

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND
2b Employer Identification Number (EIN): 05-0264126
2c Plan Sponsor's telephone number: 401-946-9900
2d Business code (see instructions): 525100

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	800
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)	786
	6a(2)	739
	6b	18
	6c	0
	6d	757
	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	0

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 4L

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 05-0264126</p>	

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
BLUE CROSS BLUE SHIELD OF RHODE ISLAND

(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
05-0158952	53473	1002536	1751	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.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">16030</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

GALLAGHER BENEFIT SERVICES, INC. 115 FEDERAL STREET, 8TH FLOOR
BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16030	0		3

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	13622318
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 05-0264126</p>	

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
DELTA DENTAL OF RHODE ISLAND

(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
05-0296998	55301	5767-1	1610	02/01/2023	01/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	532446
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 05-0264126</p>	

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
UNITED OF OMAHA 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
47-0322111	69868	GLUG0B5HR	843	03/01/2023	02/29/2024

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	825

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
GALLAGHER BENEFIT SERVICES, INC. 736 SOUTH STONE AVENUE LA GRANGE, IL 60525

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	825	OTHER COMPENSATION	3

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

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

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Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (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 AND 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	26144
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 05-0264126	

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

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

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

IBEW LOCAL NUMBER 99

05-0161150

(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	ADMINISTRATION FEES	165492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOSTON INVESTMENT AND TRUST

04-2273811

(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	INVESTMENT FEES	70379	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GALLAGHER BENEFIT SERVICES, INC.

475 KILVERT STREET, SUITE 105
WARWICK, RI 02886

(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	CONSULTING FEES	42500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RODIO AND URSILLO LTD.

05-0398359

(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	LEGAL FEES	23274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WARD, FISHER AND COMPANY LLP

05-0234540

(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	ACCOUNTING FEES	101275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL COMPANY

14-1835864

(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	ACTUARIAL FEES	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 05-0264126

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	863637	2677078
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1187561	1272140
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	76584	93659
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8298199	7775895
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3614821	4445626
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	22109	23766
(B) Common	1c(4)(B)	5091407	5223657
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	547511	909829
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	27728	0

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	1050437	41270
f Total assets (add all amounts in lines 1a through 1e).....	1f	20779994	22462920
Liabilities			
g Benefit claims payable.....	1g	264785	300709
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	27728	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	292513	300709
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20487481	22162211

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)	15848273	
(B) Participants.....	2a(1)(B)	75896	
(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)		15924169
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	406708	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		406708
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	485470	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16816347

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14667488	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14667488
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	165492	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	101275	
(5) Investment advisory and investment management fees	2i(5)	70379	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	25000	
(8) Legal fees	2i(8)	23274	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	88709	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		474129
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15141617

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1674730
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: **WARD FISHER AND COMPANY LLP**

(2) EIN: **05-0234540**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Financial Statements and Supplementary Information

As of December 31, 2024 and 2023 and
For the Years Ended December 31, 2024 and 2023

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

As of December 31, 2024 and 2023 and
For the Years Ended December 31, 2024 and 2023

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Independent Auditor's Report

Robert D. Giudici, C.P.A.
James H. Aceto, C.P.A.

Board of Trustees
International Brotherhood of Electrical Workers
Local Union No. 99 Health & Welfare Fund
Cranston, Rhode Island

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, statements of benefit obligations, and statements of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare Fund's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

Opinion (continued)

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit 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 International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare 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 plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, 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.

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

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 International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare 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 International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare Fund's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Supplementary Schedules Required by ERISA

The supplementary Schedule of Assets Held for Investment Purposes and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional

Supplementary Schedules Required by ERISA (continued)

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. For information included in the supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Employers' Contributions is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ward Fisher & Company LLP

September 4, 2025

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

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

	2024	2023
ASSETS		
<i>Cash - checking</i>	\$ 2,677,078	\$ 863,637
<i>Investments, at fair value</i>		
Cash and cash equivalents	909,829	547,511
U.S. government securities	7,775,895	8,298,199
Corporate debt	4,167,292	3,335,109
Municipal bonds	278,334	279,712
Common stocks	5,223,657	5,091,407
Mutual fund	23,766	22,109
<i>Total investments</i>	18,378,773	17,574,047
<i>Fixed Assets</i>		
Office furniture and fixtures	25,039	25,039
Accumulated depreciation	(20,704)	(20,479)
<i>Total fixed assets</i>	4,335	4,560
<i>Other Assets</i>		
Employer contributions receivable	1,272,140	1,187,561
Prepaid expenses	8,701	1,045,877
Accrued interest and dividends	93,659	76,584
Due from related organizations	28,234	-
Right-of-use asset	-	27,728
<i>Total other assets</i>	1,402,734	2,337,750
<i>Total assets</i>	22,462,920	20,779,994
LIABILITIES		
Accounts payable and accrued expenses	300,709	264,785
Lease liability	-	27,728
	300,709	292,513
NET ASSETS AVAILABLE FOR BENEFITS	\$ 22,162,211	\$ 20,487,481

See Notes to Financial Statements

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

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

	2024	2023
<i>Additions</i>		
Investment income:		
Interest and dividends	\$ 406,708	\$ 368,243
Appreciation in fair value	485,470	1,031,554
Total investment income	892,178	1,399,797
Contributions:		
Employers' contributions - net	15,848,273	13,325,865
Participant contributions	75,896	82,884
Total contributions	15,924,169	13,408,749
<i>Total additions</i>	16,816,347	14,808,546
<i>Deductions</i>		
Health benefits	14,667,488	12,373,652
Administrative expense:		
Accounting fees	101,275	91,150
Actuarial fees	25,000	25,000
Administration fees	165,492	159,214
Consulting fees	42,500	42,500
Depreciation expense	224	224
Dues and subscriptions	1,145	-
Insurance	5,219	7,944
Investment fees	70,379	64,875
Legal fees	23,274	22,480
Meetings and conferences	611	770
Miscellaneous expense	2,041	1,861
Office expense	9,241	6,569
Rent	27,728	27,728
Total administration expenses	474,129	450,315
<i>Total deductions</i>	15,141,617	12,823,967
Net increase	1,674,730	1,984,579
<i>Net Assets Available for Benefits</i>		
Beginning of year	20,487,481	18,502,902
END OF YEAR	\$ 22,162,211	\$ 20,487,481

See Notes to Financial Statements

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Statements of Benefit Obligations
For the Years Ended December 31, 2024 and 2023

	2024	2023
Post-retirement benefit obligations:		
Current retirees, beneficiaries, and dependents	\$ 687,370	\$ 710,971
Other participants fully eligible for benefits	2,549,938	2,265,033
Other participants not yet fully eligible for benefits	16,474,872	15,404,325
Accumulated eligibility credits	16,682,000	14,042,000
<i>Total</i>	\$ 36,394,180	\$ 32,422,329

See Notes to Financial Statements

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Statements of Changes in Benefit Obligations
For the Years Ended December 31, 2024 and 2023

	2024	2023
<i>Post-retirement benefit obligations, balance, beginning of year</i>	\$ 32,422,329	\$ 28,519,254
Increase/Decrease due to:		
Service cost	815,240	761,558
Interest cost	893,498	858,106
Expected benefits paid	(779,223)	(679,597)
Actuarial experience loss	89,906	-
Net change in accumulated eligibility credits	2,640,000	2,259,000
Changes in actuarial assumptions/plan amendments	312,430	704,008
	3,971,851	3,903,075
 <i>Post-retirement Benefit Obligations, Balance, End of Year</i>	 \$ 36,394,180	 \$ 32,422,329

See Notes to Financial Statements

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF FUND

The following description of the International Brotherhood of Electrical Workers Local Union No. 99 Health & Welfare Fund (the "Fund") is provided for general information. Participants should refer to the Fund document for a more complete description of the Fund's provisions.

General

The Fund is a defined benefit fund providing health care coverage for all eligible members of the International Brotherhood of Electrical Workers Local Union No. 99 (the "Union") working for employers who have a collective bargaining agreement with the Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligible Participant

A member with at least 150 hours in a period of 12 consecutive months or less is deemed to be an eligible participant. Continued eligibility requires a minimum of 130 credited hours worked for each month following initial eligibility.

Contributions

Participating employers are required to make contributions on behalf of each eligible participant pursuant to the collective bargaining agreement between the employers and the Union. Contributions are recorded in the period in which the wages were earned.

Self-Payments

Participants unable to satisfy the Continuation of Coverage eligibility rules may obtain medical coverage only under the plan by self-paying the number of required hours times the Health & Welfare Plan contribution rate set forth in the Local #99 Collective Bargaining Agreement.

Benefits

The Fund provides medical, dental, and vision benefits; life insurance, accidental death and dismemberment benefits; and a health reimbursement account. Retired participants are eligible for family medical benefits provided they have attained age 62 and continue until attainment of age 65; however, the spouses of such eligible retirees shall not be entitled to coverage hereunder if the spouse is covered by another health plan. Eligible retirees shall receive individual medical insurance from the age of 60 until the attainment of age 62. The spouses of such eligible retirees shall only be eligible for benefits through Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Fund are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits at the date of the financial statements, the actuarial present value of accumulated fund benefits as of the benefit information date, the changes in net assets available for benefits and changes in accumulated fund benefits during the reporting period, and, when applicable, the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Fund considers all short-term investments with an original maturity of three months or less at acquisition to be cash equivalents.

Valuation of Investments and Income Recognition

Investments are reported at fair value as reported to the Fund by its trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for fair value measurements.

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

Fixed Assets and Depreciation

Fixed assets are capitalized at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation expense was \$224 for each of the years ended December 31, 2024 and 2023.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer Contributions Receivable

Contributions from employers are accrued based upon subsequent employers' remittance reports, cash receipts, and known delinquencies; therefore, all are deemed to be fully collectible.

Reciprocal Agreement

The Fund participates in a regional agreement where contributions for members of participating funds who work outside their local jurisdiction are reciprocated to their local jurisdiction at the rate in effect at the time.

Actuarial Present Value of Accumulated Fund Benefits

The actuarial present value of accumulated fund benefits is determined by an actuary and is calculated based on results from applying actuarial assumptions to adjust the accumulated fund benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. The significant assumptions used to determine the actuarial present value of accumulated fund benefits as of December 31, 2024 were:

- | | |
|----------------------------|---|
| 1. Mortality | - 86.7% of the Pri-2012 Blue Collar Employee Mortality Table projected generationally using Scale SSA-2024. |
| 2. Discount rates | - 5.00% |
| 3. Health trend rates | - 8.00% decreasing by 0.25% for 14 years to an ultimate level of 4.50%. |
| 4. Administrative expenses | - 3.00% |

If the assumed rates increased by one percentage point, the obligation would increase by \$1,872,180 for December 31, 2024.

Payment of Benefits

Benefit payments to participants are recorded when incurred.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

Changes in investment returns and fair values can have a significant effect on the Fund. Management is monitoring investment market conditions and the impact such changes are having on the Fund's investment portfolio. Due to the volatility of the financial markets as of the date of this report, there is uncertainty regarding the impact that continued volatility might have on the Fund's investment portfolio.

The Fund has evaluated subsequent events through September 4, 2025, which is the date the financial statements were available to be issued, for events requiring recording or disclosure in the financial statements for the year ended December 31, 2024.

3. FUNDING POLICY

Under the provisions established under a collective bargaining agreement, employers are required to contribute 23.03% of gross wages effective June 1, 2023, and 21.48% effective June 1, 2024. Contributions meet the minimum funding requirements of ERISA.

4. FUND TERMINATION

Although they have not expressed any intent to do so, the trustees have the right to terminate the Fund subject to the provisions of ERISA. The terms of the Fund provide that in the event the fund is terminated, the trustees shall first satisfy the obligations of the Fund. Any remaining assets will be distributed in such a 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.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

5. INVESTMENTS

During 2024 and 2023, the Fund's investments (including investments bought, sold, as well as held during the year, appreciated (depreciated) in value as follows:

Net Appreciation (Depreciation) in Fair Value

	<u>2024</u>	<u>2023</u>
<i>Realized Gains (Losses)</i>		
U.S. government securities	\$ (16,799)	\$ (50,635)
Corporate bonds	48,292	2,728
Common stocks	428,699	21,945
Foreign stocks	40,786	-
Litigation proceeds	195	-
Net realized gains (losses)	<u>501,173</u>	<u>(25,962)</u>
<i>Unrealized Gains (Losses)</i>		
U.S. government securities	61,306	285,566
Corporate debt	(12,314)	91,585
Municipal bonds	(1,379)	5,884
Common stocks	<u>(63,316)</u>	<u>674,481</u>
Net unrealized gains (losses)	<u>(15,703)</u>	<u>1,057,516</u>
<i>Net appreciation (depreciation) in fair value</i>	<u>\$ 485,470</u>	<u>\$ 1,031,554</u>

6. CUSTODIAL ACCOUNTS

Fund investments held and certified by Boston Trust & Investment to be complete and accurate were as follows:

Money market funds	\$ 432,193	\$ 71,162
U.S. government securities	7,775,895	8,298,199
Corporate debt	4,167,292	3,335,109
Municipal bonds	278,334	279,712
Common stocks	<u>5,223,567</u>	<u>5,091,407</u>
	<u>\$ 17,877,371</u>	<u>\$ 17,075,589</u>
Investment income:		
Interest and dividends	\$ 387,054	\$ 338,311
Appreciation (depreciation) in fair value	<u>485,105</u>	<u>1,031,582</u>
	<u>\$ 872,159</u>	<u>\$ 1,369,893</u>

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

7. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC), Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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.

Level 2 Inputs to the valuation methodology include 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 fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market fund: valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund held by the Fund is deemed to be actively traded.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

7. FAIR VALUE MEASUREMENTS (continued)

U.S. government and agency obligations: valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Corporate and other bonds: valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Common stocks: valued at the closing price reported on the active market on which the individual securities are traded.

Mutual fund: valued at the daily closing price as reported by the fund. The mutual fund held by the Fund is an open-end mutual fund that is registered with the SEC. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Fund is deemed to be actively traded.

The following tables set forth, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024 and 2023.

Assets at Fair Value as of December 31, 2024

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 909,829	\$ 909,829	\$ -	\$ -
U.S. government securities:				
U.S. treasury notes and bonds	6,920,211	-	6,920,211	-
U.S. government agency	821,438	-	821,438	-
U.S. government agency pass through	34,246	-	34,246	-
Corporate debt:				
AA-	144,598	-	144,598	-
A+	941,058	-	941,058	-
A	799,236	-	799,236	-
A-	581,085	-	581,085	-
BBB+	1,652,047	-	1,652,047	-
BBB	49,268	-	49,268	-

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

7. FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of December 31, 2024 (continued)

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Municipal Bonds:				
AAA	\$ 278,334	\$ -	\$ 278,334	\$ -
Common stocks:				
Communication services	567,489	567,489	-	-
Consumer discretionary	514,746	514,746	-	-
Consumer staples	235,723	235,723	-	-
Energy	175,339	175,339	-	-
Financial	582,588	582,588	-	-
Foreign stocks	374,984	374,984	-	-
Healthcare	683,952	683,952	-	-
Industrials	408,142	408,142	-	-
Information technology	1,483,954	1,483,954	-	-
Materials	105,561	105,561	-	-
Utilities	91,179	91,179	-	-
Mutual fund	<u>23,766</u>	<u>23,766</u>	-	-
Total	<u>\$ 18,378,773</u>	<u>\$ 6,157,252</u>	<u>\$ 12,221,521</u>	<u>\$ -</u>

Assets at Fair Value as of December 31, 2023

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 547,511	\$ 547,511	\$ -	\$ -
U.S. government securities:				
U.S. treasury notes and bonds	6,568,330	-	6,568,330	-
U.S. government agency	1,691,172	-	1,691,172	-
U.S. government agency pass through	38,697	-	38,697	-
Corporate debt:				
AA+	99,065	-	99,065	-
AA-	142,362	-	142,362	-
A+	571,053	-	571,053	-
A	698,670	-	698,670	-
A-	366,915	-	366,915	-
BBB+	1,309,924	-	1,309,924	-
BBB	147,120	-	147,120	-

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

7. FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of December 31, 2023 (continued)

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Municipal Bonds:				
AAA	\$ 279,712	\$ -	\$ 279,712	\$ -
Common stocks:				
Communication services	430,781	430,781	-	-
Consumer discretionary	496,322	496,322	-	-
Consumer staples	203,096	203,096	-	-
Energy	151,470	151,470	-	-
Financial	574,108	574,108	-	-
Foreign stocks	454,571	454,571	-	-
Healthcare	757,716	757,716	-	-
Industrials	408,775	408,775	-	-
Information technology	1,442,610	1,442,610	-	-
Materials	124,125	124,125	-	-
Utilities	47,833	47,833	-	-
Mutual fund	<u>22,109</u>	<u>22,109</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 17,574,047</u>	<u>\$ 5,661,027</u>	<u>\$ 11,913,020</u>	<u>\$ -</u>

8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Fund leases office space from the International Brotherhood of Electrical Workers' Local Union No. 99 Realty Corporation (a related party). A new lease was entered into by both parties effective January 1, 2016, for a period of three years for an annual rental of \$27,728. The new lease is automatically renewed for successive three-year periods, unless written notice is given by either party sixty days in advance of the period specified for expiration in the lease. The Fund has elected not to adjust prior comparative periods upon adoption of the new lease standard.

Payments under the Fund's lease arrangements are fixed. Lease costs associated with fixed payments on the operating lease were \$27,728 for each of the years ended December 31, 2024 and 2023.

The Fund shares expenses, including salaries, benefits, and other administrative expenses, with IBEW Local Union 99, IBEW Local 99 Retirement Plan, and IBEW Local 99 Annuity Plan.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)

The Fund incurred shared expenses of \$165,492 and \$159,214 for the years ended December 31, 2024 and 2023, respectively.

Boston Trust & Investment, the trustee of the plan, manages certain plan investments. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

9. TAX STATUS

The Fund has previously been determined to be tax exempt under Section 501(c)(9) of the Internal Revenue Code. The Fund's management and tax counsel believe that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Fund's financial statements.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund administrator has analyzed the tax positions taken by the Fund and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for tax periods in progress.

10. RISKS AND UNCERTAINTIES

The Fund maintains cash deposits in a bank account which, at times, may exceed federally insured limits. The Fund has not experienced any losses in such account and believes it is not exposed to any significant credit risk on cash and cash equivalents. Uninsured amounts of cash were \$2,904,714 and \$1,089,986 at December 31, 2024 and 2023, respectively.

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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Notes to Financial Statements
December 31, 2024 and 2023

10. RISKS AND UNCERTAINTIES (continued)

Fund contributions are made, and the actuarial present value of accumulated fund benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainty inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term may be material to the financial statements.

The Fund maintains accounts with several brokerage firms. The accounts contain cash and securities. Additional insurance protection for securities is maintained by each brokerage firm. The Fund does not believe it is exposed to any significant credit risk on investments.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Assets Held for Investment Purposes
December 31, 2024

Identity of Issuer	Description	Cost	Market
<i>Cash Equivalents</i>			
Boston Trust & Investment Co.	American Government Obligation	\$ 432,193	\$ 432,193
Citizens Bank	Business money market, 4.33%	263,199	263,199
Citizens Bank	Business money market, 4.33%	214,437	214,437
<i>Total cash equivalents</i>		909,829	909,829
<i>U.S. Government Securities</i>			
Federal National Mortgage Association	400,000, 2.125%, 04/24/26	404,069	388,956
Federal National Mortgage Association	450,000, 1.875%, 09/24/26	434,576	432,482
Government National Mortgage Assn	37,242, 3.500%, 04/15/42	40,815	34,246
U.S. Treasury Inflation Prot Security	1,228,807, 0.625%, 01/15/26	1,212,997	1,211,898
U.S. Treasury Inflation Prot Security	618,303, 0.125%, 07/15/31	629,454	544,230
U.S. Treasury Inflation Prot Security	162,960, 0.625%, 07/15/32	150,828	145,631
U.S. Treasury Notes	1,420,000, 4.875%, 04/30/26	1,429,331	1,431,033
U.S. Treasury Notes	555,000, 2.375%, 05/15/29	584,621	511,582
U.S. Treasury Notes	375,000, 1.625%, 08/15/29	380,221	332,828
U.S. Treasury Notes	850,000, 0.625%, 08/15/30	823,952	690,277
U.S. Treasury Notes	350,000, 1.125%, 02/15/31	330,617	288,837
U.S. Treasury Notes	100,000, 1.875%, 02/15/32	93,516	84,109
U.S. Treasury Notes	1,765,000, 3.875%, 08/15/33	1,707,048	1,679,786
<i>Total U.S. government securities</i>		8,222,045	7,775,895
<i>Corporate Debt</i>			
Amgen	620,000, 2.300%, 02/25/31	566,571	527,887
Comcast Corp	250,000, 4.250%, 10/15/30	287,490	241,078
Comcast Corporation	350,000, 3.300%, 04/01/27	348,587	340,007
Emerson Elec	175,000, 1.950%, 10/15/30	169,494	150,218
John Deere	670,000, 1.450%, 01/15/31	585,477	552,207
McCormick Co.	50,000, 3.250%, 11/15/25	50,062	49,268
Nike Inc	150,000, 2.375%, 11/01/26	142,284	144,598
PepsiCo Inc	465,000, 2.750%, 03/19/30	451,570	422,369
Pfizer Inc.	100,000, 3.600%, 09/15/28	112,204	96,811
Starbucks	425,000, 4.000%, 11/15/28	448,252	411,927
Stryker Corp	545,000, 3.500%, 03/15/26	540,132	537,719
UnitedHealth Group	610,000, 2.300%, 05/15/31	521,328	518,689
Wells Fargo Mtn	175,000, 3.000%, 02/19/25	176,894	174,514
<i>Total corporate debt</i>		4,400,345	4,167,292

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Assets Held for Investment Purposes
December 31, 2024

Identity of Issuer	Description	Cost	Market
<i>Municipal Bonds</i>			
Oregon State	150,000, 2.951%, 11/15/33	\$ 165,858	\$ 128,480
Texas State	150,000, 4.123%, 04/01/25	163,854	149,854
<i>Total municipal bonds</i>		329,712	278,334
<i>Common Stocks</i>			
Accenture PLC Ireland	515 shares	43,022	181,172
Adobe Inc	180 shares	77,294	80,042
Agilent Technologies	450 shares	56,163	60,453
Air Products Chemical	215 shares	49,250	62,359
Alphabet Inc	1,925 shares	195,640	364,403
Amazon Com Inc	465 shares	104,619	102,016
Analog Devices	280 shares	31,898	59,489
Apple Inc.	1,265 shares	16,108	316,781
Applied Materials Inc	825 shares	116,370	134,170
Aptar Group Inc.	275 shares	3,883	43,202
Automatic Data Processing Inc.	375 shares	32,777	109,774
AutoZone Inc.	30 shares	21,855	96,060
Becton Dickinson & Co.	265 shares	14,776	60,121
Blackrock Inc	55 shares	52,672	56,381
Booking Holdings Inc	20 shares	60,680	99,368
Chubb Ltd	510 shares	83,593	140,913
Cisco Systems Inc.	1,695 shares	55,657	100,344
Comcast Corp. Class A	1,355 shares	26,838	50,853
Cooper Companies	520 shares	44,793	47,804
Deere Co	215 shares	58,205	91,096
Donaldson Co	705 shares	33,538	47,482
DR Horton	290 shares	50,527	40,548
Essential Utilities Inc	1,285 shares	50,221	46,671
Eversource Energy	775 shares	57,790	44,508
Exxon Mobil Corp.	1,630 shares	75,929	175,339
FactSet Research Systems	120 shares	39,217	57,634
Herhsey Co	315 shares	62,481	53,345
Hubbell Incorporated	125 shares	11,383	52,361
Johnson & Johnson	1,025 shares	139,456	148,235
JP Morgan Chase & Co.	810 shares	44,914	194,165
KLA Corporation	70 shares	47,059	44,108

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Assets Held for Investment Purposes
December 31, 2024

Identity of Issuer	Description	Cost	Market
<i>Common Stocks (continued)</i>			
Lockheed Martin Corp	110 shares	50,810	53,453
Lowes Co Inc	195 shares	33,187	48,126
Lululemon Athletica	190 shares	50,071	72,658
Marsh McLennan	295 shares	26,529	62,661
Merck & Co. Inc.	580 shares	32,242	57,698
Meta Platforms Inc	260 shares	131,489	152,233
Microsoft Corp.	1,060 shares	26,075	446,790
Nvidia Corp	895 shares	116,828	120,190
Oracle Corporation	325 shares	60,015	54,158
PepsiCo Inc.	865 shares	92,039	131,532
Qualcomm Inc	405 shares	77,361	62,216
Ross Stores Inc.	370 shares	5,684	55,970
Stryker Corp.	205 shares	7,816	73,810
Sysco Corp	665 shares	53,864	50,846
Te Connectivity Ltd	370 shares	49,501	52,899
Union Pacific Corp.	425 shares	49,453	96,917
United Parcel Service Inc.	530 shares	55,276	66,833
UnitedHealth Group Inc.	280 shares	50,791	141,641
Visa Inc. Cl A	670 shares	75,573	211,747
Waters Corp	135 shares	6,594	50,082
<i>Total common stocks</i>		2,809,806	5,223,657
<i>Mutual Funds</i>			
Invesco U.S. Government Fund-A	3,415 shares	34,768	23,766
<i>Total mutual funds</i>		34,768	23,766
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		\$ 16,706,505	\$ 18,378,773

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(Transactions in Excess of 5% of Plan Assets as of the Beginning of the Plan Year)

Identity of Party Involved	Description	Value of Purchases	Net Selling Price	Cost of Assets Sold	Current Value of Assets	Gain (Loss)
A single transaction in a security exceeding 5% of plan assets:						
Boston Trust & Investment Management Company	First Am Treas Ob	\$ 1,521,383	\$ -	\$ 1,521,383	\$ 432,193	\$ -
Boston Trust & Investment Management Company	First Am Treas Ob	\$ -	\$ 1,226,558	\$ 1,226,558	\$ 432,193	\$ -
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ -	\$ 1,475,000	\$ 1,475,000	\$ -	\$ -
A series of transactions in a security exceeding 5% of plan assets:						
Boston Trust & Investment Management Company	First Am Treas Ob	\$ 3,876,768	\$ 3,515,730	\$ 3,515,730	\$ 432,193	\$ -
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ 1,429,332	\$ -	\$ -	\$ 1,431,033	\$ -
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ -	\$ 1,644,524	\$ 1,644,524	\$ -	\$ -
A single transaction with a broker exceeding 5% of plan assets:						
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ 1,007,670	\$ -	\$ -	\$ 1,431,033	\$ -

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Employers' Contributions
For the Year Ended December 31, 2024

Action Network	\$ 15,701
AEC Network Inc	51,809
Aladdin Electric Co.	212,995
Aldon Electric	4,471
Amica Mutual Pavillion	61,167
ANJ Electric Eye	451,303
Arden Engineering Constructors	772,361
Atlas Professionals	142,149
E W Audet & Sons Inc	745,122
BCU Electric	2,889,289
C&K Electric	236,992
C&S Electric	30,328
Christenson Electric	141,157
Coastal Electric	224,360
Collard Enterprise Inc	245,488
Commercial Electric	263,508
Diamond Electrical Contractors, Inc	72,310
East Bay Power	126,671
Elecnor Hawkeye	38,480
Electro Design Engineering	4,726
Electro Standards Lab	18,419
EPS Technology	26,912
ES Boulous Company	42,694
Fall River Electrical Assoc	10,893
Faris Electric	54,078
Gridwealth Development	115,557
Hallmark Electrical	3,626
Haughland Group	18,732
IBEW LU 99	178,671
IBEW LU 99 JATC	46,567
IKE Electric	43,443
Infa-Red Building & Power Service	14,197
J J O'Rourke	306,994
K Electric	194,822
KM Kelly	215,113

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Employers' Contributions
For the Year Ended December 31, 2024

Lan-Tel Communications	\$ 16,813
Marcello Electric LLC	49,829
Mass Electric Construction	639,043
Matrix North American Construction	7,436
McDonald Electrical	106
McPhee Electric	451,637
Moulison Electric	18,402
Murphy Valiant Electric	143,432
Newport Renewables	215,823
Nexgen Electric	352,844
Nolin Electric	197,634
Ostrow Electric	54,863
Pajan Services	127,014
Patriot Recycling and Processing	153,230
Perfect Touch Electric	23,283
Reivity Electric	163,611
RI Convention Center	128,617
Riggs Distler & Company	384,090
Rosciti Construction	47,953
Rossi Electric	3,631,286
Rozell East	1,086
RSM Electric	316,965
Sentinel Electric	87,170
Smart Green	131,450
State Electric	6,493
Sullivan & McLaughlin	729,261
Summit Specialized	4,550
Synet Technology Solutions	242,618
United Better Homes	4,815
Viridis Energy Solutions	94,559
Watermark Electric	32,882
Wyman & Sons Electric	159,499
	16,639,399
Less: Net Reciprocities	(791,126)
TOTAL EMPLOYERS' CONTRIBUTIONS	\$ 15,848,273

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 99 HEALTH AND WELFARE FUND</u></p> <p><u>22 AMFLEX DRIVE</u> <u>CRANSTON, RI 02921</u></p>	<p>1c Effective date of plan <u>01/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>05-0264126</u></p> <p>2c Plan Sponsor's telephone number <u>401-946-9900</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE	<p style="font-size: 8pt;">DocuSigned by:</p> <p style="font-size: 18pt; font-family: cursive;"><i>Joseph Walsh</i></p> <p style="font-size: 8pt;">C46B21DDDDBB423...</p>	9/19/2025	Joseph Walsh
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">800</td> </tr> </table>	5	800																		
5	800																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="text-align: right;">786</td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="text-align: right;">739</td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="text-align: right;">18</td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="text-align: right;">757</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)	786	6a(2)	739	6b	18	6c	0	6d	757	6e		6f		6g(1)		6g(2)		6h	
6a(1)	786																				
6a(2)	739																				
6b	18																				
6c	0																				
6d	757																				
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
7																					

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 4L

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

a Pension Schedules

- (1) **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 3
- (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 _____

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 99
HEALTH & WELFARE FUND**

Schedule of Assets Held for Investment Purposes
December 31, 2024

Identity of Issuer	Description	Cost	Market
<i>Cash Equivalents</i>			
Boston Trust & Investment Co.	American Government Obligation	\$ 432,193	\$ 432,193
Citizens Bank	Business money market, 4.33%	263,199	263,199
Citizens Bank	Business money market, 4.33%	214,437	214,437
<i>Total cash equivalents</i>		909,829	909,829
<i>U.S. Government Securities</i>			
Federal National Mortgage Association	400,000, 2.125%, 04/24/26	404,069	388,956
Federal National Mortgage Association	450,000, 1.875%, 09/24/26	434,576	432,482
Government National Mortgage Assn	37,242, 3.500%, 04/15/42	40,815	34,246
U.S. Treasury Inflation Prot Security	1,228,807, 0.625%, 01/15/26	1,212,997	1,211,898
U.S. Treasury Inflation Prot Security	618,303, 0.125%, 07/15/31	629,454	544,230
U.S. Treasury Inflation Prot Security	162,960, 0.625%, 07/15/32	150,828	145,631
U.S. Treasury Notes	1,420,000, 4.875%, 04/30/26	1,429,331	1,431,033
U.S. Treasury Notes	555,000, 2.375%, 05/15/29	584,621	511,582
U.S. Treasury Notes	375,000, 1.625%, 08/15/29	380,221	332,828
U.S. Treasury Notes	850,000, 0.625%, 08/15/30	823,952	690,277
U.S. Treasury Notes	350,000, 1.125%, 02/15/31	330,617	288,837
U.S. Treasury Notes	100,000, 1.875%, 02/15/32	93,516	84,109
U.S. Treasury Notes	1,765,000, 3.875%, 08/15/33	1,707,048	1,679,786
<i>Total U.S. government securities</i>		8,222,045	7,775,895
<i>Corporate Debt</i>			
Amgen	620,000, 2.300%, 02/25/31	566,571	527,887
Comcast Corp	250,000, 4.250%, 10/15/30	287,490	241,078
Comcast Corporation	350,000, 3.300%, 04/01/27	348,587	340,007
Emerson Elec	175,000, 1.950%, 10/15/30	169,494	150,218
John Deere	670,000, 1.450%, 01/15/31	585,477	552,207
McCormick Co.	50,000, 3.250%, 11/15/25	50,062	49,268
Nike Inc	150,000, 2.375%, 11/01/26	142,284	144,598
PepsiCo Inc	465,000, 2.750%, 03/19/30	451,570	422,369
Pfizer Inc.	100,000, 3.600%, 09/15/28	112,204	96,811
Starbucks	425,000, 4.000%, 11/15/28	448,252	411,927
Stryker Corp	545,000, 3.500%, 03/15/26	540,132	537,719
UnitedHealth Group	610,000, 2.300%, 05/15/31	521,328	518,689
Wells Fargo Mtn	175,000, 3.000%, 02/19/25	176,894	174,514
<i>Total corporate debt</i>		4,400,345	4,167,292

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Identity of Issuer	Description	Cost	Market
<i>Municipal Bonds</i>			
Oregon State	150,000, 2.951%, 11/15/33	\$ 165,858	\$ 128,480
Texas State	150,000, 4.123%, 04/01/25	163,854	149,854
<i>Total municipal bonds</i>		329,712	278,334
<i>Common Stocks</i>			
Accenture PLC Ireland	515 shares	43,022	181,172
Adobe Inc	180 shares	77,294	80,042
Agilent Technologies	450 shares	56,163	60,453
Air Products Chemical	215 shares	49,250	62,359
Alphabet Inc	1,925 shares	195,640	364,403
Amazon Com Inc	465 shares	104,619	102,016
Analog Devices	280 shares	31,898	59,489
Apple Inc.	1,265 shares	16,108	316,781
Applied Materials Inc	825 shares	116,370	134,170
Aptar Group Inc.	275 shares	3,883	43,202
Automatic Data Processing Inc.	375 shares	32,777	109,774
AutoZone Inc.	30 shares	21,855	96,060
Becton Dickinson & Co.	265 shares	14,776	60,121
Blackrock Inc	55 shares	52,672	56,381
Booking Holdings Inc	20 shares	60,680	99,368
Chubb Ltd	510 shares	83,593	140,913
Cisco Systems Inc.	1,695 shares	55,657	100,344
Comcast Corp. Class A	1,355 shares	26,838	50,853
Cooper Companies	520 shares	44,793	47,804
Deere Co	215 shares	58,205	91,096
Donaldson Co	705 shares	33,538	47,482
DR Horton	290 shares	50,527	40,548
Essential Utilities Inc	1,285 shares	50,221	46,671
Eversource Energy	775 shares	57,790	44,508
Exxon Mobil Corp.	1,630 shares	75,929	175,339
FactSet Research Systems	120 shares	39,217	57,634
Herhsey Co	315 shares	62,481	53,345
Hubbell Incorporated	125 shares	11,383	52,361
Johnson & Johnson	1,025 shares	139,456	148,235
JP Morgan Chase & Co.	810 shares	44,914	194,165
KLA Corporation	70 shares	47,059	44,108

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Schedule of Assets Held for Investment Purposes
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Identity of Issuer	Description	Cost	Market
<i>Common Stocks (continued)</i>			
Lockheed Martin Corp	110 shares	50,810	53,453
Lowes Co Inc	195 shares	33,187	48,126
Lululemon Athletica	190 shares	50,071	72,658
Marsh McLennan	295 shares	26,529	62,661
Merck & Co. Inc.	580 shares	32,242	57,698
Meta Platforms Inc	260 shares	131,489	152,233
Microsoft Corp.	1,060 shares	26,075	446,790
Nvidia Corp	895 shares	116,828	120,190
Oracle Corporation	325 shares	60,015	54,158
PepsiCo Inc.	865 shares	92,039	131,532
Qualcomm Inc	405 shares	77,361	62,216
Ross Stores Inc.	370 shares	5,684	55,970
Stryker Corp.	205 shares	7,816	73,810
Sysco Corp	665 shares	53,864	50,846
Te Connectivity Ltd	370 shares	49,501	52,899
Union Pacific Corp.	425 shares	49,453	96,917
United Parcel Service Inc.	530 shares	55,276	66,833
UnitedHealth Group Inc.	280 shares	50,791	141,641
Visa Inc. Cl A	670 shares	75,573	211,747
Waters Corp	135 shares	6,594	50,082
<i>Total common stocks</i>		2,809,806	5,223,657
<i>Mutual Funds</i>			
Invesco U.S. Government Fund-A	3,415 shares	34,768	23,766
<i>Total mutual funds</i>		34,768	23,766
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		\$ 16,706,505	\$ 18,378,773

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Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(Transactions in Excess of 5% of Plan Assets as of the Beginning of the Plan Year)

Identity of Party Involved	Description	Value of Purchases	Net Selling Price	Cost of Assets Sold	Current Value of Assets	Gain (Loss)
A single transaction in a security exceeding 5% of plan assets:						
Boston Trust & Investment Management Company	First Am Treas Ob	\$ 1,521,383	\$ -	\$ 1,521,383	\$ 432,193	\$ -
Boston Trust & Investment Management Company	First Am Treas Ob	\$ -	\$ 1,226,558	\$ 1,226,558	\$ 432,193	\$ -
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ -	\$ 1,475,000	\$ 1,475,000	\$ -	\$ -
A series of transactions in a security exceeding 5% of plan assets:						
Boston Trust & Investment Management Company	First Am Treas Ob	\$ 3,876,768	\$ 3,515,730	\$ 3,515,730	\$ 432,193	\$ -
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ 1,429,332	\$ -	\$ -	\$ 1,431,033	\$ -
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ -	\$ 1,644,524	\$ 1,644,524	\$ -	\$ -
A single transaction with a broker exceeding 5% of plan assets:						
Boston Trust & Investment Management Company	U.S. Treasury Note	\$ 1,007,670	\$ -	\$ -	\$ 1,431,033	\$ -