

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: [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: NECA-IBEW LOCAL 364 DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 05/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND
2b Employer Identification Number (EIN): 36-3306560
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, and 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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND</p> <p style="color: blue;">6820 MILL ROAD ROCKFORD, IL 61108</p>	<p>3b Administrator's EIN 36-3306560</p> <p>3c Administrator's telephone number 815-398-6282</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	1160
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	944
a(2) Total number of active participants at the end of the plan year	6a(2)	1010
b Retired or separated participants receiving benefits.....	6b	184
c Other retired or separated participants entitled to future benefits	6c	15
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	45
f Total. Add lines 6d and 6e	6f	1254
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1254
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	161
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 2G 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan NECA-IBEW LOCAL 364 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND	D Employer Identification Number (EIN) 36-3306560	

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

PNC BANK	TWO HOPKINS PLAZA STE. 804 BALTIMORE, MD 21201
22-1146430	

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

ASB CAPITAL MANAGEMENT, LLC	7501 WISCONSIN AVE, SUITE 1500W BETHESDA, MD 20814
80-0618452	

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

CHEVY CHASE TRUST COMPANY	7501 WISCONSIN AVE, SUITE 1500W BETHESDA, MD 20814
52-2037618	

(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)

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	115667	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)

FIDELITY INVESTMENTS INSTITUTIONAL

PO BOX 770002, SLG6C
CINCINNATI, OH 45277-0090

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71	NONE	36828	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

TIC INTERNATIONAL

6525 CENTURION DRIVE
LANSING, MI 48917-9275

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	61108	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)

ERIC J. FERNANDEZ & CO. CPA'S

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	29875	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)

DOLAN, MCENIRY CAPITAL MANAGEMENT

120 N. LASALLE ST. STE 1510
CHICAGO, IL 60602

36-4169967

(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	74234	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)

BAUM, SIGMAN AUERBACH & NEUMAN LTD.

200 W. ADAMS ST. STE 2200
CHICAGO, IL 60606-5231

36-2744057

(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	22520	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)

WHITE OAK GLOBAL ADVISORS, LLC

3 EMBARCADERO CENTER
SAN FRANCISCO, CA 94111

26-0340395

(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	40236	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)

RICHARD J. WOLF AND COMPANY

P.O. BOX 591
708-923-0909
PALOS PARK, IL 60464

(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	6759	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
FIDELITY INVESTMENTS INSTITUTIONAL	64 65 71	
(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.	
FIDELITY - BARON GROWTH 43-1581814	PO BOX 770002 CINCINNATI, OH 45277-0090	ANNUALIZED FORMULA - 0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	64 65 71	
(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.	
FIDELITY - BARON GROWTH INST. FUND 43-1581814	PO BOX 770002 CINCINNATI, OH 45277-0090	ANNUALIZED FORMULA - 0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	64 65 71	
(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.	
FIDELITY - BROKERAGE LINK 04-2647786	PO BOX 770002 CINCINNATI, OH 45277-0090	ANNUALIZED FORMULA - 0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	64 65 71	
(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.	
FIDELITY - NB GENESIS INST. PO BOX 770002 CINCINNATI, OH 45277-0090 04-0025081	ANNUALIZED FORMULA - 0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	64 65 71	
(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.	
FIDELITY - OPP DEVELOPING MRKT. PO BOX 770002 CINCINNATI, OH 45277-0090 43-1581814	ANNUALIZED FORMULA - 0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	64 65 71	
(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.	
FIDELITY - SCOUT CORE BOND FUND PO BOX 770002 CINCINNATI, OH 45277-0090 39-1657495	ANNUALIZED FORMULA - 0.10%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 05/01/2024 and ending 04/30/2025

A Name of plan <u>NECA-IBEW LOCAL 364 DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>36-3306560</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID MANAGED INCOME PORT</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5205527</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25107024</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AQR DIVERS. STRATEGIES CIT</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20309805</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025		
A Name of plan NECA-IBEW LOCAL 364 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND	D Employer Identification Number (EIN) 36-3306560	

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	919090	859678
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3306103	2478953
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	207721	644224
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4773580	6013632
(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)	17333953	27784676
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	35343581	44805346
(5) Partnership/joint venture interests	1c(5)	12106623	9371778
(6) Real estate (other than employer real property)	1c(6)	7017986	7204441
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	50528734	45416829
(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)	308409269	321711685
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	27815557	23095700

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	467762197	489386942
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3384788	1272543
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3384788	1272543
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	464377409	488114399

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)	22108047	
(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)		22108047
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	168426	
(B) U.S. Government securities.....	2b(1)(B)	8685	
(C) Corporate debt instruments.....	2b(1)(C)	951808	
(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)		1128919
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	9546429	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9546429
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	26738888	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	186455	
(B) Other.....	2b(5)(B)	-3071242	
(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		56637496

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32451073	
(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)		32451073
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)	62608	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29875	
(5) Investment advisory and investment management fees	2i(5)	266964	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	22520	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	67466	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		449433
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32900506

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23736990
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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 **05/01/2024** and ending **04/30/2025**

A Name of plan NECA-IBEW LOCAL 364 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND	D Employer Identification Number (EIN) 36-3306560	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3306560</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	169

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	22108047	
b Enter the amount contributed by the employer to the plan for this plan year	6b	22108047	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION
PENSION FUND**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

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

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ERIC J. FERNANDEZ & Co.

CERTIFIED PUBLIC ACCOUNTANTS
&
BUSINESS CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Board of Trustees
NECA - I.B.E.W. Local No. 364
Defined Contribution Pension Fund
Rockford, Illinois

Opinion

We have audited the accompanying financial statements of NECA - I.B.E.W. Local 364 - Defined Contribution Pension 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 - Defined Contribution Pension 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 - Defined Contribution Pension 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 - Defined Contribution Pension 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 - Defined Contribution Pension 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 - Defined Contribution Pension 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.

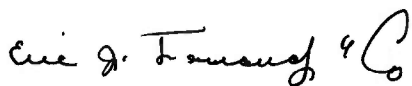
Supplemental Schedules Required by ERISA

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
DEFINED CONTRIBUTION PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS:		
Investments at fair value	\$ 478,157,277	\$ 452,338,878
Fully benefit-responsive investment contracts at contract value	<u>5,205,527</u>	<u>9,271,536</u>
	<u>483,362,804</u>	<u>461,610,414</u>
Receivables:		
Employer contributions	2,478,953	3,306,103
Accrued investment income	342,713	207,721
Pending investment transactions	<u>301,511</u>	<u>-</u>
	<u>3,123,177</u>	<u>3,513,824</u>
Prepaid expenses	8,822	11,468
Cash and cash equivalents	<u>2,892,139</u>	<u>2,626,491</u>
Total assets	<u>489,386,942</u>	<u>467,762,197</u>
LIABILITIES:		
Accounts payable	<u>1,272,543</u>	<u>3,384,788</u>
Total liabilities	<u>1,272,543</u>	<u>3,384,788</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 488,114,399</u>	<u>\$ 464,377,409</u>

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

**NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED APRIL 30, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividend income	\$ 10,675,348	\$ 4,454,646
Net appreciation (depreciation) in fair value of investments	23,854,101	51,995,568
	34,529,449	56,450,214
Less: investment expenses	266,964	410,310
Net investment income (loss)	34,262,485	56,039,904
Employer contributions	22,108,047	25,813,169
Total additions	56,370,532	81,853,073
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	32,451,073	28,990,866
Administrative expenses	182,469	152,376
Total deductions	32,633,542	29,143,242
Net increase (decrease) in net assets available for benefits	23,736,990	52,709,831
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	464,377,409	411,667,578
End of year	\$ 488,114,399	\$ 464,377,409

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

**NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION FUND
NOTES TO FINANCIAL STATEMENTS**

1. DESCRIPTION OF FUND

The following brief description of the NECA-IBEW Local 364 Defined Contribution Pension Fund (“Fund”) provides general information only. Participants should refer to the trust agreement for more complete information.

The Board of Trustees approved and adopted an amendment and restatement of the Fund document that was effective beginning May 1, 2010. This restatement constitutes a conversion of the Fund from a money purchase pension plan to a profit sharing plan under the Internal Revenue Code. The Fund restatement now allows for hardship withdrawals as explained in note seven to the financial statements.

GENERAL

The Fund is a defined contribution plan administered by the Board of Trustees, International Brotherhood of Electrical Workers (I.B.E.W.) Local 364 Pension Fund, under the terms of an agreement between the I.B.E.W. Local No. 364 and the Northern Illinois Chapter of the National Electrical Contractors Association, Inc. (NECA). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

FUNDING POLICY

The Board of Trustees established a funding policy and method in order to promote the purpose of the Fund and to ensure compliance with ERISA. Each employer contributes to the 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. Effective September 1, 2003, contributions at the applicable rates are allocated between the Fund and the NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund (Sub Fund) in the manner set forth in the collective bargaining agreement. Once a participant’s account in the Sub Fund reaches \$6,000, no further allocations are made to the participant’s Sub Fund account until such time as the balance falls below \$6,000. The revenue of the Fund is dependent on continued activity of the employers of the Fund. The contribution rates for each type of agreement in effect for the audit periods 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

1. DESCRIPTION OF FUND (continued)

FUNDING POLICY (continued)

Sign Agreement (no agreement with the Sub Fund)	Effective June 1, 2025	\$3.25 per hour
	Effective June 1, 2024	\$3.00 per hour
	Effective June 1, 2023	\$2.75 per hour
	Effective June 1, 2022	\$2.50 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.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the employer's contributions made on behalf of the participant and the net investment income (as defined under the Fund), less administrative expenses incurred by the Fund. The benefit to which the participant is entitled is the benefit that can be provided from the participant's account. As of April 30, 2025, no participants had submitted applications for pension benefits which had not been distributed during the year.

VESTING AND FORFEITURES

A participant has a non-forfeitable interest in his account after 320 hours of employer contributions are received on his behalf within a period of 12 consecutive months. If the participant's services are terminated prior to the above vesting, the balance in his account will be distributed among the remaining participants. There were no forfeitures during the years ended April 30, 2025 and 2024.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant or the participant's beneficiary may elect to receive either monthly installments or a lump-sum amount equal to the value of the participant's vested interest in his account.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the NECA-IBEW Local No. 364 Defined Contribution Pension Fund is presented to assist in understanding the Fund's financial statements. The financial statements and are representations of the Fund's management, which is responsible for their integrity and objectivity.

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared using the accrual basis of accounting. Under this basis, revenues are recognized when earned and expenses are recognized when incurred.

CASH AND CASH EQUIVALENTS

The Fund's cash and cash equivalents include amounts in non-interest bearing checking accounts with both financial institutions and investment firms.

INVESTMENTS

Investments in mutual funds, government securities, corporate bonds, common stocks, and exchange traded funds are reported at fair market value. Cash and cash equivalents consist of money market funds which are reported at cost which approximates fair value. Investments in real estate common trusts are recorded at approximate fair value as determined by the trusts. Limited Partnerships are valued at quoted market prices of the underlying investments held by the partnership. 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.

TAX STATUS

The Internal Revenue Service has determined and informed the Fund by letter dated September 7, 1995, that the Fund and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Fund has been amended since receiving the determination letter. However, the Fund administrator and plan's counsel believe that the Fund is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Fund has adopted FASB ASC 740-10-25, *Accounting for Uncertainty in Income Taxes*. The 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 Fund continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings.

The 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 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

RECIPROCITY

The Trustees adopted “Money Follows the Man” reciprocity agreements with other IBEW pension funds. If a member transfers his employment to a contractor participating in another IBEW pension fund, the member’s pension benefit credits will transfer to the Fund.

FUND TERMINATION

Although it has not expressed any intent to do so, the Board of Trustees has the right under the Fund to terminate the Fund subject to the provisions of ERISA. In the event of plan termination, distribution of Fund assets will be made to the participants after all expenses incurred by the Fund are paid.

ESTIMATES

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

3. RELATED PARTIES

The Fund is related to IBEW Local No. 364 Supplemental Unemployment Benefit Trust Fund (“Sub Fund”), IBEW Local No. 364 Welfare Trust Fund, IBEW Local No. 364 Vacation Fund and IBEW Local No. 364 through common membership, governing bodies and trustees.

Shared administrative expenses have been paid for by the Fund on behalf of the related Welfare Trust Fund and the Supplemental Unemployment Benefit Fund. These expenses are periodically reimbursed.

The Fund invests in shares of registered investment companies owned by the custodian. A portion of the income or loss of the Fund is derived from these investments. Fees paid by the Fund to the custodian for certain investment fees were deducted from the net asset values of the registered investment companies held by the Fund.

The custodian provides to the Fund certain accounting and administrative services for which charged fees totaled \$33,000 and \$35,000 for the years ended April 30, 2025 and 2024, respectively.

4. RISKS AND UNCERTAINTIES

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

5. CONCENTRATION RISK

The Company maintains deposits in one financial institution. The balance in the financial institution is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Fund's uninsured bank account cash balances were \$1,982,460 and \$1,657,401 for the years ended at April 30, 2025 and 2024, respectively.

6. 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 described as follows:

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

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. Valuation techniques used need 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 notes: Valued at quoted market prices which are at the net asset value (NAV) of shares held by the Fund.

Money market funds: Valued at cost which approximates fair value.

Corporate bonds: Valued at closing prices reported in the active market in which the security or bond is traded.

6. INVESTMENTS (continued)

Common stocks: Valued at the closing price reported on the active market on which the individual security is traded.

Housing and real estate trusts: Investments in private real estate trusts are typically valued utilizing the net asset valuations provided by the underlying private real estate and/or their administrators. Fund management considers subscriptions and redemption rights, including any restriction on the disposition of the interest in its determination of fair value.

Common/Collective Trusts: Valued using a pricing service. Valued at market prices which are net asset value (NAV) of shares held by the Plan at year end.

Limited partnerships: Valued at quoted market prices of the underlying investments held by the partnership.

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 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 a different fair value measurement at the reporting date.

The following tables present the fair value of the Fund's investments as of April 30, 2025 and 2024, respectively:

Description	Fair Value at April 30, 2025:			
	Total	(Level 1)	(Level 2)	(Level 3)
Common Stocks	\$ 44,805,346	\$ 44,805,346	\$ -	\$ -
Corporate Bonds	27,784,675	-	27,784,675	-
Mutual Funds	321,711,685	321,711,685	-	-
Real Estate Trusts	7,204,441	-	7,204,441	-
Common/Collective Trusts	45,416,829	45,416,829	-	-
Limited Partnerships	9,371,778	-	-	9,371,778
Exchange Traded Notes	17,881,351	17,881,351	-	-
Money Market Funds	3,981,172	3,981,172	-	-
	<u>\$ 478,157,277</u>	<u>\$ 433,796,383</u>	<u>\$ 34,989,116</u>	<u>\$ 9,371,778</u>

6. INVESTMENTS (continued)

Fair Value at April 30, 2024:

Description	Total	(Level 1)	(Level 2)	(Level 3)
Common Stocks	\$ 35,343,581	\$ 35,343,581	\$ -	\$ -
Corporate Bonds	17,333,953	-	17,333,953	-
Mutual Funds	308,409,269	308,409,269	-	-
Real Estate Trusts	7,017,986	-	7,017,986	-
Common/Collective Trusts	50,528,734	50,528,734	-	-
Limited Partnerships	12,106,623	-	-	12,106,623
Exchange Traded Notes	18,532,553	18,532,553	-	-
Money Market Funds	<u>3,066,179</u>	<u>3,066,179</u>	<u>-</u>	<u>-</u>
	<u>\$ 452,338,878</u>	<u>\$ 415,880,316</u>	<u>\$ 24,351,939</u>	<u>\$ 12,106,623</u>

During the years ended April 30, 2025 and 2024, the Fund's investments (including investments purchased, sold, as well as held during the year) appreciated (depreciated) \$23,854,101 and \$51,995,568, respectively.

Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments are as follows:

	2025	2024
Net assets:		
Common Stocks	\$ 37,286,311	\$ 30,140,672
Corporate Bonds	27,784,675	17,333,953
Mutual Funds	137,839,213	137,010,903
Real Estate Trusts	7,204,441	7,017,986
Common/Collective Trusts	45,416,829	50,528,734
Limited Partnerships	9,371,778	12,106,623
Exchange Traded Notes	17,881,351	18,532,553
Money Market Funds	<u>110,947</u>	<u>370,521</u>
Balance, end of the year	<u>\$ 282,895,545</u>	<u>\$ 273,041,945</u>

6. INVESTMENTS (continued)

	<u>2025</u>
Balance, beginning of year	\$ 273,041,945
Purchases of investments	13,314,551
Withdrawals	(22,145,376)
Net transfers to participant-directed investments	(453,659)
Earned Income	9,133,455
Expenses	(211,185)
Realized gain/(loss)	25,128,700
Unrealized gain/(loss)	<u>(14,912,887)</u>
Balance, end of the year	<u>\$ 282,895,544</u>

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Fund's Level 3 asset for the years ended April 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Balance, beginning of year	\$ 12,106,623	\$ 13,446,711
Purchases of investments	239,132	1,309,513
Withdrawals	(1,537,150)	(1,817,715)
Total gain/(loss)	<u>(1,436,827)</u>	<u>(831,886)</u>
Balance, end of the year	<u>\$ 9,371,778</u>	<u>\$ 12,106,623</u>
Changes in unrealized gains or (losses) for the year included in changes in net assets for Level 3 investments held at the reporting date:	<u>\$ (1,443,259)</u>	<u>\$ (733,697)</u>

6. INVESTMENTS (continued)

The following table represents the Fund’s Level 3 investment valuation techniques and quantitative information utilized in determining fair value.

<u>Investment</u>	<u>Fair Value</u>		<u>Valuation Techniques</u>	<u>Unobservable Inputs</u>	<u>Range</u>
	<u>2025</u>	<u>2024</u>			
Limited Partnership:					
Tricon Housing Partners US II B LP	\$ 72,836	\$ 858,629	Broker Quotations	Bid/Ask prices	N/A
LCP VIII L.P.	\$ 5,476,405	\$ 6,710,949	Broker Quotations	Bid/Ask prices	N/A
White Oak Summit Fund	\$ 3,822,537	\$ 4,537,045	Broker Quotations	Bid/Ask prices	N/A

Fully benefit-responsive investment contracts

Fully benefit-responsive investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measure for fully benefit-responsive investments contracts because it is the amount participants normally would receive if they were to initiate permitted transactions. At April 30, 2025 and 2024, the Fund was invested in the Fidelity Managed Income Portfolio Class 1 Fund (“Fidelity MIP Fund”). Underlying investments of Fidelity MIP Fund comprise of fully benefit-responsive investment contracts. The contract value of the Fidelity MIP Fund was \$5,205,527 and \$9,271,536 as of April 30, 2025 and 2024, respectively. The fund is a managed income fund with an investment objective to preserve the principal investment while earning a high level of interest income. The fund seeks to maintain a stable net asset value of \$1 per share. The fund invests in benefit-responsive investment contracts issued by insurance companies and other financial institutions, fixed income securities, and money market funds. There are currently no redemption restrictions on this investment.

7. HARDSHIP WITHDRAWALS

The Fund allows for hardship withdrawals for certain expenses for participants with immediate and heavy financial need as determined by the Fund trustees. Hardships must be used to pay for certain medical care costs, to purchase a primary residence, funeral and burial expenses, certain educational expenses, expenses to prevent eviction or foreclosure from a participant’s primary residence and certain repair expenses relating to a participant’s primary residence.

8. 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
DEFINED CONTRIBUTION PENSION FUND**

ADMINISTRATIVE EXPENSES

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Administration	\$ 62,608	\$ 54,776
Audit fees - financial	29,875	28,075
Legal fees	22,520	25,009
Printing and office expense	17,800	6,541
Postage	11,260	10,379
Seminars, conferences and meetings	10,064	8,358
Payroll audit fees	9,688	3,664
Insurance	8,894	8,781
Computer and website fees	4,380	4,280
Dues and subscriptions	3,580	713
Consulting services	1,800	1,800
	<u>182,469</u>	<u>152,376</u>
Total administrative expenses	<u>\$ 182,469</u>	<u>\$ 152,376</u>

**NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION FUND**

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

APRIL 30, 2025

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost Value	(e) Current Value
<u>Investments at fair value</u>				
	Dolan McEniry	Corporate Bonds	\$ 27,945,700	\$ 27,784,675
	Dolan McEniry	Brokerage Money Market	110,947	110,947
	AFL-CIO Building Investment Trust	Real Estate Trusts	5,037,073	7,204,441
	AFL-CIO Housing Investment Trust	Mutual Fund	4,798,956	4,130,460
	American Century	Mutual Fund	9,116,659	8,957,770
	American Funds Euro Pacific Growth Fund	Mutual Fund	34,197,149	40,323,654
	Chevy Chase Equity Index Fund	Common/Collective Trusts	9,213,724	25,107,024
	Vanguard	Mutual Fund	5,728,507	6,076,596
	Allspring Emerging Markets Equity	Mutual Fund	15,197,506	18,116,182
	Carillon Reams Unconstrained Bond Fund	Mutual Fund	33,141,162	34,601,469
	Kovitz	Common Stocks	38,665,233	35,530,545
	AQR Diversify Str Cit Class K	Common/Collective Trusts	14,347,958	20,309,805
	Tricon Housing Partners US II B LP	Limited Partnerships	21,317	72,836
	JP Morgan Alerian MLP	Exchange Traded Notes	14,500,741	17,881,350
	LCP VIII Private Equity LP	Limited Partnerships	5,177,350	5,476,405
	White Oak Summit Fund LP	Limited Partnerships	4,006,915	3,822,537
	Bain Capital Specialty Fin Inc	Common Stocks	2,190,692	1,755,767
	RMB SMID Cap I	Mutual Funds	23,543,384	25,633,083
	Fidelity Growth Fund	Mutual Fund	51,161,602	62,342,297
	Fidelity Diversified Int'l Fund	Mutual Fund	8,361,904	9,613,661
	Fidelity Dividend Growth Fund	Mutual Fund	20,123,376	21,585,607
	S&P 500 Index Fund	Mutual Fund	22,263,844	33,351,623
	Fidelity	Brokerage Money Market	3,870,222	3,870,225
	Carillon Reams Com Bond Fund	Mutual Fund	14,611,324	14,174,351
	INVS Develop Mkt Y	Mutual Fund	1,131,504	1,076,976
	Neuberger Berman Genesis Fund	Mutual Fund	15,674,447	15,330,835
	Barron Growth Fund	Mutual Fund	8,405,071	8,413,795
	Fidelity External Fund	Mutual Fund	15,633,110	15,279,129
	Fidelity	Common Stocks	7,606,524	7,519,035
	Fidelity Fund	Mutual Fund	2,449,067	2,704,197
	Total investments at fair value		<u>418,232,968</u>	<u>478,157,277</u>

NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION FUND

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

APRIL 30, 2025

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost Value	(e) Current Value
<u>Fully benefit-responsive investment contracts at contract value</u>				
	Fidelity Managed Income Portfolio	Fully Benefit-Responsive	<u>5,205,527</u>	<u>5,205,527</u>
	Total fully benefit-responsive investment contracts at contract value		<u>5,205,527</u>	<u>5,205,527</u>
	Total investments		<u>\$ 423,438,495</u>	<u>\$ 483,362,804</u>

**NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION 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)
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No reportable transactions

**NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION FUND**

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

APRIL 30, 2025

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost Value	(e) Current Value
<u>Investments at fair value</u>				
	Dolan McEniry	Corporate Bonds	\$ 27,945,700	\$ 27,784,675
	Dolan McEniry	Brokerage Money Market	110,947	110,947
	AFL-CIO Building Investment Trust	Real Estate Trusts	5,037,073	7,204,441
	AFL-CIO Housing Investment Trust	Mutual Fund	4,798,956	4,130,460
	American Century	Mutual Fund	9,116,659	8,957,770
	American Funds Euro Pacific Growth Fund	Mutual Fund	34,197,149	40,323,654
	Chevy Chase Equity Index Fund	Common/Collective Trusts	9,213,724	25,107,024
	Vanguard	Mutual Fund	5,728,507	6,076,596
	Allspring Emerging Markets Equity	Mutual Fund	15,197,506	18,116,182
	Carillon Reams Unconstrained Bond Fund	Mutual Fund	33,141,162	34,601,469
	Kovitz	Common Stocks	38,665,233	35,530,545
	AQR Diversify Str Cit Class K	Common/Collective Trusts	14,347,958	20,309,805
	Tricon Housing Partners US II B LP	Limited Partnerships	21,317	72,836
	JP Morgan Alerian MLP	Exchange Traded Notes	14,500,741	17,881,350
	LCP VIII Private Equity LP	Limited Partnerships	5,177,350	5,476,405
	White Oak Summit Fund LP	Limited Partnerships	4,006,915	3,822,537
	Bain Capital Specialty Fin Inc	Common Stocks	2,190,692	1,755,767
	RMB SMID Cap I	Mutual Funds	23,543,384	25,633,083
	Fidelity Growth Fund	Mutual Fund	51,161,602	62,342,297
	Fidelity Diversified Int'l Fund	Mutual Fund	8,361,904	9,613,661
	Fidelity Dividend Growth Fund	Mutual Fund	20,123,376	21,585,607
	S&P 500 Index Fund	Mutual Fund	22,263,844	33,351,623
	Fidelity	Brokerage Money Market	3,870,222	3,870,225
	Carillon Reams Com Bond Fund	Mutual Fund	14,611,324	14,174,351
	INVS Develop Mkt Y	Mutual Fund	1,131,504	1,076,976
	Neuberger Berman Genesis Fund	Mutual Fund	15,674,447	15,330,835
	Barron Growth Fund	Mutual Fund	8,405,071	8,413,795
	Fidelity External Fund	Mutual Fund	15,633,110	15,279,129
	Fidelity	Common Stocks	7,606,524	7,519,035
	Fidelity Fund	Mutual Fund	2,449,067	2,704,197
	Total investments at fair value		<u>418,232,968</u>	<u>478,157,277</u>

NECA - I.B.E.W. LOCAL NO. 364
DEFINED CONTRIBUTION PENSION FUND

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

APRIL 30, 2025

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost Value	(e) Current Value
<u>Fully benefit-responsive investment contracts at contract value</u>				
	Fidelity Managed Income Portfolio	Fully Benefit-Responsive	5,205,527	5,205,527
Total fully benefit-responsive investment contracts at contract value			<u>5,205,527</u>	<u>5,205,527</u>
Total investments			<u>\$ 423,438,495</u>	<u>\$ 483,362,804</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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 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.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

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

C If the plan is a collectively-bargained plan, check here the DFVC program

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

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 364 Defined Contribution Plan	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	05/01/1984
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 364 Contribution Pension Trust Fund 6820 Mill Road Rockford IL 61108	2b Employer Identification Number (EIN) 36-3306560	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

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

Form 5500 (2024)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Trustees of NECA-IBEW Local 364 Contribution Pension Trust Fund 6820 Mill Road Rockford IL 61108	3b Administrator's EIN 36-3306560 3c Administrator's telephone number 815-398-6282
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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
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5 Total number of participants at the beginning of the plan year	5	1160
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	944
a(2) Total number of active participants at the end of the plan year	6a(2)	1010
b Retired or separated participants receiving benefits	6b	184
c Other retired or separated participants entitled to future benefits	6c	15
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	1209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	45
f Total. Add lines 6d and 6e.	6f	1254
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1254
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	161
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

 2C 2G 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) - Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information - Small Plan)

(3) **A** (Insurance Information) - Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)