/2028	8.72	131,708	132,340	132,346
	AmaWaterways	5/1/2031	7.47	122,120	123,195	123,188
	Hilton Grand Vacations LLC	8/2/2028	6.97	96,084	96,708	96,708
	Flutter Entertainment plc	11/30/2030	6.22	59,570	59,796	59,793
	Weber-Stephen Products LLC	10/26/2027	7.72	193,473	193,241	193,231
	Hunter Douglas	2/26/2029	7.97	168,988	169,208	169,200
	RH	10/20/2028	7.72	148,395	148,262	148,256
	Traeger Grills	6/29/2028	7.97	147,087	144,146	144,146
	Madison Safety	9/30/2031	7.72	89,356	90,107	90,110
	Lightning Power LLC	8/15/2031	7.72	167,216	169,373	169,381
	nVent Thermal Management	9/30/2031	7.97	191,104	193,493	193,493
	Alliant Holdings, I, LLC	11/6/2031	7.47	301,210	302,415	302,415
	Acrisure, LLC	11/6/2030	7.72	269,777	270,614	270,620
	Hub International Limited	1/30/2025	7.47	260,136	262,191	262,182
	USI, Inc.	11/22/2029	6.72	238,281	238,281	238,281
	MedRisk, LLC	5/10/2028	8.22	204,975	206,553	206,544

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

		(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares				
		Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	Greeneden U.S. Holdings II, L.L.C.	2/14/2031	7.97 %	195,738	\$ 196,364	\$ 196,370
	Griffon Corporation	2/27/2031	8.22	182,146	183,294	183,284
	Harbor Freight Tools USA, Inc.	6/14/2031	7.72	163,418	164,496	164,496
	HD Supply Waterworks, Ltd.	9/11/2031	6.72	150,826	151,701	151,706
	Hertz Corporation (The)	5/6/2031	7.22	98,827	99,272	99,275
	Hertz Corporation (The)	12/15/2031	4.50	89,580	90,368	90,364
	Hightower Holding, LLC	5/7/2032	9.22	42,433	43,617	43,617
	Hilton Grand Vacations LLC	12/6/2027	7.72	227,176	222,405	222,402
	Hilton Worldwide Finance, LLC	1/31/2028	8.97	175,604	176,921	176,920
	HMH (Houghton Mifflin Harcourt)	12/7/2028	8.72	174,200	175,663	175,670
	Holley/Driven	6/27/2029	8.22	158,258	158,559	158,555
	HomeServe	9/1/2027	9.97	149,300	145,314	145,306
	Howden Group Holdings	12/1/2028	7.97	142,486	143,555	143,555
	Hub International Limited	2/16/2028	8.22	108,369	109,214	109,209
	Hub International Limited	7/1/2031	7.22	71,485	71,814	71,812
	Hunter Douglas	6/27/2031	7.47	305,074	307,301	307,308
	Husky (a.k.a Titan Acquisition Limited)	5/28/2028	8.47	299,864	300,134	300,127
	ICON Clinical Investments LLC	10/1/2027	8.47	292,363	284,031	284,019
	ICON Clinical Investments LLC	3/6/2028	9.22	199,562	199,103	199,104
	iHeartCommunications, Inc.	2/1/2028	8.22	212,289	198,151	198,159
	II-VI Incorporated (d/b/a Coherent)	2/15/2029	7.72	181,612	183,119	183,125
	IMA Financial Group, Inc.	1/14/2029	9.72	164,230	159,090	159,083
	Ineos Group Holdings	12/23/2026	7.72	138,482	138,537	138,544
	Ineos Group Holdings	7/31/2027	7.72	123,622	123,374	123,370
	INEOS Quattro	3/1/2030	6.72	90,104	90,555	90,555
	Informatica Corporation	5/14/2031	7.97	47,267	47,716	47,715
	Ingram Micro	3/12/2029	9.47	14,893	15,094	15,094
	Inizio Group Limited	5/14/2031	7.97	3,495	3,529	3,529
	Inmarsat plc	5/12/2028	7.22	121,150	121,986	121,983
	Innophos Holdings, Inc.	5/23/2031	7.72	187,648	188,586	188,586
	Inspire Brands (FKA Arby's Restaurant Group)	8/15/2031	7.97	244,852	246,786	246,784
	Internet Brands, Inc.	4/5/2029	7.47	192,773	194,662	194,656
	Internet Brands, Inc.	6/14/2030	7.47	182,648	184,256	184,246
	Intertape Polymer Group Inc.	6/21/2028	7.22	181,264	182,297	182,300
	Intrado Safety	3/18/2030	6.97	157,498	158,144	158,138
	Ion Analytics	8/31/2028	7.97	150,502	152,007	152,007
	ION Corporates	9/3/2030	6.97	146,366	146,717	146,717
	ION Trading Technologies Limited	10/1/2031	6.97	143,328	144,403	144,403
	IQVIA Holdings Inc. (f/k/a Quintiles IMS Holdings, Inc.)	3/2/2028	7.97	135,935	137,647	137,651
	Iridium Communications	5/31/2031	6.72	137,013	137,547	137,544
	Ivanti Software, Inc. (f.k.a. LANDesk Software)	4/30/2030	7.97	134,946	136,012	136,016
	IVC Evidensia	11/18/2031	6.97	133,408	134,142	134,137
	IXS LLC	8/1/2031	8.47	237,950	241,138	241,147
	Jane Street Group	12/21/2028	6.72	206,560	207,634	207,636
	Jazz Financing Lux S.à r.l.	8/2/2027	9.47	173,515	174,383	174,383
	KBR	10/23/2029	10.22	172,910	174,380	174,380
	Kenan Advantage Group, Inc.	11/30/2031	6.72	156,790	156,665	156,668
	KinderCare Education, LLC (fka Knowledge Universe Education, LLC)	6/24/2029	8.72	153,016	154,041	154,036
	L&W Group, Inc.	12/1/2028	7.47	163,330	151,097	151,101
	LaserShip	2/10/2031	7.22	142,742	143,813	143,812
	Leaf Home Solutions	3/30/2029	9.72	127,278	125,585	125,580
	Legal Shield	2/6/2031	8.22	106,401	107,869	107,864
	Legence Holdings LLC (fka Therma Holdings LLC)	9/18/2026	6.97	82,112	82,465	82,463
	Les Schwab Tire Centers	4/13/2029	8.22	83,539	68,661	68,659
	Leslies Poolmart, Inc.	9/30/2026	6.97	48,960	48,431	48,432
	Light & Wonder (FKA Scientific Games International, Inc.)	1/1/2030	6.97	146,314	146,314	146,314
	LogMeIn, Inc.	9/30/2031	7.97	214,992	216,669	216,658
	Longview Power, LLC	10/31/2029	8.47	188,118	188,118	188,118
	Lumileds	9/30/2030	8.72	182,146	182,383	182,374
	M6 Midstream LLC	10/15/2031	7.47	179,160	180,826	180,826
	Madison IAQ	7/30/2031	8.47	137,356	137,960	137,957
	McAfee Enterprise (d/b/a Trellix)	12/11/2030	7.22	128,898	129,620	129,623
	McAfee, LLC	10/4/2030	6.97	118,685	119,575	119,575
	McGraw-Hill	2/11/2030	7.97	118,023	118,991	118,995
	Medallion Midland Acquisition, LLC	8/16/2030	6.72	105,431	105,737	105,740
	Mediaocean LLC	10/15/2031	7.47	95,313	96,123	96,122

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

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(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party					
	Ohio Valley Midstream	8/31/2031	7.72 %	95,313	\$ 96,057	\$ 96,058
	American Airlines, Inc.	4/20/2028	9.22	293,441	301,657	301,648
	Delta Airlines, Inc.	10/20/2027	8.22	208,597	212,581	212,573
	BAUSCH HEALTH AMERICAS, INC	2/1/2027	9.72	233,880	228,922	228,910
	Organon & Co.	5/15/2031	6.97	101,403	102,042	102,037
	Dechra Pharmaceuticals	12/2/2031	7.72	89,580	90,109	90,112
	Acuren	7/24/2031	7.97	196,583	198,490	198,488
	Clarivate (f/k/a Thomson Reuters Intellectual Property & Science)	1/31/2031	7.22	193,738	193,854	193,859
	Nielsen Company	4/11/2029	9.47	209,020	188,452	188,454
	Ryan LLC	11/14/2030	7.97	164,045	164,997	165,002
	AlixPartners, LLP	2/4/2028	7.22	148,964	149,724	149,725
	Legal Shield	12/15/2028	8.22	128,750	129,806	129,810
	Dun & Bradstreet	1/18/2029	6.72	110,238	110,503	110,502
	Ryan LLC	11/8/2030	8.97	1,185	1,194	1,194
	Cushman & Wakefield	1/31/2030	7.72	175,024	175,304	175,298
	Forest City Enterprises, L.P.	12/8/2025	7.97	67,719	66,548	66,548
	Ultra Clean Holdings, Inc.	2/25/2028	7.72	205,141	207,192	207,192
	Internet Brands, Inc.	5/3/2028	8.72	345,966	346,797	346,783
	Ultimate Kronos Group, Inc.	2/10/2031	7.47	313,283	315,946	315,935
	BMC Software, Inc.	7/3/2031	8.22	277,698	280,392	280,403
	J.D. Power	7/16/2031	7.97	251,676	253,790	253,779
	ConnectWise, LLC	9/30/2028	7.97	249,826	251,800	251,793
	RealPage	4/22/2028	7.72	251,058	250,983	250,980
	ECi Software Solutions	5/9/2030	7.72	245,886	248,517	248,524
	Epicor Software Corporation	5/30/2031	7.22	244,619	246,674	246,683
	McAfee, LLC	3/1/2029	7.22	241,856	242,461	242,461
	Applied Systems Inc.	2/24/2031	7.47	224,175	226,573	226,563
	Rocket Software, Inc.	11/28/2028	8.72	210,379	212,504	212,495
	Darktrace PLC	7/2/2031	7.72	206,034	206,096	206,089
	Citrix	3/30/2029	7.97	203,283	204,177	204,185
	Sophos	3/5/2027	7.97	188,118	189,510	189,503
	Dragon Buyer, Inc	9/30/2031	7.72	188,118	188,739	188,745
	Proofpoint, Inc.	8/31/2028	7.47	183,234	184,296	184,289
	Greeneden U.S. Holdings II, L.L.C.	12/1/2027	7.47	154,557	155,932	155,928
	Adeia Inc. (f/k/a Xperi)	6/8/2028	7.47	146,727	147,211	147,216
	Cvent Inc.	6/17/2030	7.72	140,233	141,369	141,373
	Citrix	3/22/2031	8.22	134,370	135,055	135,056
	Skillssoft Corp.	7/16/2028	9.47	146,823	129,395	129,388
	ION Trading Technologies Limited	4/3/2028	7.97	127,987	128,371	128,374
	Instructure Holdings, Inc.	9/12/2031	7.47	119,440	120,013	120,007
	Constant Contact	2/10/2028	8.47	118,775	106,601	106,601
	ION Corporates	7/15/2030	7.97	101,989	102,693	102,690
	Applied Systems Inc.	2/23/2032	9.72	83,608	86,158	86,160
	GOTO GROUP, INC. (f/k/a LogMeIn, Inc.)	4/30/2028	9.22	89,580	81,742	81,742
	Great Outdoors Group, LLC	3/5/2028	8.22	340,405	342,550	342,559
	Leslies Poolmart, Inc.	3/3/2028	6.97	219,909	210,761	210,759
	Les Schwab Tire Centers	4/23/2031	7.47	207,612	209,003	208,997
	Petco Animal Supplies, Inc.	2/25/2028	7.72	176,081	171,398	171,404
	Sandisk	2/5/2032	7.22	140,342	138,770	138,763
	Tory Burch	4/14/2028	7.97	157,077	157,532	157,539
	Protective Industrial Products	12/15/2027	8.47	104,726	104,925	104,922
	Wesco	9/11/2031	7.47	179,160	180,396	180,392
	Azorra Aviation	10/10/2029	7.97	178,712	178,051	178,042
	Foundation Building Materials	1/29/2031	8.47	168,702	166,560	166,552
	Specialty Building Products	10/16/2028	8.22	161,969	161,467	161,463
	White Cap	10/19/2029	7.72	145,028	145,478	145,474
	Foundation Building Materials	1/29/2028	7.72	143,752	141,840	141,835
	Castlelake Aviation Limited	10/22/2026	6.97	132,918	133,396	133,398
	Kodiak Building Partners	11/27/2031	8.22	128,398	128,719	128,719
	Univar	8/1/2030	7.97	119,116	120,104	120,102
	White Cap	10/31/2029	7.72	119,440	119,810	119,807
	MRC Global Inc.	10/24/2031	7.97	89,580	89,804	89,804
	Signature Aviation	7/1/2031	7.22	158,075	158,739	158,738
	WaterBridge Midstream Operating LLC	6/30/2029	9.22	172,322	171,805	171,810
	Waterbridge NDB Operating LLC	5/7/2029	8.97	128,077	129,704	129,698
	Consumer Cellular	12/17/2027	8.47	188,006	188,363	188,358

NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 75-3198514
Plan No. 501

		(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares			(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Gogo	4/30/2028	8.22 %	78,187	\$ 74,410	\$ 74,411
	Total loans (other than to participants)				<u>47,755,406</u>	<u>47,755,033</u>
	Common collective trusts					
	ASB ALLEGIANCE REAL ESTATE FUND	N/A	N/A	20,578	<u>32,005,657</u>	<u>25,818,974</u>
	103-12 investment entities					
	IRM CORE BOND FUND II	N/A	N/A	7,153,671	109,157,458	115,962,307
	ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND	N/A	N/A	1,796,927	29,441,715	38,491,287
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P	N/A	N/A	149,498	<u>35,178,437</u>	<u>43,893,088</u>
	Total 103-12 investment entities				<u>173,777,610</u>	<u>198,346,682</u>
	Mutual funds					
	VANGUARD TOTAL INTERNATIONAL STOCK MARKET INDEX FUND	N/A	N/A	422,280	57,104,285	53,511,422
	VANGUARD TOTAL BOND MARKET INDEX FUND	N/A	N/A	11,307,863	121,136,667	107,198,539
	VANGUARD TOTAL STOCK MARKET INDEX FUND	N/A	N/A	909,106	<u>184,026,320</u>	<u>240,531,274</u>
	Total mutual funds				<u>362,267,272</u>	<u>401,241,235</u>
	Total assets (held at end of year)				<u>\$ 957,818,976</u>	<u>\$ 1,001,797,989</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan NECA/IBEW FAMILY MEDICAL CARE TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2006
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE 2400 RESEARCH BOULEVARD, SUITE 500 ROCKVILLE MD 20850-3266
2b	Employer Identification Number (EIN) 75-3198514
2c	Plan Sponsor's telephone number 301-556-4300
2d	Business code (see instructions) 238210

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

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

SIGN HERE		7/28/2025	PAUL A. NOBLE, UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			DAVID LONG, EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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Part II	Basic Plan Information - enter all requested information
1a	Name of plan NECA/IBEW FAMILY MEDICAL CARE TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2006
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF NECA/IBEW FAMILY MEDICAL CARE 2400 RESEARCH BOULEVARD, SUITE 500 ROCKVILLE MD 20850-3266
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN HERE			PAUL A. NOBLE, UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7-28-25	DAVID LONG, EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	39,703
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	35,904
a(2) Total number of active participants at the end of the plan year	6a(2)	37,969
b Retired or separated participants receiving benefits	6b	3,794
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	41,763
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1,592

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 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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

- (1)** ☐ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☒ **A** (Insurance Information) - Number Attached 6
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)



NECA/IBEW FAMILY MEDICAL CARE TRUST FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 75-3198514
Plan No. 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
DREYFUS GOVERNMENT CASH MANAGEMENT		\$ 532,787,725	N/A	N/A	N/A	\$ 532,787,725	\$ 532,787,725	N/A
DREYFUS GOVERNMENT CASH MANAGEMENT		N/A	\$ 571,325,055	N/A	N/A	571,325,055	571,325,055	\$ -