

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 90 BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF IBEW LOCAL 90 BENEFIT PLAN
2b Employer Identification Number (EIN): 06-0942804
2c Plan Sponsor's telephone number: 203-269-5764
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Plan administrator (SEAN DALY, 10/15/2025), 2. Employer/plan sponsor (MANAGEMENT TRUSTEE, 10/15/2025), 3. DFE (empty).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	598
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	365
	6a(2)	365
	6b	233
	6c	
	6d	598
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	43

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 90 BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IBEW LOCAL 90 BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 06-0942804</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1475928	60217		641	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	
b	Benefit charges (1) Claims paid	9b(1)	9289447
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	9289447
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	127970
	(H) Total retention	9c(1)(H)	127970
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 90 BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IBEW LOCAL 90 BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 06-0942804</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10344	420	01/31/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5769	5769

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY **333 WEST 34TH STREET**
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5769	5769		

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	415253
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 90 BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IBEW LOCAL 90 BENEFIT PLAN	D Employer Identification Number (EIN) 06-0942804	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

SAV-RX

224 NORTH PARK AVENUE
FREEMONT, NE 68025

47-0527013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	1445945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LABOR FIRST LLC

3000 MIDLANTIC DRIVE, STE. 101
MT. LAUREL, NJ 08054

(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?
99	NONE	577452	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)

ZENITH AMERICAN

PO BOX 5817
WALLINGFORD, CT 06492

52-1590516

(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 12	NONE	330252	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

HARTFORD LIFE INSURANCE

690 ASYLUM AVENUE
HARTFORD, CT 06155

(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?
73	NONE	104633	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)

DAVIS VISION

159 EXPRESS STREET
PLAINVIEW, NY 11803

11-3051991

(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?
73	NONE	97695	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)

ZELIS CLAIMS INTEGRITY

2 CROSSROADS DR
BEDMINSTER, NJ 07921

(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?
99	NONE	80861	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)

SEGAL COMPANY

116 HUNTINGTON AVE, 8TH FLOOR
BOSTON, MA 02116

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	59469	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)

ROBERT M. CHEVERIE & ASSOCIATES P.C

333 EAST RIVER DRIVE, SUITE 101
EAST HARTFORD, CT 06108

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	40000	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)

BEERS HAMERMAN COHEN & BURGER PC

234 CHURCH STREET
NEW HAVEN, CT 06510

47-2517893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20050	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)

BRADLEY, FOSTER, & SARGENT

CITY PLACE II, 185 ASYLUM ST
HARTFORD, CT 06103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16433	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)

CT COALITION OF TAFT HARTLEY PLANS

942 MAIN STREET
HARTFORD, CT 06123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15605	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)

EPIC HEARING HEALTHCARE

11020 OPTUM CIRCLE
EDEN PRAIRIE, MN 55344

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	13000	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)

LOWER HUDSON VALLEY E.A.P.

3505 HILL BLVD. SUITE A
YORKTOWN HEIGHTS, NY 10598

13-3240307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	9225	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)

NOVAK FRANCELLA

255 ROUTE 80
KILLINGWORTH, CT 06419

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	5591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 90 BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IBEW LOCAL 90 BENEFIT PLAN	D Employer Identification Number (EIN) 06-0942804

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1329954	919995
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	776270	1013903
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13643	189501
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32980	184860
(2) U.S. Government securities	1c(2)	640776	425530
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	340968	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2525309	1203580
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5659900	3937369
Liabilities			
g Benefit claims payable.....	1g	956900	596000
h Operating payables.....	1h	93691	174340
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1050591	770340
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4609309	3167029

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	8293398	
(B) Participants.....	2a(1)(B)	1447213	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		9740611
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	34420	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		34420
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	31003	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		31003
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1667437	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1641357	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		26080
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-11781	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-11781

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		453381
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10273714

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9872755	
(2) To insurance carriers for the provision of benefits	2e(2)	680307	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10553062
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	115903	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20050	
(5) Investment advisory and investment management fees	2i(5)	14273	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	59469	
(8) Legal fees	2i(8)	40000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	603213	
(11) Other expenses.....	2i(11)	310024	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1162932
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11715994

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1442280
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BEERS, HAMERMAN, COHEN & BURGER, PC**

(2) EIN: **47-2517893**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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



INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
International Brotherhood of Electrical Workers
Local Union No. 90 Benefit Plan
Wallingford, Connecticut

Opinion

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit Plan (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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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. 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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit Plan's ability to continue as a going concern for a reasonable period of time.


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

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules of assets (held at end of year) and reportable transactions, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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


New Haven, Connecticut
October 15, 2025

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
SCHEDULE H, LINE 4i - EIN: 06-0942804, PLAN: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Units</u>			
*	174,322 Schwab Money Market Fund	Money Market Funds	\$ 174,322	\$ 174,322
*	10,538 Schwab Treasury Obligation Money Market Fund	Money Market Funds	<u>10,538</u>	<u>10,538</u>
	Total Monkey Market Funds		<u>184,860</u>	<u>184,860</u>
	<u>Par Value</u>			
	175,000 US Treas Nt; 4.25% due 5/31/25	U.S. Government Security	173,202	174,945
	175,000 US Treas Nt; 5.0% due 10/31/25	U.S. Government Security	176,069	176,012
	75,000 US Treas Bill; due 2/20/25	U.S. Government Security	<u>71,746</u>	<u>74,573</u>
	Total U.S. Government Securities		<u>421,017</u>	<u>425,530</u>
	<u>Shares</u>			
	695 iSHARES Core S&P 500	Mutual Fund	157,003	409,133
	175 iSHARES Russell Mid Cap	Mutual Fund	7,541	15,470
	440 iSHARES Russell 1000	Mutual Fund	44,071	176,694
	960 SPDR S&P 500	Mutual Fund	201,897	562,637
	165 Vanguard Small Cap	Mutual Fund	<u>18,933</u>	<u>39,646</u>
	Total Mutual Funds		<u>429,445</u>	<u>1,203,580</u>
	Total Investments		<u>\$ 1,035,322</u>	<u>\$ 1,813,970</u>

*Denotes party-in-interest

**INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS
LOCAL UNION NO. 90
BENEFIT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

**YEARS ENDED
DECEMBER 31, 2024 AND 2023**

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN

TABLE OF CONTENTS

	<u>PAGE(S)</u>
Independent Auditor's Report	1 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 16
Supplemental Information:	
Schedule of Assets (Held at Year End)	18
Schedule of Reportable Transactions	19
Schedules of Employer Contributions	20



INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
International Brotherhood of Electrical Workers
Local Union No. 90 Benefit Plan
Wallingford, Connecticut

Opinion

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit Plan (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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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. 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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit 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 International Brotherhood of Electrical Workers (I.B.E.W.) Local Union No. 90 Benefit Plan's ability to continue as a going concern for a reasonable period of time.


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

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules of assets (held at end of year) and reportable transactions, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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


New Haven, Connecticut
October 15, 2025

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value		
Money market funds	\$ 184,860	\$ 32,980
Corporate bonds and notes	-	340,968
U.S. government securities	425,530	640,776
Mutual funds	<u>1,203,580</u>	<u>2,525,309</u>
Total Investments	<u>1,813,970</u>	<u>3,540,033</u>
Cash	<u>919,995</u>	<u>1,329,954</u>
Receivables		
Employer contributions	728,232	616,412
Reciprocal contributions	285,671	159,858
Stop-loss receivable	<u>181,590</u>	<u>-</u>
Total Receivables	<u>1,195,493</u>	<u>776,270</u>
Other Assets		
Accrued interest	2,152	6,933
Prepaid expenses	<u>5,759</u>	<u>6,710</u>
Total Other Assets	<u>7,911</u>	<u>13,643</u>
Total Assets	<u>3,937,369</u>	<u>5,659,900</u>
LIABILITIES		
Accounts Payable	10,472	12,632
Reciprocal Contributions Payable	<u>163,868</u>	<u>81,059</u>
Total Liabilities	<u>174,340</u>	<u>93,691</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,763,029</u>	<u>\$ 5,566,209</u>

See accompanying notes to the financial statements.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	<u>2024</u>	<u>2023</u>
Investment Income		
Interest	\$ 34,420	\$ 41,804
Dividends and capital gain distributions	31,003	26,109
Net appreciation in fair value of investments	<u>467,680</u>	<u>492,541</u>
	533,103	560,454
Less: investment advisory fees	<u>14,273</u>	<u>16,616</u>
Net Investment Income	<u>518,830</u>	<u>543,838</u>
Contributions		
Employer contributions	7,172,898	8,861,762
Reciprocal contributions, net of payments	1,120,500	(271,926)
Participant contributions	<u>1,447,213</u>	<u>1,350,723</u>
Total Contributions	<u>9,740,611</u>	<u>9,940,559</u>
Deductions		
Benefit costs		
Medical, dental, prescription, disability claims and death benefits net of stop-loss recoveries	10,233,655	8,184,839
Stop-loss and life insurance premiums	518,955	506,987
Health maintenance organization premiums	161,352	175,699
Employer tax on disability payments	<u>31,637</u>	<u>29,354</u>
Total Benefit Costs	<u>10,945,599</u>	<u>8,896,879</u>
Administrative costs		
Claims fee	239,613	230,444
Administration fee	115,903	147,156
Actuarial and consulting	59,469	49,921
Legal	40,000	40,000
Claims consulting and arbitration	603,213	547,245
Postage, printing, office and other	9,653	13,226
Auditing and payroll compliance	25,641	26,643
Dues	<u>23,530</u>	<u>26,811</u>
Total Administrative Costs	<u>1,117,022</u>	<u>1,081,446</u>
Total Deductions	<u>12,062,621</u>	<u>9,978,325</u>
Change in Net Assets Available for Benefits	(1,803,180)	506,072
Net Assets Available for Benefits, Beginning of Year	<u>5,566,209</u>	<u>5,060,137</u>
Net Assets Available for Benefits, End of Year	<u>\$ 3,763,029</u>	<u>\$ 5,566,209</u>

See accompanying notes to the financial statements.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - PLAN DESCRIPTION

General

The I.B.E.W. Local Union No. 90 Benefit Plan (Plan) was established under an Agreement and Declaration of Trust originally entered into on October 1, 1952 and subsequently amended by and between the International Brotherhood of Electrical Workers Local Union No. 90 (I.B.E.W. 90) and the Connecticut Chapter of the National Electrical Contractors Association, Inc. (CT NECA). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended from time to time.

Plan Benefits

The Plan self-insures medical claims, vision, prescription drug, and disability benefits. The Plan insures life insurance, accidental death and dismemberment insurance, and certain medical and dental benefits of retired members, the premiums for which are paid out of Plan assets. A complete description of Plan benefits has been published in the Summary Plan Description. The Plan has in effect stop-loss insurance for claims exceeding \$200,000 per individual, with a \$450,000 and \$425,000 specific deductible in 2024 and 2023, respectively. For the year ended December 31, 2024 and 2023, the Plan realized recoveries of \$642,747 and \$17,478, respectively, related to this insurance policy. These amounts have been netted with benefit expense in the statement of changes in net assets available for benefits.

Neither members nor retirees have any vested rights to benefits. The Trustees may reduce or terminate benefits, or adjust self-payment costs, as they deem appropriate.

Funding

The current collective bargaining agreement between CT NECA and I.B.E.W. 90 provides that, effective June 1, 2024, the amount which employers contribute to the Plan for each hour worked by an employee is \$12.30 which increased from \$12.05.

The Plan provides an option for members no longer eligible under the Plan's eligibility provisions to obtain coverage through self-payment contributions at a fixed cost for an extended period of time.

Retirees can purchase coverage in the Plan at rates based on their age. Effective January 1, 2023, Retiree plan coverage moved from the self-funded Medicare Supplement plan to a fully insured Medicare Advantage plan with Part D prescription drug.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Valuation of Investments

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 Trustees determine the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid instruments with a maturity of three months or less.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES – (CONTINUED)

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Employer Contributions

Employer contributions are based on hours worked as submitted by employers at rates contractually agreed upon.

Employer Contributions Receivable

The Plan considers employer contributions receivable to be fully collectible; accordingly, no allowance for credit losses is required.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Estimated Health Claims Payable and Incurred, but Not Reported

This obligation represents the estimated claims incurred by participants but not reported to the Plan at year end. The Plan is self-funded and estimates this obligation using historical data and actuarial assumptions. Additionally, this obligation includes claims submitted to, but unprocessed by, the Plan at year-end.

Estimated Future Benefits Based on Accumulated Eligibility

The Plan has an estimated liability for future health claims required to be paid based upon accumulated eligibility credits, as determined by the Plan's actuarial consultant. The liability is estimated based on claims paid, the number of eligible participants, and the operating expenses of the Plan.

Post-Retirement Benefit Obligations

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to participant services rendered to the date of the financial statements. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired participants or other participants fully eligible for benefits and (2) active participants not yet fully eligible for benefits. Neither active participants nor retired participants have any vested rights to benefits.

Prior to an active participant's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and results from applying actuarial assumptions to historical claims-cost data. The estimated future annual incurred claims costs per participant are adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Subsequent Events

Management has evaluated subsequent events through October 15, 2025, the date on which the financial statements were available to be issued and determined that there were no other events other than those described above.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - TAX STATUS

The Plan is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code and is exempt from federal income tax. The Plan obtained its latest determination letter on February 2, 1979, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4 - EMPLOYERS CONTRIBUTIONS

Significant Contributing Employers

The Plan received 12% and 16% of its contributions from one employer during 2024 and 2023, respectively. Should this employer cease operations, there could be significant negative impact on the Plan's contribution income, together with a corresponding reduction in the Plan's claims expense. Because the local union has collective bargaining agreements with numerous other employers who make up the balance of the Plan's contribution base, the Board of Trustees believes that if any, or all, of the significant employers were to cease operations, the affected employees and projects could be assumed by one or more contributing employers to the Plan.

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 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:
 - 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;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset 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.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Mutual Funds: Values as determined by obtaining quoted prices on nationally recognized securities exchanges.

Corporate Bonds and US government Securities: Values are determined using a market approach based on yields currently available in an active market.

Money Market Funds: Values are determined based on the daily closing price as reported by the fund.

Certificates of Deposit: Values are determined based on quoted market prices in an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value:

	<u>December 31, 2024</u>	
	<u>Level 1</u>	<u>Total</u>
U.S. government securities	\$ 425,530	\$ 425,530
Money market funds	184,860	184,860
Mutual funds	<u>1,203,580</u>	<u>1,203,580</u>
	<u>\$ 1,813,970</u>	<u>\$ 1,813,970</u>

	<u>December 31, 2023</u>	
	<u>Level 1</u>	<u>Total</u>
Corporate bonds and notes	\$340,968	\$340,968
U.S. government securities	640,776	640,776
Money market funds	32,980	32,980
Mutual funds	<u>2,525,309</u>	<u>2,525,309</u>
	<u>\$ 3,540,033</u>	<u>\$ 3,540,033</u>

NOTE 6 - FIDELITY BOND

The Plan is insured, up to a maximum amount of \$500,000 by a fidelity bond against losses through fraud or dishonesty.

NOTE 7 - PLAN ADMINISTRATION

The Plan has an administrator’s service agreement with Zenith American Solutions, Inc. Zenith American Solutions, Inc. is responsible for the daily administration of the Plan, as well as the processing of all participant data and claim payments.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - TERMINATION

The Trustees expect and intend to continue the Plan indefinitely but reserve the right to amend or terminate it. In the event the Plan terminates, the Trustees shall first apply the net assets to any obligations outstanding and any remaining balance will be paid in such manner as will best effectuate the purpose of the Plan. Under no circumstances shall any portion of the assets, directly or indirectly, revert or accrue to the benefit of any contributing employer or the Union.

NOTE 9 - BENEFIT OBLIGATIONS

The Plan's benefit obligations are as follows:

	December 31,	
	<u>2024</u>	<u>2023</u>
Amounts currently payable to, or for, participants, beneficiaries, and dependents		
Health claims payable and incurred, but not reported	\$ 596,000	\$956,900
Other estimated obligations for current benefit coverage		
Accumulated eligibility credits	3,399,300	3,431,800
Obligations other than post retirement benefit obligations	3,995,300	4,388,700
Post retirement benefit obligations		
Current retirees, beneficiaries and dependents	8,754,087	4,641,484
Other participants fully eligible for benefits	15,452,027	11,854,253
Other participants not yet fully eligible for benefits	6,147,487	4,762,453
Total post retirement benefit obligations	30,353,601	21,258,190
Total benefit obligations	\$ 34,348,901	\$ 25,646,890

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 - BENEFIT OBLIGATIONS – (CONTINUED)

The changes in the Plan’s benefit obligations are as follows:

	Year Ended December 31,	
	<u>2024</u>	<u>2023</u>
Amounts currently payable to, or for, participants, beneficiaries, and dependents and other estimated obligations for amounts incurred, but not reported		
Balance, beginning of year	\$ 956,900	\$ 1,311,900
Claims incurred	9,872,755	7,829,839
Claims paid, including disability	<u>(10,233,655)</u>	<u>(8,184,839)</u>
Balance, end of year	<u>596,000</u>	<u>956,900</u>
Other obligations for current benefit coverage		
Balance, beginning of year	3,431,800	3,490,200
Increase in accumulated eligibility credits	<u>(32,500)</u>	<u>(58,400)</u>
Balance, end of year	<u>3,399,300</u>	<u>3,431,800</u>
Obligations other than post retirement benefit obligations	<u>3,995,300</u>	<u>4,388,700</u>
Post-retirement benefit obligations		
Balance, beginning of year	21,258,190	9,044,320
Benefits earned net of benefits paid	955,309	281,191
Actuarial experience loss	86,379	3,115,469
Plan amendments	(1,022,871)	(43,835)
Changes in actuarial assumptions	<u>9,076,594</u>	<u>8,861,045</u>
Balance, end of year	<u>30,353,601</u>	<u>21,258,190</u>
Total benefit obligations, end of year	<u>\$ 34,348,901</u>	<u>\$ 25,646,890</u>

The Plan’s deficiency of net assets available for benefits over the benefit obligations at December 31, 2024 and 2023 relates primarily to the post-retirement benefit obligation, the funding of which will be on a pay as you go basis by the contribution rate provided by the current bargaining agreement. The Trustees have the right to terminate or change the terms of the Plan at any time.

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 - BENEFIT OBLIGATIONS – (CONTINUED)

The annual rate of increase in the per retiree health care cost assumption has a significant effect on the amounts reported in the accompanying financial statements. The percentage rate was assumed to apply to the net fund per capita subsidy under the Plan; that is, to the sum of the net incurred claims cost, plus administrative expenses, and less participant contributions. If the assumed rate increased by one percentage point in each year, it would increase the total post-retirement benefit obligation as of December 31, 2024 and 2023 by \$4,978,935 and \$3,121,302, respectively.

Post-retirement benefit obligations are as follows:

	December 31,		2023	
	2024		2023	
Plan benefits before reduction for retiree contributions	\$ 81,551,336	100 %	\$ 77,441,195	100 %
Less: projected retiree contributions	<u>(51,197,735)</u>	<u>(63)</u>	<u>(56,183,005)</u>	<u>(73)</u>
Total	<u>\$ 30,353,601</u>	<u>37 %</u>	<u>\$ 21,258,190</u>	<u>27 %</u>

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 - BENEFIT OBLIGATIONS – (CONTINUED)

The following are other significant assumptions used in the valuation of the post-retirement benefit obligations as of December 31, 2024 and 2023:

	December 31, 2024	December 31, 2023
Discount Rate	5.50%	4.75%
Health Trend Rates		
Under 65 Medical	6.75% graded by .25% to 4.5% over 9 years	7.00% graded by .25% to 4.5% over 10 years
Over 65 Medical	5.75% graded by .25% to 4.50% over 5 years	6% graded by .25% to 4.50% over 6 years
Under 65 Prescription Drug	9.75% graded by .25% to 4.5% over 21 years	10.00% graded by .25% to 4.5% over 22 years
Over 65 Prescription Drug	9.75% graded by .25% to 4.5% over 21 years	29.10%, then 9.75% graded by .25% to 4.5% over 21 years
Dental	3.00%	3.00%
Vision	3.00%	3.00%
Administrative Expense Increase Rate	3.00%	3.00%
Retiree Contribution Increase Rate	Retiree contributions are assumed to increase with estimated per capita costs and reflect current contributions as of January 1, 2025	Retiree contributions are assumed to increase with estimated per capita costs and reflect current contributions as of January 1, 2024
Postretirement Mortality Rates		
Pre-retirement	Pri-2012 Blue Collar Employee Headcount - Weighted Mortality Table projected generationally with the MP-2021 projection scale	Pri-2012 Blue Collar Employee Headcount - Weighted Mortality Table projected generationally with the MP-2021 projection scale
Healthy	Pri-2012 Blue Collar Healthy Retiree Headcount - Weighted Mortality Table projected generationally with the MP-2021 projection scale	Pri-2012 Blue Collar Healthy Retiree Headcount - Weighted Mortality Table projected generationally with the MP-2021 projection scale
Disabled	Pri-2012 Blue Collar Disabled Retiree Headcount - Weighted Mortality Table projected generationally with the MP-2021 projection scale	Pri-2012 Blue Collar Disabled Retiree Headcount - Weighted Mortality Table projected generationally with the MP-2021 projection scale

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

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
 NOTES TO FINANCIAL STATEMENTS
 DECEMBER 31, 2024 AND 2023

NOTE 9 - BENEFIT OBLIGATIONS – (CONTINUED)

For 2024, valuation assumption changes increased obligations by \$9,076,594. This was the net result of (1) an increase in obligations due to updating the Medicare costs to reflect January 1, 2025 premiums for medical and prescription drug plans and the non-Medicare expected self funded costs, partially offset by (2) a decrease in obligations due to raising the discount rate. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

Plan Amendment

A plan amendment decreased obligations by \$1,022,871. As of January 1, 2025, dental coverage for Medicare participants is administered through the Aetna Medicare Advantage Plan. Previously, these benefits were self funded.

For 2023, valuation assumption changes increased obligations by \$8,861,045. This was the net result of (1) an increase in obligations due to updating the valuation-year per capita health costs and the future trend, including the impact of the Inflation Reduction Act of 2022 on such costs, (2) an increase in obligations due to updating the actuarial factors used to estimate individual retiree and spouse costs by age and by gender, and (3) an increase in obligations due to lowering the discount rate. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flow match the timing and amount of expected benefit payments.

NOTE 10 - RECIPROCAL AGREEMENTS

Reciprocal contributions represent amounts received from other I.B.E.W. health and welfare funds for hours worked by I.B.E.W. members of Local No. 90. The contributions are based on the rate stated in the collective bargaining agreement in effect where the work is performed.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the Form 5500:

	December 31,	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits, financial statements	\$ 3,763,029	\$ 5,566,209
Benefit obligations currently payable, and claims payable and incurred, but not reported	<u>(596,000)</u>	<u>(956,900)</u>
Net assets available for benefits, Form 5500	<u>\$ 3,167,029</u>	<u>\$ 4,609,309</u>

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 – (CONTINUED)

The following is a reconciliation of benefits paid to participants from the financial statements to the Form 5500:

	Years Ended December 31,	
	<u>2024</u>	<u>2023</u>
Benefits paid to participants, financial statements	\$ 10,233,655	\$8,184,839
Claims currently payable and amounts incurred, but not reported at end of year	596,000	956,900
Claims currently payable and amounts incurred, but not reported beginning of year	<u>(956,900)</u>	<u>(1,311,900)</u>
Benefits paid to participants, Form 5500	<u>\$ 9,872,755</u>	<u>\$ 7,829,839</u>

Amounts currently payable to or for participants, dependents, and beneficiaries and incurred but not reported claims are recorded on the Form 5500 as benefit claims payable at December 31, 2024 and 2023.

NOTE 12 - CONCENTRATION OF RISK

The Plan held cash in excess of federally insured limits in the amount of \$477,271 and \$1,256,413 as of December 31, 2024 and 2023, respectively.

NOTE 13 - 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 14 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, and certain others. The Plan holds investments managed by Bradley, Foster & Sargent, Inc. which are in the custody of Charles Schwab & Co., Inc. People's United Advisors and Charles Schwab & Co., Inc. are service providers to the Plan, and therefore, these transactions and the Plan's payment of fees to service providers qualify as exempt party-in-interest transactions.

The Plan has arrangements with service providers providing legal, consulting, administrative, and audit services. Additionally, several of the trustees are also active participants in the Plan and employer contributions are made to the Plan on their behalf. These transactions are exempt party-in-interest transactions under ERISA.

SUPPLEMENTAL INFORMATION

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
SCHEDULE H, LINE 4i - EIN: 06-0942804, PLAN: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Units</u>			
*	174,322 Schwab Money Market Fund	Money Market Funds	\$ 174,322	\$ 174,322
*	10,538 Schwab Treasury Obligation Money Market Fund	Money Market Funds	<u>10,538</u>	<u>10,538</u>
	Total Monkey Market Funds		<u>184,860</u>	<u>184,860</u>
	<u>Par Value</u>			
	175,000 US Treas Nt; 4.25% due 5/31/25	U.S. Government Security	173,202	174,945
	175,000 US Treas Nt; 5.0% due 10/31/25	U.S. Government Security	176,069	176,012
	75,000 US Treas Bill; due 2/20/25	U.S. Government Security	<u>71,746</u>	<u>74,573</u>
	Total U.S. Government Securities		<u>421,017</u>	<u>425,530</u>
	<u>Shares</u>			
	695 iSHARES Core S&P 500	Mutual Fund	157,003	409,133
	175 iSHARES Russell Mid Cap	Mutual Fund	7,541	15,470
	440 iSHARES Russell 1000	Mutual Fund	44,071	176,694
	960 SPDR S&P 500	Mutual Fund	201,897	562,637
	165 Vanguard Small Cap	Mutual Fund	<u>18,933</u>	<u>39,646</u>
	Total Mutual Funds		<u>429,445</u>	<u>1,203,580</u>
	Total Investments		<u>\$ 1,035,322</u>	<u>\$ 1,813,970</u>

*Denotes party-in-interest

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024
SCHEDULE H, LINE 4j - EIN: 06-0942804, PLAN: 501

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value at Transaction Date</u>	(i) <u>Gain or (Loss)</u>
Category 2 - Series of Transactions with Same Security Exceeds 5% of Value:						
SPDR	SPDR S&P 500 ETF	<u>\$ -</u>	<u>\$ 483,543</u>	<u>\$ 231,048</u>	<u>\$ -</u>	<u>\$ 252,495</u>
iShares	iShares Russell 1000 Growth ETF	<u>\$ -</u>	<u>\$ 343,282</u>	<u>\$ 109,231</u>	<u>\$ -</u>	<u>\$ 234,051</u>

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
SCHEDULES OF EMPLOYER CONTRIBUTIONS

<u>Employer Name</u>	Year Ended December 31,	
	<u>2024</u>	<u>2023</u>
Paul Dinto Electrical Cont., Inc.	\$ 875,582	\$ 1,446,527
McPhee Electric, Ltd.	704,529	968,997
EPS Technology, Inc.	678,396	528,979
Ducci Electrical Contractors	664,360	1,443,455
PCI Energy Services	477,904	-
Consolidated Electric, Inc.	426,535	453,173
Southern New England Elec. Testing	356,666	351,334
VSC Electric, Inc.	322,313	240,574
Dicin Electric Co., Inc.	317,323	245,143
Custom Electric, Inc.	291,375	388,678
TF Electric, Inc.	244,249	229,284
C-White Electric, LLC	225,673	177,544
All Electric Const. & Comm.	207,861	127,765
Hi-Volt Maintenance	191,380	206,846
Grove Systems, Inc.	173,638	159,942
Siemens Generation Services	134,909	117,680
Genovese & Massaro Electrical	101,670	83,559
IBEW Local 90	97,520	95,344
Fiora Electrical Const., Inc.	86,501	39,991
American Elec. Testing	79,785	48,365
T&J Electrical Associates, LLC	72,026	61,144
Electrical Power Solutions	71,409	5,423
Local 90 JATC	53,071	48,166
A.M. Rizzo Electrical Cntr., Inc.	47,470	58,787
William Roberts Electric Co.	41,967	187,381
BHI Energy	22,356	747,612
Malangone Electric	21,136	38,461
E. Pierpont Electrical Contr., LLC	19,966	22,792
K.T.M. Electrical Constr	19,263	-
Fusion Communications, LLC	19,188	18,564
A&M Electrical & Comm. Services	19,098	48,492
Net Services, LLC	16,931	38,609
ES Boulos Company	14,882	-
Arden Engineering	13,509	3,059
PJS Electric, Inc.	10,913	-
Power & Network Solutions LLC	10,873	-
WC McBride Electrical Contr.	10,206	107,094
Anderson Electrical Contr Ltd	9,305	764
Mass Electric	8,251	26,192
Elite Electrical Contractors	7,927	14,871
J. Givoo Consultants, Inc.	2,410	2,141
Tek Electrix, LLC	1,296	49,186
Buy-in	1,276	664
Matrix North American Const	-	11,565
Day & Zimmerman NPS	-	5,373
Native Sons Ltd.	-	4,839
Cell Comm Electrical Services	-	3,760
Collins Electric Company, Inc.	-	2,022
Moulison Electric	-	1,621
	<u>\$ 7,172,898</u>	<u>\$ 8,861,762</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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


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

Part II Basic Plan Information - enter all requested information

1a Name of plan INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 90 BENEFIT PLAN	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	10/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF IBEW LOCAL 90 BENEFIT PLAN 8 FAIRFIELD BLVD. STE 105 WALLINGFORD CT 06492	2b Employer Identification Number (EIN)	06-0942804
	2c Plan Sponsor's telephone number	203-269-5764
	2d Business code (see instructions)	238210

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

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

SIGN HERE		Date	SEAN DALY 
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	MANAGEMENT TRUSTEE
	Signature of employer/plan sponsor	9/25/20	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

I.B.E.W. LOCAL UNION NO. 90 BENEFIT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024
SCHEDULE H, LINE 4j - EIN: 06-0942804, PLAN: 501

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value at Transaction Date</u>	(i) <u>Gain or (Loss)</u>
Category 2 - Series of Transactions with Same Security Exceeds 5% of Value:						
SPDR	SPDR S&P 500 ETF	<u>\$ -</u>	<u>\$ 483,543</u>	<u>\$ 231,048</u>	<u>\$ -</u>	<u>\$ 252,495</u>
iShares	iShares Russell 1000 Growth ETF	<u>\$ -</u>	<u>\$ 343,282</u>	<u>\$ 109,231</u>	<u>\$ -</u>	<u>\$ 234,051</u>