

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NECA-IBEW LOCAL NO. 364 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF NECA-IBEW LOCAL NO 364 SUPPLEMTL UNEMPLOYMENT TRUST FUND
2b Employer Identification Number (EIN): 38-3690592
2c Plan Sponsor's telephone number: 815-398-6282
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, Name. Rows include Alan Golden (plan administrator) and John Robinson (employer/plan sponsor).

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	2669
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)	2669
	6a(2)	3649
	6b	0
	6c	0
	6d	3649
	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	

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:
4C 4F

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan NECA-IBEW LOCAL NO. 364 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NECA-IBEW LOCAL NO 364 SUPPLEMTL UNEMPLOYMENT TRUST FUND	D Employer Identification Number (EIN) 38-3690592	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TIC INTERNATIONAL CORPORATION

6525 CENTURION DRIVE
LANSING, MI 48917-9725

13-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	16679	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIC J. FERNANDEZ & CO.

895 W. MAIN ST., STE. 1000
WEST DUNDEE, IL 60118

36-3141842

(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	22000	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)

MEKETA INVESTMENT GROUP

100 LOWDER BROOK DRIVE
WESTWOOD, MA 02090

04-2659023

(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?
17 27	NONE	14500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan NECA-IBEW LOCAL NO. 364 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NECA-IBEW LOCAL NO 364 SUPPLEMTL UNEMPLOYMENT TRUST FUND	D Employer Identification Number (EIN) 38-3690592

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	214404	68357
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	171626	123628
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	143414	15369
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)	11813751	10903651
(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	12343195	11111005
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	449976	498173
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	449976	498173
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11893219	10612832

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)	1854755	
(B) Participants.....	2a(1)(B)		
(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)		1854755
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)		
(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)		
(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)	482607	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3719787	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3730509	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	467782	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2794422

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3984674	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3984674
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)	16679	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22000	
(5) Investment advisory and investment management fees	2i(5)	14500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4343	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	32613	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		90135
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4074809

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1280387
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: ERIC J FERNANDEZ & CO

(2) EIN: 36-3141842

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.			

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

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

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

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

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

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT
BENEFIT TRUST FUND**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**YEARS ENDED
APRIL 30, 2025 AND 2024**

CONTENTS

	<u>PAGE</u>
Independent Auditors' Report	1
Financial Statements:	
Statements of net assets available for benefits	2
Statements of changes in net assets available for benefits	3
Notes to financial statements	4 - 10
Supplemental Information:	
Administrative expenses	11
Schedule H, line 4i - Schedule of assets (Held at end of year)	12
Schedule H, line 4j - Schedule of reportable transactions	13



ERIC J. FERNANDEZ & Co.

CERTIFIED PUBLIC ACCOUNTANTS
&
BUSINESS CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Board of Trustees
NECA - I.B.E.W. Local 364
Supplemental Unemployment Benefit Trust Fund
Rockford, Illinois

Opinion

We have audited the accompanying financial statements of NECA - I.B.E.W. Local 364 - Supplemental Unemployment Benefit Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, 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 NECA - I.B.E.W. Local 364 - Supplemental Unemployment Benefit Trust Fund as of April 30, 2025 and 2024, 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 NECA - I.B.E.W. Local 364 - Supplemental Unemployment Benefit Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

Partners

Eric J. Fernandez, CPA
Carl L. Swanson, CPA
Gregory R. Wendlandt, CPA/ABV, MST
Anthony R. Quagliano, CPA
Norman A. Richter, Jr., CPA
Daniel K. Anderson, CPA, CFP, CVA

Managers

Michael Palmisano, CPA, MST
Jeff Kociak, CPA, MBA

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 NECA - I.B.E.W. Local 364 - Supplemental Unemployment Benefit Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 NECA - I.B.E.W. Local 364 - Supplemental Unemployment Benefit Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about NECA - I.B.E.W. Local 364 - Supplemental Unemployment Benefit Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

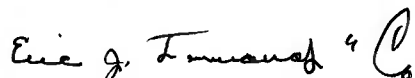
Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The supplemental schedules of schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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, 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.

Eric J. Fernandez & Co.



West Dundee, Illinois
November 18, 2025

NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS:		
Investments at fair value	10,903,651	11,813,751
Employer contributions receivable	123,628	171,626
Cash and cash equivalents	<u>83,726</u>	<u>357,818</u>
Total assets	<u>11,111,005</u>	<u>12,343,195</u>
LIABILITIES:		
Accounts payable	<u>498,173</u>	<u>449,976</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>10,612,832</u></u>	<u><u>11,893,219</u></u>

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

NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividend income	482,607	439,011
Net appreciation (depreciation) in fair value of investments	<u>457,060</u>	<u>575,492</u>
Total investment income (loss)	939,667	1,014,503
Employer contributions	1,854,755	3,654,530
Late payment assessments	<u>-</u>	<u>16,765</u>
Total additions	<u>2,794,422</u>	<u>4,685,798</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Unemployment benefits paid directly to participants	3,840,168	2,526,595
Disability benefits paid directly to participants	73,841	82,384
Health benefits paid	70,665	205,417
Administrative expenses	<u>90,135</u>	<u>79,425</u>
Total deductions	<u>4,074,809</u>	<u>2,893,821</u>
Net increase (decrease) in net assets available for benefits	(1,280,387)	1,791,977
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>11,893,219</u>	<u>10,101,242</u>
End of year	<u>10,612,832</u>	<u>11,893,219</u>

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

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the NECA - I.B.E.W. Local No. 364 Supplemental Unemployment Benefit Trust Fund (SUB Fund) provides general information only. Participants should refer to the trust agreement (Trust) for a complete description of the SUB Fund's provisions.

GENERAL

The SUB Fund became effective September 1, 2003 under an agreement and Declaration of Trust between the Northern Illinois Chapter of the National Electrical Contractors Association, Inc. and the International Brotherhood of Electrical Workers Local 364. It is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). The SUB Fund's disbursements are under the joint control of union designated and employer designated trustees.

BENEFITS

The SUB Fund provides supplemental unemployment and disability benefits covering eligible participants who work the qualifying period as described in the SUB Fund and for whom contributions have been made by contributing employers to their individual account.

ELIGIBILITY

All participants who are eligible to participate in the NECA-IBEW Local No. 364 Defined Contribution Pension Trust Fund (Pension Fund) or who are having contributions made to another similar plan under the National Reciprocity Agreement are eligible to participate in the SUB Fund.

Participants may receive benefit payments once their individual account reaches \$1,200 as provided by the Trust. Payments will continue as long as a minimum balance is retained in the account. Benefits will not be paid for any week in which the participant is not entitled to receive State unemployment compensation benefits as described by the Trust. Participants who are disabled and receiving loss of time benefits under the Union Health Care Plan or workers compensation benefits, may, at their option, receive weekly benefit payments.

VESTING

Once a members' account has been established, the member is 100% vested in their account.

1. DESCRIPTION OF PLAN (continued)

CONCENTRATION

The majority of the SUB Fund's participating employers conduct their business in the area surrounding Rockford, Illinois.

FUNDING POLICY

The Board of Trustees established a funding policy and method in order to promote the purpose of the SUB Fund and to ensure compliance with ERISA. Each employer contributes to the SUB Fund such amounts at such times as are required by the applicable provisions of the collective bargaining agreement, or such other agreements as are approved by the Board of Trustees to provide benefits for participants. Contributions are based on an hourly rate and are made on a monthly basis throughout the year. Under terms of the Collective Bargaining Agreement, the SUB Fund allocates contributions, on behalf of members, with the I.B.E.W. Local No. 364 Pension Fund. The allocations to the SUB Fund are the lesser of 25% of the total contribution or such amount as necessary to bring the participant's account to its maximum allowable \$6,000 balance. The revenue of the SUB Fund is dependent on continued activity of the employers of the SUB Fund. The contribution rates for each type of agreement in effect for the audit period are as follows:

Inside Agreement	Effective June 2, 2025	\$22.04 per hour
	Effective June 3, 2024	\$21.79 per hour
	Effective May 29, 2023	\$20.91 per hour
	Effective May 31, 2022	\$20.72 per hour
Residential Agreement	Effective June 1, 2025	\$9.85 per hour
	Effective December 1, 2024	\$9.85 per hour
	Effective June 3, 2024	\$7.85 per hour
	Effective June 1, 2023	\$7.85 per hour
	Effective May 31, 2022	\$7.85 per hour
Communication Agreement	Effective June 2, 2025	\$19.53 per hour
	Effective June 3, 2024	\$17.19 per hour
	Effective May 29, 2023	\$16.39 per hour
	Effective May 30, 2022	\$15.62 per hour

Contributions on behalf of apprentices are based on hours worked as an apprentice and vary between \$0 to \$19.84 per hour. An allowance for doubtful accounts is not necessary and therefore is not provided.

1. DESCRIPTION OF PLAN (continued)

PAYMENT OF BENEFITS

The maximum unemployment benefit a member may elect to receive is \$250 for each week that the member is eligible to receive State unemployment benefits. At no time may a members' account reach a negative balance.

If a member is disabled and receiving loss of time benefits under the Union Health Care Plan or workers compensation benefits, they may elect to receive weekly benefit payments. These payments shall be for a pre-tax amount of \$250 and may be received for a maximum period of eight weeks. Effective February 1, 2012 the maximum period for Supplemental Disability and Workers' Compensation benefits increased to twelve weeks.

The SUB Fund allows participants, upon retirement, to use their account balances in the SUB Fund to supplement retiree medical premiums for the I.B.E.W. Local 364 Union Health Care Plan. This is accomplished by a rollover contribution from the SUB Fund to the Health Care Plan. Any available premium credits in the Health Care Plan must be used first before any balances in the SUB Fund may be withdrawn. Any balance remaining in a member's account at the time of death will be paid to the surviving beneficiaries.

INTEREST ALLOCATION

The Board of Trustees of the SUB Fund announced effective with the 2014 interest allocation, any participant who has a balance in their SUB Fund account of less than \$100 dollars or no ending balance will not be included in the interest allocation. The remaining participants' interest allocation will be calculated by adding the beginning balance to the ending balance and dividing by two. The interest will then be distributed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the SUB Fund is presented to assist in understanding the SUB Fund's financial statements. The financial statements and notes are representations of the SUB Fund's management. Management is responsible for its integrity and objectivity.

BASIS OF ACCOUNTING

The SUB Fund's financial statements are prepared using the accrual method of accounting. The accrual method of accounting will allow certain revenues and the related assets to be recognized when earned rather than received and certain expenses and the related liabilities to be recognized when incurred rather than paid.

INCOME TAXES

The SUB Fund is qualified pursuant to Section 501(a) of the Internal Revenue Code as a tax exempt organization. The SUB Fund has been amended since receiving the determination letter. The most recent determination letter is dated January 21, 2005. The plan sponsor believes the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

INCOME TAXES (continued)

The SUB Fund has adopted FASB ASC 740-10-25, *Accounting for Uncertainty in Income Taxes*. The SUB Fund will record a liability for uncertain tax positions when it is more likely than not that a tax position would not be sustained if examined by a taxing authority. The SUB Fund continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings.

The SUB Fund's evaluation on April 30, 2025 and 2024 revealed no uncertain tax positions that would have a material impact on the financial statements. The 2021 through 2023 tax years remain subject to examination by the IRS. The SUB Fund does not believe that any reasonable changes will occur within the next twelve months that will have a material impact on the financial statements.

ESTIMATES

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

CASH AND CASH EQUIVALENTS

The SUB Fund's cash and cash equivalents include amounts in non-interest bearing checking accounts and overnight sweep accounts with financial institutions.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

3. RELATED PARTIES

The SUB Fund is related to IBEW Local 364 Defined Contribution Pension Fund, IBEW Local 364 Welfare Trust Fund, IBEW Local 364 Vacation Fund, and IBEW Local No. 364 through common membership, governing bodies, and trustees.

4. PRIORITIES UPON TERMINATION

If the plan is terminated, the plan assets will be distributed in the order of priority set by the Employee Retirement Income Security Act of 1974 (ERISA) which regulates the SUB Fund. If assets remain after the liabilities for all accrued benefits and expenses have been satisfied, all benefits will be increased as necessary to liquidate the excess assets. In no event can money go back to an employer after termination.

5. INVESTMENTS

FASB ASC 820 *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are as described as follows:

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in active 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. Valuation techniques used needs to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds and exchange traded funds: Valued at quoted market prices which are at the net asset value (NAV) of shares held by the SUB Fund.

5. INVESTMENTS (continued)

SUB Fund management considers subscriptions and redemption rights, including any restriction on the disposition of the interest in its determination of fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the SUB Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Investments at April 30, 2025 and 2024 were as follows:

<u>Fair Value at April 30, 2025</u>				
<u>Description</u>	<u>4/30/2025</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	\$ 10,152,078	\$ 10,152,078	\$ -	\$ -
Exchange Traded Funds	<u>751,573</u>	<u>751,573</u>	<u>-</u>	<u>-</u>
	<u>\$ 10,903,651</u>	<u>\$ 10,903,651</u>	<u>\$ -</u>	<u>\$ -</u>
<u>Fair Value at April 30, 2024</u>				
<u>Description</u>	<u>4/30/2024</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	\$ 11,107,340	\$ 11,107,340	\$ -	\$ -
Exchange Traded Funds	<u>706,411</u>	<u>706,411</u>	<u>-</u>	<u>-</u>
	<u>\$ 11,813,751</u>	<u>\$ 11,813,751</u>	<u>\$ -</u>	<u>\$ -</u>

During the years ended April 30, 2025 and 2024, the SUB Fund's investments including investments bought, sold as well as held during the year appreciated (depreciated) in value by \$457,060 and \$575,492 respectively.

6. RISKS AND UNCERTAINTIES

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

7. SUBSEQUENT EVENTS

The financial statements were available to be issued on November 18, 2025 with subsequent events being evaluated through this date.

SUPPLEMENTAL INFORMATION

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND**

ADMINISTRATIVE EXPENSES

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Legal and professional fees	40,843	37,034
Printing and office expense	20,922	17,710
Administration	16,679	9,791
Office administration	8,188	11,334
Insurance	3,343	3,396
Conferences	<u>160</u>	<u>160</u>
Total administrative expenses	<u><u>90,135</u></u>	<u><u>79,425</u></u>

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND**

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

APRIL 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Party	Description of Investment	Cost	Current Value
	Dimensional Emerging Markets	Mutual Fund	\$ 628,915	\$ 645,797
	Carillon Reams Unconstrained Bond Fund	Mutual Fund	1,132,110	1,321,213
	Fidelity 500 Index Fund Premium Class	Mutual Fund	1,342,012	1,468,116
	Blackstone Multi Stratified Fund	Mutual Fund	1,134,005	1,126,739
	American Century High Income	Mutual Fund	1,533,173	1,496,547
	DoubleLine Total Return Bond Fund	Mutual Fund	1,352,766	1,404,683
	Neuberger Berman Genesis Fund Inst Class	Mutual Fund	872,707	837,142
	Alerian MLP Index ETN	Exchange Traded Funds	706,410	751,573
	Fidelity Diversified International Fund	Mutual Fund	1,227,046	1,345,125
	Vanguard Short-Term	Mutual Fund	481,002	506,716
			<u>\$ 10,410,146</u>	<u>\$ 10,903,651</u>

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND**

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2025

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value at Tx date	(i) Net gain or (loss)
American Century	High Income	\$ 1,500,045	\$ -	\$ -	\$ -	\$1,500,045	\$1,500,045	\$ -
Carillon Reams	Unconstrained Bond Fund	\$ -	\$2,869,880	\$ -	\$ -	\$2,873,306	\$2,869,880	\$ (3,426)

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 05/01/2024 and ending 04/30/2025

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 the DFVC program

D Check box if filing under: Form 5558 automatic extension special extension (enter description)

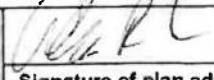
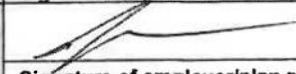
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Trust Fund	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/01/2003
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) Trustees of NECA-IBEW Local No 364 Supplementl Unemployment Trust Fund 6820 Mill Road Rockford IL 61108	2b Employer Identification Number (EIN) 38-3690592 2c Plan Sponsor's telephone number 815-398-6282 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		2-4-26	Alan Golden
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/4/26	John Robinson
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 2669																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">2669</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">3649</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">3649</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	2669	6a(2)	3649	6b	0	6c	0	6d	3649	6e		6f		6g(1)		6g(2)		6h	
6a(1)	2669																				
6a(2)	3649																				
6b	0																				
6c	0																				
6d	3649																				
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																				

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:

4C 4F

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

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

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

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND**

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

APRIL 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Party	Description of Investment	Cost	Current Value
	Dimensional Emerging Markets	Mutual Fund	\$ 628,915	\$ 645,797
	Carillon Reams Unconstrained Bond Fund	Mutual Fund	1,132,110	1,321,213
	Fidelity 500 Index Fund Premium Class	Mutual Fund	1,342,012	1,468,116
	Blackstone Multi Stratified Fund	Mutual Fund	1,134,005	1,126,739
	American Century High Income	Mutual Fund	1,533,173	1,496,547
	DoubleLine Total Return Bond Fund	Mutual Fund	1,352,766	1,404,683
	Neuberger Berman Genesis Fund Inst Class	Mutual Fund	872,707	837,142
	Alerian MLP Index ETN	Exchange Traded Funds	706,410	751,573
	Fidelity Diversified International Fund	Mutual Fund	1,227,046	1,345,125
	Vanguard Short-Term	Mutual Fund	<u>481,002</u>	<u>506,716</u>
			<u>\$ 10,410,146</u>	<u>\$ 10,903,651</u>

**NECA - I.B.E.W. LOCAL NO. 364
SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND**

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2025

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value at Tx date	(i) Net gain or (loss)
American Century	High Income	\$ 1,500,045	\$ -	\$ -	\$ -	\$1,500,045	\$1,500,045	\$ -
Carillon Reams	Unconstrained Bond Fund	\$ -	\$2,869,880	\$ -	\$ -	\$2,873,306	\$2,869,880	\$ (3,426)