

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>BUILDING TRADES EDUCATIONAL BENEFIT FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>502</u></p>
<p><b>2a</b> 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>THE BUILDING INDUSTRY ELECTRICAL CONTRACTORS ASSOCIATION, INC.</u></p> <p><u>1150 PORTION ROAD, SUITE 19</u> <u>HOLTSVILLE, NY 11742</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/1996</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>26-1140509</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>516-833-9300</u></p> <p><b>2d</b> Business code (see instructions) <u>238210</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	ERIC OLYNIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	FRANK RAPPO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  DICKINSON GROUP, LLC  585 STEWART AVENUE, SUITE 330 GARDEN CITY, NY 11530	<b>3b</b> Administrator's EIN 20-1241472																				
	<b>3c</b> Administrator's telephone number 516-833-9300																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 670																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>670</td></tr> <tr><td><b>6a(2)</b></td><td>705</td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td>705</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	670	<b>6a(2)</b>	705	<b>6b</b>		<b>6c</b>		<b>6d</b>	705	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	670																				
<b>6a(2)</b>	705																				
<b>6b</b>																					
<b>6c</b>																					
<b>6d</b>	705																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 45																				

**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:  
 4J

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>BUILDING TRADES EDUCATIONAL BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE BUILDING INDUSTRY ELECTRICAL CONTRACTORS ASSOCIATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>26-1140509</b>	

**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

**BOYD WATTERSON ASSET MANAGEMENT**

**34-1922005**

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

**WILMINGTON TRUST, NA**

**16-1486454**

**(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

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

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

PAUL IACCARINO

11-3310063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	159667	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SLEVIN & HART, P.C.

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	114168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TROY LARSON

11-3310063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	83457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALYSSA GENZMANN

11-3310063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DICKINSON GROUP LLC

20-1241472

(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 50	NONE	71906	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COSTAROTHBORT CPAS LLC

46-5286678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40630	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BARNES, IACCARINO & SHEPHERD LLP

26-3858697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAMP UP SAFETY CONSULTING

83-4679354

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	35260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIC OLYNIK

11-3310063

(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?
20 50	TRUSTEE	28045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FRANK RAPPO

11-3310063

(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?
20 50	TRUSTEE	28045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOMSEH LOKENAETH

11-3310063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CSCNA CORP.

2570 HEMPSTEAD TUNPIKE 2ND FLOOR  
EAST MEADOW, NY 11554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24985	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAUL TROPIANO

11-3310063

(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?
	EMPLOYEE	23960	Yes <input type="checkbox"/> No <input 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)

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AXEL NATEL

11-3310063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	20792	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

REYNOLDS CONSULTING SERVICES, LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC BANK

22-1146430

(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?
	NONE	629	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BUILDING TRADES EDUCATIONAL BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE BUILDING INDUSTRY ELECTRICAL CONTRACTORS ASSOCIATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>26-1140509</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	205279	305719
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	101719	144189
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	65055	43095
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	109491	69025
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	515245	606951
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	908878	1256079
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1062034	998878
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2716406	2868575
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	212128	137655
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5896235	6430166
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	64678	75146
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	176447	125932
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	241125	201078
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5655110	6229088

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1088321	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1088321
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1054	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	3668	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	9004	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		13726
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	36756	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		36756
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2169488	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1913238	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		256250
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-49359	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		374227
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1719921

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	266362	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		266362
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	349416	
(2) Contract administrator fees .....	<b>2i(2)</b>	71906	
(3) Recordkeeping fees .....	<b>2i(3)</b>	40630	
(4) IQPA audit fees .....	<b>2i(4)</b>	21125	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	13444	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	151288	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	56089	
(11) Other expenses .....	<b>2i(11)</b>	175683	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		879581
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1145943

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		573978
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.



**BUILDING TRADES EDUCATIONAL BENEFIT FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





# BUILDING TRADES EDUCATIONAL BENEFIT FUND

## FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Building Trades Educational Benefit Fund

### Opinion

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

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

### Basis for Opinion


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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



## Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 2024 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Calibre CPA Group, PLLC*

New York, NY  
September 26, 2025



## BUILDING TRADES EDUCATIONAL BENEFIT FUND

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value		
Cash equivalents	\$ 69,025	\$ 109,491
U.S. Government securities	606,951	515,245
Corporate bonds	1,256,079	908,878
Registered investment companies	2,868,575	2,716,406
Limited partnership	998,878	1,062,034
Total investments, at fair value	<u>5,799,508</u>	<u>5,312,054</u>
Receivables		
Employer contributions	144,189	101,719
Interest and dividends	15,764	11,889
Other	-	19,001
Total receivables	<u>159,953</u>	<u>132,609</u>
Cash	<u>305,719</u>	<u>205,279</u>
Right-of-use asset - operating lease	<u>99,469</u>	<u>152,640</u>
Property and equipment (net of accumulated depreciation of \$209,185 and \$187,883 in 2024 and 2023)	<u>38,186</u>	<u>59,488</u>
Prepaid expenses and other assets	<u>27,331</u>	<u>34,165</u>
Total assets	<u>6,430,166</u>	<u>5,896,235</u>
<b>Liabilities</b>		
Operating lease liability	106,790	160,106
Accounts payable and accrued expenses	75,146	64,678
Due to affiliated funds	19,142	16,341
Total liabilities	<u>201,078</u>	<u>241,125</u>
<b>Net assets available for benefits</b>	<u>\$ 6,229,088</u>	<u>\$ 5,655,110</u>

See accompanying notes to financial statements.



## BUILDING TRADES EDUCATIONAL BENEFIT FUND

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 581,118	\$ 583,225
Interest and dividends	50,482	32,841
	<u>631,600</u>	<u>616,066</u>
Less: investment expenses	13,444	12,555
Net investment income	<u>618,156</u>	<u>603,511</u>
Employer contributions	<u>1,088,321</u>	<u>917,542</u>
Total additions	<u>1,706,477</u>	<u>1,521,053</u>
<b>Deductions</b>		
Educational benefits	266,362	302,593
Administrative expenses	866,137	799,505
	<u>1,132,499</u>	<u>1,102,098</u>
Total deductions	<u>1,132,499</u>	<u>1,102,098</u>
<b>Net change</b>	573,978	418,955
<b>Net assets available for benefits</b>		
Beginning of year	<u>5,655,110</u>	<u>5,236,155</u>
End of year	<u>\$ 6,229,088</u>	<u>\$ 5,655,110</u>

See accompanying notes to financial statements.



## BUILDING TRADES EDUCATIONAL BENEFIT FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

#### NOTE 1. DESCRIPTION OF PLAN

The following brief description of Building Trades Educational Benefit Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**General** - The Plan is a multiemployer educational benefit plan established under the provisions of an Agreement and Declaration of Trust effective February 1, 1996, as amended, pursuant to a settlement agreement between the United Construction Contractors Association and the National Labor Relations Board. The Plan is sponsored by the Building Industry Electrical Contractors Association, Inc. (Association). The Plan is administered by a Board of Trustees (Trustees) that is appointed by the Association and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Benefits** - The Plan provides education, training, and related benefits to qualified participants of participating employers in the electrical trades for journeymen, mechanics, and apprentices.

**Funding Policy** - Funding to provide the benefits is made through monthly contributions by participating employers on behalf of each covered employee as provided for in the applicable collective bargaining agreements or participation agreements. Contributions by participants are not permitted under the Plan.

#### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred, regardless of when cash is exchanged.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities, if any, at the date of financial statements. Actual results could differ from those estimates.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**Employer Contributions Receivable** - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

**Payment of Benefits** - Benefit payments on behalf of participants are recorded in the period incurred.

**Depreciation** - Property and equipment is stated at cost less accumulated depreciation. Depreciation is computed on the straight-line method over the estimated useful lives of the assets. Depreciation expense totaled \$21,302 and \$25,270 for the years ended December 31, 2024 and 2023, respectively.

**Administrative Expenses** - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

**Operating Leases** - In its statements of net assets available for benefits, the Plan records a right-of-use asset and related lease liability for the rights and obligations associated with operating leases where the Plan is lessee. The leases were initially measured at the present value of total lease payments using a risk-free rate that approximates the remaining term of the leases. The Plan considers the likelihood of exercising renewal or termination clauses (if any) in measuring its right-of-use assets and lease liabilities. A single lease cost is calculated so that the cost of the leases is allocated over the lease terms on straight-line basis. Related disclosures are not included in the financial statements for leases that are considered not material to the financial statements or consist of month-to-month leases that are eligible for the short-term lease exemption. Additional lease disclosures can be found in note 11.



### **NOTE 3. TAX STATUS**

The Trust established under the Plan to hold the Plan's assets is qualified under Section 501(c)(3) of the Internal Revenue Code and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) and the Trustees believe that the Plan, as amended, continues to qualify and to operate as designed.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **NOTE 4. FAIR VALUE MEASUREMENTS**

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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



## NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions 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.

*Cash equivalents* - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

*U.S. Government securities* - Valued using pricing models maximizing the use of observable inputs for similar securities.

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

*Registered investment companies* (mutual funds and exchange traded funds) - Valued at the daily closing price reported in the active markets in which the funds are traded.

*Limited partnership* - Valued at the NAV per share at year end as reported by the limited partnership. The NAV, as provided by the partnership, is used as a practical expedient to estimate fair value. NAV is based on the current appraised value of the underlying real estate properties.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

## NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 69,025	\$ -	\$ 69,025	\$ -
U.S. Government securities	606,951	-	606,951	-
Corporate bonds	1,256,079	-	1,256,079	-
Registered investment companies	<u>2,868,575</u>	<u>2,868,575</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	4,800,630	<u>\$ 2,868,575</u>	<u>\$ 1,932,055</u>	<u>\$ -</u>
Investments measured at NAV*	<u>998,878</u>			
Total investments at fair value	<u>\$ 5,799,508</u>			

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 109,491	\$ -	\$ 109,491	\$ -
U.S. Government securities	515,245	-	515,245	-
Corporate bonds	908,878	-	908,878	-
Registered investment companies	<u>2,716,406</u>	<u>2,716,406</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	4,250,020	<u>\$ 2,716,406</u>	<u>\$ 1,533,614</u>	<u>\$ -</u>
Investments measured at NAV*	<u>1,062,034</u>			
Total investments at fair value	<u>\$ 5,312,054</u>			

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

### Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. At December 31, 2024 and 2023, the Plan had no unfunded commitments towards this investment fund.

	Fair Value		Redemption Frequency	Redemption Notice Period
	2024	2023		
Limited Partnership				
Boyd Watterson GSA Fund *	<u>\$ 998,878</u>	<u>\$ 1,062,034</u>	Quarterly	60 days

\*Boyd Watterson GSA Fund invests in diversified commercial properties primarily leased to the United States federal government either through the General Services Administration (GSA) or other federal governmental agencies.



## NOTE 5. UNINSURED CASH BALANCES

The Federal Deposit Insurance Corporation (FDIC) insurance limit is \$250,000 per institution. Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash held in a high-quality financial institution. The balance at times may exceed FDIC insured amounts. At December 31, 2024 and 2023, the Plan's cash accounts were approximately \$79,000 and \$-0-, respectively, in excess of the FDIC insured limit. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

In early 2023, Signature Bank experienced a significant outflow of cash deposits and was shut down by NYS bank regulators on March 12, 2023. The NYS bank regulators also appointed the FDIC as the bank's receiver. On March 12, 2023, federal regulators announced that all depositors of Signature Bank would be made whole. Most of Signature Bank's deposits, including those of the Plan, were later transferred to Flagstar Bank, a wholly-owned subsidiary of New York Community Bancorp.

The Plan experienced no losses regarding the above issue with Signature Bank.

## NOTE 6. RISKS AND UNCERTAINTIES

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

## NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment used in operations consist of the following:

	<u>2024</u>	<u>2023</u>
<u>Depreciable asset classes</u>		
Computer and software	\$ 83,897	\$ 83,897
Furniture and fixtures	11,215	11,215
Machinery and training equipment	<u>152,259</u>	<u>152,259</u>
	247,371	247,371
Less: accumulated depreciation	<u>209,185</u>	<u>187,883</u>
Property and equipment, net	<u>\$ 38,186</u>	<u>\$ 59,488</u>



## **NOTE 8. PLAN TERMINATION**

Although they have not expressed any intention to do so, the Association, as Plan Sponsor, has the right under the Plan to modify the benefits provided to active participants and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will be used for purposes other than for the exclusive benefit of Plan's participants.

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

The Plan contributes on behalf of its office staff for employee benefits to its related Electrician's Retirement Fund, Building Trades Welfare Benefit Fund, and Building Trades Annuity Benefit Fund. Contributions made by the Plan for the years ended December 31, 2024 and 2023 totaled \$76,323 and \$74,071, respectively. Amounts due to the related benefit funds totaled \$19,142 and \$16,341 at December 31, 2024 and 2023, respectively. These amounts were subsequently settled amongst the related parties.

The Plan and the Association jointly licensed email server equipment to be hosted at the Association beginning in 2023. The term of the license is for three years. The Plan's portion of the cost (50%) was \$19,992.

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

## **NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS**

### Defined Benefit Pension Plan

The Plan's office employees are covered by an affiliated multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

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



## NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

The Plan's participation in this plan for the years ended December 31, 2024 and 2023, is outlined in the table below. The "EIN" and "Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 are for the Plan's year end at December 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from the multiemployer plan and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2024 and 2023 contributions. Contributions reported below represent the Plan's proportionate share of the contributions made to this multiemployer plan.

Legal Name of Plan:	Electrician's Retirement Fund
EIN:	26-1140509
Pension Plan Number:	001
PPA Zone Status:	
2024	Neither Endangered nor Critical (Green)
2023	Neither Endangered nor Critical (Green)
FIP / RP Status:	None
Contributions:	
2024	\$27,375
2023	\$28,274
Surcharge Imposed:	No

### Defined Contribution Retirement Plan

The Plan's office employees are also covered by the Building Trades Annuity Benefit Fund. The Plan's contributions to this plan for the years ended December 31, 2024 and 2023 totaled \$15,288 and \$5,167, respectively.

## NOTE 11. OPERATING LEASE AS LESSEE

Effective November 1, 2021, the Plan renewed its lease for a five-year term agreement expiring October 31, 2026, at 607 Sunrise Highway, Bellmore, NY for its education management staff. This lease is classified as an operating lease. The Plan's lease expense totaled \$64,082 and \$60,825 for the years ended December 31, 2024 and 2023, respectively.

The Plan had no variable or short-term lease expense in 2024 or 2023 and does not have any finance leases.



## NOTE 11. OPERATING LEASE AS LESSEE (CONTINUED)

The Plan has elected to use a risk-free rate of 1.37% as the discount rate for determining its right of use asset and lease liability which apply to this lease. This rate is based on the U.S. Treasury 5 year daily rate as of January 3, 2022.

At December 31, 2024, the Plan's future minimum lease payments under the lease reconciled to the lease liability are as follows:

Years Ended December 31,	Amount
2025	\$ 57,937
2026	<u>50,277</u>
Undiscounted future cash flows	108,214
Less: effects of discounting	<u>1,424</u>
Lease liability recognized	<u>\$ 106,790</u>

Supplemental qualitative information related to the operating lease is as follows:

	<u>December 31, 2024</u>
Cash paid for amounts included in the measurement of lease liabilities - operating cash flows	\$ 55,178
Right-of-use asset obtained in exchange for lease obligations	\$ 256,909
Weighted-average remaining lease term (in years)	1.83
Weighted-average discount rate:	1.37%

## NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 1,706,477	\$ 1,521,053
Add: investment expenses	<u>13,444</u>	<u>12,555</u>
Total income per the Form 5500	<u>\$ 1,719,921</u>	<u>\$ 1,533,608</u>



**NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500  
(CONTINUED)**

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 1,132,499	\$ 1,102,098
Add: investment expenses	<u>13,444</u>	<u>12,555</u>
Total expenses per the Form 5500	<u>\$ 1,145,943</u>	<u>\$ 1,114,653</u>

**NOTE 13. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through September 26, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## **SUPPLEMENTAL INFORMATION**





## BUILDING TRADES EDUCATIONAL BENEFIT FUND

### SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

#### ATTACHMENT TO 2024 FORM 5500 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Name: Building Trades Educational Benefit Fund  
Plan Sponsor's Name: The Building Industry Electrical Contractors Association, Inc.

EIN: 26-1140509  
PN: 502

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	BOYD WATTERSON	BOYD WATTERSON GSA FUND	\$ 794,191	\$ 998,878
		ASSETS HELD BY PNC BANK	3,550,886	4,800,630
		<b>TOTAL</b>	<b>\$ 4,345,077</b>	<b>\$ 5,799,508</b>



**BUILDING TRADES EDU BENEFIT FUND  
 CUSTODY STATEMENT**

Account number [REDACTED] 7807  
 May 13, 2024 - December 31, 2024

Detail

*Portfolio*

Cash and cash equivalents  
**Mutual funds - money market**

Description	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
FIDELITY TREASURY PORT-IS FD# 2644	\$195.53 195.530		\$195.53 \$1.0000	100.01 %	\$195.53 \$1.00		4.38 %	\$8.56	\$0.74
<b>Total portfolio</b>			<b>\$195.53</b>	<b>100.00 %</b>	<b>\$195.53</b>		<b>4.38 %</b>	<b>\$8.56</b>	<b>\$0.74</b>



BLDG TRADES EDU BEN FUND ETF  
 CUSTODY STATEMENT

Account number [REDACTED] 3210  
 May 16, 2024 - December 31, 2024

Detail

Portfolio

Cash and cash equivalents  
 Mutual funds - money market

Description	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
FIDELITY TREASURY PORT-IS FD# 2644	\$19,720.03 19,720.030		\$19,720.03 \$1.0000	0.69 %	\$19,720.03 \$1.00		4.38 %	\$863.17	\$51.08

Equities

Etf - equity

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
ISHARES CORE S&P MID-CAP ETF (IJH)	\$1.00 8,055		\$501,907.05 \$62.3100	17.38 %	\$327,909.87 \$40.71	\$173,997.18	1.33 %	\$6,661.49	
ISHARES RUSSELL 1000 VALUE (IWD) ETF	1.00 3,266		604,634.58 185.1300	20.94 %	443,233.76 135.71	161,400.82	1.88 %	11,336.29	
ISHARES RUSSELL 1000 GROWTH (IWF) ETF	0.77 2,584		1,037,682.72 401.5800	35.93 %	456,141.63 176.53	581,541.09	0.46 %	4,749.39	
<b>Total etf - equity</b>			<b>\$2,144,224.35</b>	<b>74.24 %</b>	<b>\$1,227,285.26</b>	<b>\$916,939.09</b>	<b>1.06 %</b>	<b>\$22,747.17</b>	



**BLDG TRADES EDU BEN FUND ETF  
 CUSTODY STATEMENT**

Account number [REDACTED] 3210  
 May 16, 2024 - December 31, 2024

*Detail*

**Mutual funds - equity**

Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current		Avg. original value	Unrealized gain/loss			
	Quantity	price per unit		at PNC per unit				
ISHARES S&P 500 INDEX FUND (WFSPX) CLASS K	\$2.00 1,052.697	\$724,350.28 \$688.0900	25.08 %	\$412,801.56 \$392.14	\$311,548.72	1.26 %	\$9,065.83	
<b>Total equities</b>		<b>\$2,868,574.63</b>	<b>99.32 %</b>	<b>\$1,640,086.82</b>	<b>\$1,228,487.81</b>	<b>1.11 %</b>	<b>\$31,813.00</b>	
<b>Total portfolio</b>		<b>\$2,888,294.66</b>	<b>100.00 %</b>	<b>\$1,659,806.85</b>	<b>\$1,228,487.81</b>	<b>1.13 %</b>	<b>\$32,676.17</b>	<b>\$51,068.00</b>



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Portfolio

Cash and cash equivalents  
 Mutual funds - money market

Description	Market value last period	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit		Avg. original value at PNC per unit				
FIDELITY TREASURY PORT-IS FD# 2644	\$49,113.82 49,113.82	\$49,113.82 \$1.0000	2.57 %	\$49,113.82 \$1.00		4.38 %	\$2,149.77	\$173.97

Fixed income  
 Corporate bonds

Description (Cusip )	Market value last period	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit		Avg. original value at PNC per unit				
ABBVIE INC CALL 09/21/2026 UNSC 02.950% DUE 11/21/2026 RATING: A3 (00287YBV0)	\$8,751.16 39,000	\$37,886.94 \$97.1460	1.99 %	\$37,485.57 \$96.12	\$401.37	3.04 %	\$1,150.50	\$127.83
AIR LEASE CORP CALL 07/15/2026 UNSC 01.875% DUE 08/15/2026 RATING: N/A (00914AAM4)	7,610.72 40,000	38,128.00 95.3200	2.00 %	35,625.51 89.06	2,502.49	1.97 %	750.00	283.33
BANK OF AMERICA CORPORATION SR UNSEC CALL 07/22/2026 @ 100 VAR% DUE 07/22/2027 RATING: A1 (06051GJS9)	16,169.63 80,000	76,266.40 95.3330	3.99 %	73,265.00 91.58	3,001.40	1.82 %	1,387.20	612.68
BOEING CO CALL 02/04/2023 UNSC 02.196% DUE 02/04/2026 RATING: BAA3 (097023DG7)	8,676.79 39,000	37,821.81 96.9790	1.98 %	38,442.51 98.57	- 620.70	2.27 %	856.44	349.71



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Fixed income  
 Corporate bonds

Description (Cusip )	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
CIGNA CORP SER WI CALL 12/01/2026 03.400% DUE 03/01/2027 RATING: BAA1 (125523CB4)	8,773.48	37,923.99	97.2410	1.99 %	37,405.98	95.91	518.01	3.50 %	1,326.00	442.00
CAPITAL ONE FINANCIAL CO CALL 11/02/2026 UNSC VAR% DUE 11/02/2027 RATING: BAA1 (14040HCH6)	37,675.58	37,797.20	94.4930	1.98 %	37,675.58	94.19	121.62	1.99 %	751.20	123.11
CITIGROUP INC SR UNSEC CALL 7/24/27 @ 100 VAR% DUE 07/24/2028 RATING: A3 (172967LP4)	57,885.71	57,150.94	96.8660	2.99 %	57,885.71	98.11	- 734.77	3.79 %	2,164.12	943.80
DELL INT LLC / EMC CORP CALL 08/01/2026 SECR 04.900% DUE 10/01/2026 RATING: BAA2 (24703TAE6)	9,046.36	38,106.02	100.2790	2.00 %	37,871.65	99.66	234.37	4.89 %	1,862.00	465.50
DUKE ENERGY CORP CALL 05/15/2027 UNSC 03.150% DUE 08/15/2027 RATING: BAA2 (26441CAX3)	8,666.98	38,411.60	96.0290	2.01 %	37,557.05	93.89	854.55	3.29 %	1,260.00	476.00
ENABLE MIDSTREAM PARTNER CALL 02/15/2028 UNSC 04.950% DUE 05/15/2028 RATING: BAA2 (292480AL4)	38,013.76	37,932.74	99.8230	1.99 %	38,013.76	100.04	- 81.02	4.96 %	1,881.00	240.35



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Fixed income  
 Corporate bonds

Description (Cusip )	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
EXELON CORP CALL 01/15/2026 @ 100.000 UNSC 03.400% DUE 04/15/2026 RATING: BAA2 (30161NAU5)	8,855.38	39,000	38,358.06 98.3540	2.01 %	37,863.48 97.09	494.58	3.46 %	1,326.00	279.93
GENERAL MOTORS FINL CO UNSC 06.050% DUE 10/10/2025 RATING: BAA2 (37045XDZ6)	10,117.14	38,000	38,325.28 100.8560	2.01 %	38,208.99 100.55	116.29	6.00 %	2,299.00	517.27
GOLDMAN SACHS GROUP INC SR UNSEC SER VAR CALL 12/6/25 VAR% DUE 12/09/2026 RATING: A2 (38141GXM1)	8,640.25	40,000	38,613.20 96.5330	2.02 %	36,367.82 90.92	2,245.38	1.14 %	437.20	26.72
GOLDMAN SACHS GROUP INC CALL 10/21/2026 UNSC VAR% DUE 10/21/2027 RATING: A2 (38141GYM0)	7,579.82	40,000	37,951.20 94.8780	1.99 %	35,921.86 89.80	2,029.34	2.06 %	779.20	151.51
HCA INC CALL 12/15/2025 @ 100.000 SECR 05.250% DUE 06/15/2026 RATING: BAA3 (404119BT5)	8,027.14	38,000	38,091.96 100.2420	2.00 %	37,350.52 98.29	741.44	5.24 %	1,995.00	88.67
HP ENTERPRISE CO CALL 08/25/2027 UNSC 04.400% DUE 09/25/2027 RATING: BAA2 (42824CBS7)	38,063.74	38,000	37,601.38 98.9510	1.97 %	38,063.74 100.17	- 462.36	4.45 %	1,672.00	441.22



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Fixed income  
 Corporate bonds

Description (Cusip )	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
JPMORGAN CHASE & CO SR UNSEC CALL 5/1/2027 @ 100 VAR% DUE 05/01/2028 RATING: A1 (46647PAF3)	7,790.06	39,000	37,895.13 97.1670	1.99 %	36,856.50 94.50	1,038.63	3.65 %	1,380.60	230.10
JPMORGAN CHASE & CO SR UNSEC CALL 09/22/2026 @ 100 VAR% DUE 09/22/2027 RATING: A1 (46647PCP9)	7,543.88	40,000	37,838.40 94.5960	1.98 %	35,809.46 89.52	2,028.94	1.56 %	588.00	161.70
MPLX LP SER WI CALL 03/01/25 @100 COGT 04.875% DUE 06/01/2025 RATING: BAA2 (55336VAJ9)	9,003.73	38,000	37,973.40 99.9300	1.99 %	37,635.55 99.04	337.85	4.88 %	1,852.50	154.37
MYLAN INC CALL 01/15/2028 COGT 04.550% DUE 04/15/2028 RATING: BAA3 (628530BK2)	38,366.64	39,000	38,209.08 97.9720	2.00 %	38,366.64 98.38	- 157.56	4.65 %	1,774.50	374.62
ORACLE CORP CALL 02/01/2027 UNSC 02.800% DUE 04/01/2027 RATING: BAA2 (68389XBU8)	8,652.02	40,000	38,407.20 96.0180	2.01 %	36,772.98 91.93	1,634.22	2.92 %	1,120.00	280.00
PRICELINE GROUP INC/THE CALL 03/01/2026 @ 100.000 UNSC 03.600% DUE 06/01/2026 RATING: A3 (741503AZ9)	8,885.00	39,000	38,493.00 98.7000	2.02 %	38,177.80 97.89	315.20	3.65 %	1,404.00	117.00



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Fixed income  
 Corporate bonds

Description (Cusip )	Market value		Current market value	%	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Last period	Current			Avg. original value	Unrealized gain/loss			
	Quantity	price per unit		of total portfolio	at PNC per unit				
RTX CORP CALL 10/08/2026 UNSC 05.750% DUE 11/08/2026 RATING: BAA1 (75513ECT6)	8,183.16	37,658.97	37,658.97	1.97 %	37,611.79	47.18	5.65 %	2,127.50	313.22
SOUTHERN CO CALL 04/01/2026 @ 100.000 UNSC 03.250% DUE 07/01/2026 RATING: BAA1 (842587 CV7)	8,816.41	38,196.21	38,196.21	2.00 %	37,693.41	502.80	3.32 %	1,267.50	633.75
SOUTHWEST AIRLINES CO CALL 04/15/2027 UNSC 05.125% DUE 06/15/2027 RATING: BAA1 (844741BK3)	9,086.71	38,169.48	38,169.48	2.00 %	38,157.21	12.27	5.11 %	1,947.50	86.56
T-MOBILE USA INC CALL 04/15/2023 COGT 02.625% DUE 04/15/2026 RATING: BAA2 (87264 ABU8)	8,748.88	38,006.28	38,006.28	1.99 %	37,272.18	734.10	2.70 %	1,023.75	216.12
TRUIST FINANCIAL CORP SER MTN CALL 01/26/2028 VAR% DUE 01/26/2029 RATING: BAA1 (89788MAL6)	38,243.26	37,801.26	37,801.26	1.98 %	38,243.26	- 442.00	4.90 %	1,851.74	797.28
US BANCORP CALL 07/22/2027 UNSC VAR% DUE 07/22/2028 RATING: A3 (91159HJF8)	7,974.12	37,689.16	37,689.16	1.98 %	37,380.62	308.54	4.59 %	1,728.24	763.31



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Fixed income  
 Corporate bonds

Description (Cusip )	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
VMWARE INC CALL 07/15/2026 UNSC 01.400% DUE 08/15/2026 RATING: N/A (928563AJ4)	7,555.16	37,892.40	94.7310	1.99 %	35,580.66	88.95	2,311.74	1.48 %	560.00	211.56
WELLS FARGO & COMPANY SER MTN CALL 03/24/2027 VAR% DUE 03/24/2028 RATING: A1 (95000U2V4)	12,648.12	57,225.87	96.9930	3.00 %	55,676.44	94.37	1,549.43	3.64 %	2,080.34	560.54
WILLIAMS COMPANIES INC UNSC 05.400% DUE 03/02/2026 RATING: BAA2 (969457CH1)	10,094.44	38,256.12	100.6740	2.01 %	38,064.60	100.17	191.52	5.37 %	2,052.00	678.30
<b>Total corporate bonds</b>		<b>\$1,256,078.68</b>		<b>65.69 %</b>	<b>\$1,234,303.83</b>		<b>\$21,774.85</b>	<b>3.56 %</b>	<b>\$44,655.03</b>	<b>\$11,148.06</b>

Treasury bonds

Description (Cusip )	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
USA TREASURY NOTES 03.750% DUE 04/15/2026 RATING: AAA (91282CGV7)	\$23,822.83	\$95,391.36	\$99.3660	4.99 %	\$94,481.84	\$98.42	\$909.52	3.78 %	\$3,600.00	\$771.43
USA TREASURY NOTES 04.250% DUE 01/31/2026 RATING: N/A (91282CJV4)	57,092.18	57,001.14	100.0020	2.99 %	57,092.18	100.16	-91.04	4.25 %	2,422.50	1,013.76



BLDG TRADES EDU BEN FUND SAGE  
 CUSTODY STATEMENT

Account number [REDACTED] 3202  
 May 16, 2024 - December 31, 2024

Detail

Treasury bonds

Description (Cusip )	Market value last period	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
USA TREASURY NOTES 04.500% DUE 04/15/2027 RATING: AAA (91282CKJ9)	115,381.87 114,000	114,572.28 100.5020	6.00 %	115,381.87 101.21	- 809.59	4.48 %	5,130.00	1,099.29
USA TREASURY NOTES 04.500% DUE 05/15/2027 RATING: AAA (91282CKR1)	54,379.62 113,000	113,562.74 100.4980	5.94 %	113,065.38 100.06	497.36	4.48 %	5,085.00	649.75
USA TREASURY NOTES 04.625% DUE 06/15/2027 RATING: AAA (91282CKV2)	112,771.34 111,000	111,930.18 100.8380	5.86 %	112,771.34 101.60	- 841.16	4.59 %	5,133.75	239.76
USA TREASURY NOTES 04.125% DUE 11/15/2027 RATING: AAA (91282CLX7)	114,676.95 115,000	114,492.85 99.5590	5.99 %	114,676.95 99.72	- 184.10	4.15 %	4,743.75	615.90
<b>Total treasury bonds</b>		<b>\$606,950.55</b>	<b>31.74 %</b>	<b>\$607,469.56</b>	<b>- \$519.01</b>	<b>4.30 %</b>	<b>\$26,115.00</b>	<b>\$4,389.89</b>
<b>Total fixed income</b>		<b>\$1,863,029.23</b>	<b>97.43 %</b>	<b>\$1,841,773.39</b>	<b>\$21,255.84</b>	<b>3.80 %</b>	<b>\$70,770.03</b>	<b>\$15,537.95</b>
<b>Total portfolio</b>		<b>\$1,912,143.05</b>	<b>100.00 %</b>	<b>\$1,890,887.21</b>	<b>\$21,255.84</b>	<b>3.81 %</b>	<b>\$72,919.80</b>	<b>\$15,711.92</b>

# Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

# 2024

**This Form is Open to Public Inspection**

### Part I Annual Report Identification Information

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

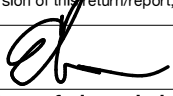

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

### Part II Basic Plan Information - enter all requested information

<b>1a</b> Name of plan BUILDING TRADES EDUCATIONAL BENEFIT FUND	<b>1b</b> Three-digit plan number (PN) ▶	502
	<b>1c</b> Effective date of plan	02/01/1996
<b>2a</b> 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) THE BUILDING INDUSTRY ELECTRICAL CONTRACTORS ASSOCI	<b>2b</b> Employer Identification Number (EIN)	26-1140509
	<b>2c</b> Plan Sponsor's telephone number	5168339300
1150 PORTION ROAD, SUITE 19  HOLTSVILLE NY 11742	<b>2d</b> Business code (see instructions)	238210

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

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

<b>SIGN HERE</b>		10/13/2025	ERIC OLYNIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		10/13/2025	FRANK RAPPO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311