Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1976

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 I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

2010 N.W. 150TH AVE
SUITE 200
PEMBROKE PINES, FL 33028

2b Employer Identification Number (EIN) 59-6134297

2c Plan Sponsor's telephone number 954-266-6322

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	Filed with authorized/valid electronic signature.	06/12/2025	JUSTIN MCINTOSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2025	JAMES STUBBLEFIELD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	813
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)**	806
a(2) Total number of active participants at the end of the plan year	**6a(2)**	831
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	836
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
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)**	
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**	60

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

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

4A 4B 4D 4E 4F 4L

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 4
- **(4)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

D Employer Identification Number (EIN)
59-6134297

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-1445545	66281	MZ0100504H0002A	4	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2601	0

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

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

AMWINS GROUP BENEFITS LLC
50 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1734			5

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

MEDICARE ASSURANCE GROUP LLC
7365 MAIN ST
STRATFORD, CT 06614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
867			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	14740
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

D Employer Identification Number (EIN)
59-6134297

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ELIXIR INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-4308924	77399	AWF30000002	4	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
406	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MEDICARE ASSURANCE GROUP LLC
7365 MAIN ST
STRATFORD, CT 06614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
208			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMWINS GROUP BENEFITS LLC
50 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
198			5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	6120
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

D Employer Identification Number (EIN)
59-6134297

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

1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	0919555	1779	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
25565	0

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

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

BROWN AND BROWN OF CT INC.
520 CROMWELL AVE.
ROCKY HILL, CT 06067-1864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
25565			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	9863366
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

D Employer Identification Number (EIN)
59-6134297

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

1 Coverage Information:

(a) Name of insurance carrier
COMPANION LIFE INSURANCE COMPANY - COLUMBIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0523959	77828	AWF30000002	4	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
490	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMWINS GROUP BENEFITS LLC
50 WHITECAP DRIVE
NORTH KINGSTOWN, RI 02852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
348			5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MEDICARE ASSURANCE GROUP LLC
7365 MAIN ST
STRATFORD, CT 06614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
142			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	4250
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

D Employer Identification Number (EIN)
59-6134297

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

NEBA, INC

65-0498809

(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 36	NONE	135960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUGARMAN AND SUSSKIND P.A.

59-2539792

(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	74224	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN & BROWN

59-3014567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	50400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IBEW LOCAL NO. 728 UNION

59-0304061

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	RELATED LABOR UNION	44745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	27409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPTRUST

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9448	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PROFUND SOLUTIONS LLC

9404 WEST 145TH TERRACE
OVERLAND PARK, KS 66221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	8100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(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	7559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

A Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

D Employer Identification Number (EIN)
59-6134297

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2880534	3072078
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1164681	1131490
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20870	29440
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21606	59915
(2) U.S. Government securities	1c(2)	1720357	2012371
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1670102	2249663
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	7478150	8554957
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	42938	64571
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	42938	64571
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7435212	8490386

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)	12161857	
(B) Participants	2a(1)(B)	29553	
(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)		12191410
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2610	
(B) U.S. Government securities	2b(1)(B)	45753	
(C) Corporate debt instruments	2b(1)(C)	80286	
(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)		128649
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1905813	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1888525	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		17288
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24372	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		24372

		(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		9850
d Total income. Add all **income** amounts in column (b) and enter total	2d		12371569
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	157102	
(2) To insurance carriers for the provision of benefits	2e(2)	10776292	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10933394
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)	134233	
(3) Recordkeeping fees	2i(3)	8012	
(4) IQPA audit fees	2i(4)	21700	
(5) Investment advisory and investment management fees	2i(5)	18861	
(6) Bank or trust company trustee/custodial fees	2i(6)	1922	
(7) Actuarial fees	2i(7)	3690	
(8) Legal fees	2i(8)	74224	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4431	
(11) Other expenses	2i(11)	115928	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		383001
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11316395
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1055174
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) [X] 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)** [X] 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: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Financial Statements

December 31, 2024

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Financial Statements with Supplementary Information

December 31, 2024 and 2023

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Benefit Obligations	5
Statements of Changes in Benefit Obligations	6
Notes to Financial Statements	7

	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Auditors

To the Participants and Trustees of
International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Opinion

We have audited the financial statements of International Brotherhood of Electrical Workers Local No. 728 Family Healthcare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of International Brotherhood of Electrical Workers Local No. 728 Family Healthcare Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

June 5, 2025

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments - at fair value		
U.S. Government and Government		
Agency obligations	$ 2,012,371	$ 1,720,357
Corporate obligations	2,249,663	1,670,102
Short-term investment fund	59,915	21,606
Total investments	4,321,949	3,412,065
Receivables		
Employer contributions	1,131,490	1,164,681
Accrued interest	29,440	20,870
Total receivables	1,160,930	1,185,551
Cash	3,072,078	2,880,534
Total assets	8,554,957	7,478,150
Liabilities and Net Assets		
Liabilities		
Accounts payable	64,571	42,938
Net assets available for benefits	$ 8,490,386	$ 7,435,212

See accompanying notes to financial statements.

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	$ 41,660	$ 48,203
Interest income	128,649	76,082
	170,309	124,285
Less investment expenses	(18,861)	(12,012)
Investment income - net	151,448	112,273
Employer contributions	12,161,857	11,136,741
Participant contributions	16,813	75,779
Retiree contributions	12,740	12,480
Miscellaneous income	9,850	7,280
Total additions	12,352,708	11,344,553
Deductions		
Cost of benefits		
Medical premiums	10,199,518	8,187,014
HRA distributions	157,102	106,835
Dental premiums	486,742	398,314
Disability	4,496	4,471
Drug testing	22,669	14,133
Vision premiums	34,259	28,253
Retiree premiums	28,608	28,127
Total cost of benefits	10,933,394	8,767,147
Fees mandated by ACA	2,595	2,523
Administrative expenses	361,545	362,429
Total deductions	11,297,534	9,132,099
Net increase	1,055,174	2,212,454
Net assets available for benefits		
Beginning of year	7,435,212	5,222,758
End of year	$ 8,490,386	$ 7,435,212

See accompanying notes to financial statements.

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Statements of Benefit Obligations

December 31, 2024 and 2023

	2024	2023
Other obligations for current benefit coverage, at estimated amounts		
Estimated liability for future payment of benefits	$ 1,746,000	$ 2,405,000
Hour bank	2,894,000	2,676,000
Total other obligations	4,640,000	5,081,000
Postretirement benefit obligations		
Current retirees	89,866	97,086
Total benefit obligations	$ 4,729,866	$ 5,178,086

See accompanying notes to financial statements.

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Statements of Changes in Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	$ 5,081,000	$ 4,004,000
Increase (decrease) during the year attributable to changes in		
Estimated liability for future payment of benefits	(659,000)	812,000
Hour bank	218,000	265,000
Balance at end of year	4,640,000	5,081,000
Postretirement benefit obligations		
Balance at beginning of year	97,086	103,011
Increase (decrease) during the year attributable to:		
Changes in census data	7,235	9,633
Expected benefits incurred during the year	(16,004)	(16,050)
Change in actuarial assumptions	(1,831)	1,062
Benefits earned and other changes	3,380	(570)
Balance at end of year	89,866	97,086
Total benefit obligations	$ 4,729,866	$ 5,178,086

See accompanying notes to financial statements.

International Brotherhood of Electrical Workers
Local No. 728 Family Healthcare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of International Brotherhood of Electrical Workers Local No. 728 Family Healthcare Plan (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis.

Employer Contributions Receivable - Employer contributions due at year end are recorded as contributions receivable. Employer contribution deficiencies established through payroll compliance audits are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located in the following counties of Florida: Broward, Collier, Glades, Hendry, Palm Beach, Okeechobee, Martin and St. Lucie.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer welfare plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of $2,270,135 and $1,864,191 for the years ended December 31, 2024 and 2023, respectively, from various other welfare plans under the terms of reciprocity agreements. The Plan remitted a total of $645,425 and $469,621 in reciprocal contributions to various other welfare plans under the terms of reciprocity agreements for the years ended December 31, 2024 and 2023, respectively. Reciprocal contributions payable included in accounts payable at December 31, 2024 and 2023 are not considered to be material to these financial statements.

Benefit Obligations - Postretirement benefit obligations are estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles, based on paid on incurred claims cost studies. The estimated liability for future payment of benefits consists of insurance premiums which will be due for participants who had accumulated sufficient hours prior to December 31 to be eligible for coverage after year end. The obligation for the hour bank is estimated by the Plan's consultant based on participants' accumulated eligibility and claims experience.

Payment of Benefits - The Plan has an insured benefit arrangement with United Healthcare, which provides medical, dental, vision and prescription drug benefits.

Health Reimbursement Arrangement - At December 31, 2024 and 2023, Health Reimbursement Arrangement (HRA) accounts totaled approximately $772,000 and $563,000 respectively, and are included in the Plan's net assets available for benefits. There were no amounts approved for payment from HRA accounts but not yet paid at either December 31, 2024 or 2023.

Note 1. Summary of Significant Accounting Policies (continued)

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through June 5, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established during 1961 as a result of collective bargaining agreements. The Plan provides medical, death, disability, vision and dental benefits for eligible participants and their dependents. The Plan is a multiemployer welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

For the inside wiremen class, participants become initially eligible for benefits on the first day of the calendar month immediately following the date on which contributions for a minimum of 350 hours have been made on their behalf by contributing employers during any eight consecutive calendar months.

For the CWCE class, until June 30, 2024, participants became initially eligible for benefits on the first day of the calendar month immediately following the date on which contributions for a minimum of 500 hours were made on their behalf by contributing employers during any four consecutive calendar months. Effective July 1, 2024, participants become initially eligible for benefits on the first day of the benefit month that corresponds to the work month in which contributions for at least 500 hours have been made on their behalf by contributing employers.

Participants who satisfy the minimum hour requirement during an eligibility (work) month will be eligible for benefits during the benefit month that corresponds to the eligibility (work) month during which the minimum hour requirement was satisfied. Any hours worked in excess of the minimum hour requirement in an eligibility month are credited to the participant's hour bank account. The maximum accumulation in an hour bank account is 780 hours.

Under certain conditions, in order to continue coverage, a participant may make self-contributions.

Note 2. Description of the Plan (continued)

The Plan also offers a Health Reimbursement Arrangement (HRA) program. An HRA is an account that the Plan sets up and maintains on behalf of participants to keep track of contributions, reimbursements and a participant's available balance. Each HRA is funded exclusively through contributions made on a participant's behalf by an employer that contributes to the Plan under a collective bargaining or participation agreement. All contributions credited to a participant's HRA are assets of the Plan. The accounts are credited with $0.25 per hour worked in covered employment. No earnings are credited to a participant's account. Contribution amounts are determined by the Board of Trustees and are subject to change or discontinuance at any time. All eligible participants as of January 1, 2025, received a one-time HRA contribution of $500 for single coverage or $1,000 for family coverage. The HRA benefit to which a participant is entitled is the benefit that can be provided from the participant's HRA account. Participants are not vested in the contributions made on their behalf, and their available balance may be used only for certain health care expenses not otherwise covered under the Plan. Any unused amount each year may be accumulated in the participant's account for future periods if the participant maintains eligibility. Balances are not portable and are forfeited if the participant loses eligibility under the Plan because the participant is not available to work, the HRA has no contributions for 36 months, termination of the Plan or HRA program, or death of the participant with no surviving dependents, or permanently opting out of participation in the HRA program. No forfeitures were incurred during the years ended December 31, 2024 and 2023.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

Participants should refer to the summary plan description for more complete information.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

Note 4. Tax Status

The Internal Revenue Service has advised that the trust established under the Plan is exempt under Section 501(c)(9) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 4. Tax Status (continued)

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Concentration of Cash

Cash consists of monies held in a checking account with a financial institution deemed to be creditworthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At December 31, 2024, the Plan's cash balances exceeded federally insured limits by approximately $3,684,000.

Note 6. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Note 6. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 12/31/24 Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government Agency obligations	$ 2,012,371	$ 2,007,373	$ 4,998	$ -
Corporate obligations	2,249,663	-	2,249,663	-
Short-term investment fund	59,915	-	59,915	-
Total	$ 4,321,949	$ 2,007,373	$ 2,314,576	$ -

	Total	Fair Value Measurements at 12/31/23 Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government Agency obligations	$ 1,720,357	$ 1,713,662	$ 6,695	$ -
Corporate obligations	1,670,102	-	1,670,102	-
Short-term investment fund	21,606	-	21,606	-
Total	$ 3,412,065	$ 1,713,662	$ 1,698,403	$ -

Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency and corporate obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The short-term investment fund is valued at cost, which approximates its fair value.

Note 7. Related Organizations

The Plan has several related organizations including a pension plan, an annuity plan, a training fund and a local union, all of which are tax-exempt.

The Plan shares the cost of fringe benefit coordinator fees with the annuity plan and the pension plan, which are initially paid by the local union. Reimbursements are made monthly and are based on estimates of time spent and costs incurred. Shared fringe benefit coordinator fees totaled $44,745 for each of the years ended December 31, 2024 and 2023.

Note 8. Funding Policy

The Plan is primarily funded by employer contributions. Participating employers contribute such amounts as specified in their respective collective bargaining agreements. For the years ended December 31, 2024 and 2023, the commercial hourly contribution rate was $8.10. Commercial contributions cover the inside wiremen class and represent the majority of Plan participants. The CWCE class hourly contribution rate was $3.40 during the years ended December 31, 2024 and 2023.

Participant contributions are allowed to provide COBRA benefits and benefits to retired participants. During the years ended December 31, 2024 and 2023, monthly contribution rates to provide benefits to retired participants ranged from $260 to $520 depending on the coverage option. During the years ended December 31, 2024 and 2023, participant contributions to provide benefits under COBRA were paid at a monthly rate ranging from $574 to $1,967 depending on the coverage option.

Note 9. Postretirement Benefit Obligations

The Plan discontinued the provision of postretirement benefits several years ago, but allowed the retirees at that time to continue their coverage. The Plan currently has a minimal number of retired participants who receive coverage under the Plan. Such retirees make monthly contributions to the Plan.

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

Note 9. Postretirement Benefit Obligations (continued)

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

Some of the more significant actuarial assumptions used in the valuations were as follows:

Discount rate:
2024 - 5.00%
2023 - 4.50%

Mortality:
Sex-distinct RP-2018 Blue Collar Annuitant Mortality Table, with 25% of Scale MP-2018 generational mortality projection

Medical trend rate:
5% each year

If the assumed rate increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by $4,640 and $5,534 respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

Postretirement benefit obligations are net of projected retiree contributions, which the Plan has estimated to be approximately 41% as of both December 31, 2024 and 2023.

The funding of the postretirement benefit obligation is not covered by the contribution rate provided by the current collective bargaining agreements. However, the Plan empowers the Board of Trustees to increase or decrease the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost of the Plan can be reduced or eliminated prospectively by action of the Board of Trustees.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

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

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
International Brotherhood of
Electrical Workers Local No. 728
Family Healthcare Plan

We have audited the financial statements of International Brotherhood of Electrical Workers Local No. 728 Family Healthcare Plan (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated June 5, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 GAAS.

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.

Legacy Professionals LLP

Westchester, Illinois

June 5, 2025

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
U S Government Obligations							
UNITED STATES TREAS DTD 11/15/2015 2.25% 11/15/2025 Cusip: 912828M56	160,000.0000	98.29	157,262.40	153,393.59	3,868.81	467.40 3,600.00	0.0430
UNITED STATES TREAS DTD 11/15/2016 2.00% 11/15/2026 Cusip: 912828U24	395,000.0000	95.98	379,105.20	367,256.06	11,849.14	1,025.69 7,900.00	0.0430
UNITED STATES TREAS 1.625% 02/15/2026 DTD 2/15/2016 1.625% 2/15/2026 Cusip: 912828P46	285,000.0000	97.14	276,857.55	267,244.30	9,613.25	1,749.30 4,631.25	0.0430
UNITED STATES TREAS 2.125% 05/15/2025 DTD 5/15/2015 2.125% 5/15/2025 Cusip: 912828XB1	35,000.0000	99.22	34,725.95	34,001.17	724.78	96.56 743.75	0.0420
UNITED STATES TREAS BDS DTD 11/15/2017 2.25% 11/15/2027 Cusip: 9128283F5	385,000.0000	94.55	364,005.95	360,207.64	3,798.31	1,124.69 8,662.50	0.0430
UNITED STATES TREAS BDS DTD 5/15/2016 1.625% 5/15/2026 Cusip: 912828R36	305,000.0000	96.52	294,382.95	284,841.46	9,541.49	643.49 4,956.25	0.0430
UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Cusip: 9128284N7	380,000.0000	95.52	362,976.00	367,086.65	(4,110.65)	1,418.44 10,925.00	0.0430
UNITED STATES TREAS NTS DTD 8/15/2015 2.00% 8/15/2025 Cusip: 912828K74	140,000.0000	98.61	138,056.80	134,176.72	3,880.08	1,057.61 2,800.00	0.0430
Total U S Government Obligations			**2,007,372.80**	**1,968,207.59**	**39,165.21**	**7,583.18** **44,218.75**	
Mortgage Backed Securities							
GOVERNMENT NATL MTG ASSN GOLD POOL #002168 7% 02/20/2026 Cusip: 36202CMR1	29.0000	102.38	29.69	28.25	1.44	0.06 2.03	
GOVERNMENT NATL MTG ASSN POOL #002233 7.5% 06/20/2026 Cusip: 36202CPS6	52.5000	100.53	52.78	51.85	0.93	0.12 3.94	
GOVERNMENT NATL MTG ASSN POOL #002359 7% 01/20/2027 Cusip: 36202CTQ6	18.3200	102.40	18.76	13.30	5.46	0.04 1.28	

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
GOVERNMENT NATL MTG ASSN POOL #002483 7% 09/20/2027 Cusip: 36202CXL2	19.2300	102.39	19.69	19.08	0.61	0.04 1.35	
GOVERNMENT NATL MTG ASSN POOL #002603 6.5% 06/20/2028 Cusip: 36202C3L5	64.1600	101.76	65.29	64.58	0.71	0.13 4.17	
GOVERNMENT NATL MTG ASSN POOL #002630 6.5% 08/20/2028 Cusip: 36202C4P5	86.1400	101.76	87.66	87.98	(0.32)	0.17 5.60	
GOVERNMENT NATL MTG ASSN POOL #002644 6.5% 09/20/2028 Cusip: 36202C5D1	86.4800	101.77	88.01	87.56	0.45	0.17 5.62	
GOVERNMENT NATL MTG ASSN POOL #002657 6% 10/20/2028 Cusip: 36202C5S8	101.1100	102.96	104.10	100.89	3.21	0.19 6.07	
GOVERNMENT NATL MTG ASSN POOL #002658 6.5% 10/20/2028 Cusip: 36202C5T6	95.1400	101.77	96.82	95.61	1.21	0.19 6.18	
GOVERNMENT NATL MTG ASSN POOL #002701 6.5% 01/20/2029 Cusip: 36202DAA9	163.3900	101.77	166.28	168.60	(2.32)	0.32 10.62	
GOVERNMENT NATL MTG ASSN POOL #003199 5.5% 02/20/2032 Cusip: 36202DRU7	674.4600	102.31	690.06	587.47	102.59	1.13 37.10	
GOVERNMENT NATL MTG ASSN POOL NBR 0002534 6.5% 01/20/2028 Cusip: 36202CY72	53.4000	101.76	54.34	54.36	(0.02)	0.11 3.47	
GOVERNMENT NATL MTG ASSN POOL NBR 002097 7% 10/20/2025 Cusip: 36202CKJ1	16.8800	102.37	17.28	16.95	0.33	0.04 1.18	
GOVERNMENT NATL MTG ASSN POOL NBR 002152 6.5% 01/20/2026 Cusip: 36202CL92	10.6700	101.78	10.86	10.59	0.27	0.02 0.69	
GOVERNMENT NATL MTG ASSN POOL NBR 002248 7.5% 07/20/2026 Cusip: 36202CP98	11.6900	100.60	11.76	11.55	0.21	0.03 0.88	
GOVERNMENT NATL MTG ASSN POOL NBR 002341 7.5% 12/20/2026 Cusip: 36202CS61	15.6600	100.57	15.75	15.77	(0.02)	0.04 1.17	

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
GOVERNMENT NATL MTG ASSN POOL NBR 002376 7% 02/20/2027 Cusip: 36202CT94	18.4900	102.38	18.93	18.57	0.36	0.04 1.29	
GOVERNMENT NATL MTG ASSN POOL NBR 002430 7% 05/20/2027 Cusip: 36202CVX8	28.5000	102.39	29.18	29.59	(0.41)	0.06 1.99	
GOVERNMENT NATL MTG ASSN POOL NBR 002673 6.5% 11/20/2028 Cusip: 36202C6J7	165.5500	101.77	168.48	168.47	0.01	0.33 10.76	
GOVERNMENT NATL MTG ASSN POOL NBR 003214 6% 03/20/2032 Cusip: 36202DSB8	511.6300	103.74	530.79	516.35	14.44	0.94 30.70	
GOVERNMENT NATL MTG ASSN POOL NBR 003284 5.5% 09/20/2032 Cusip: 36202DUH2	467.2700	101.26	473.16	482.28	(9.12)	0.79 25.70	
GOVERNMENT NATL MTG ASSN POOL NBR 0440047 7.25% 02/15/2027 Cusip: 36207RZL2	25.7900	100.47	25.91	25.92	(0.01)	0.08 1.87	
GOVERNMENT NATL MTG ASSN POOL NBR 410116 7.5% 09/15/2025 Cusip: 36206FSD5	7.0500	100.00	7.05	7.00	0.05	0.02 0.53	
GOVERNMENT NATL MTG ASSN POOL NBR 413298 7.5% 06/15/2027 Cusip: 36206KDB4	95.9200	100.49	96.39	97.08	(0.69)	0.32 7.19	
GOVERNMENT NATL MTG ASSN POOL NBR 467023 6.5% 05/20/2028 Cusip: 36209BYU6	199.6300	100.20	200.03	203.87	(3.84)	0.40 12.98	
GOVERNMENT NATL MTG ASSN POOL NBR 482001 6.5% 08/15/2028 Cusip: 36209UNS1	118.0400	101.10	119.34	118.60	0.74	0.34 7.67	
GOVERNMENT NATL MTG ASSN POOL NBR 484118 6.25% 01/15/2029 Cusip: 36209WYP1	964.1900	101.07	974.54	970.18	4.36	2.68 60.26	
GOVERNMENT NATL MTG ASSN POOL NBR 547512 6.5% 04/15/2031 Cusip: 36212YGV9	625.0700	101.45	634.15	642.26	(8.11)	1.81 40.63	
GOVERNMENT NATL MTG ASSN POOL NBR 781301 6% 06/20/2031 Cusip: 36225BNS3	187.0600	102.38	191.51	194.67	(3.16)	0.34 11.22	

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
Total Mortgage Backed Securities			**4,998.59**	**4,889.23**	**109.36**	**10.95** **304.14**	
Asset Back Securities							
AMERICREDIT AUTO 1.29% 06/18/2027 Cusip: 03066RAF2, Standard & Poor's AA+	65,000.0000	96.50	62,724.21	60,762.30	1,961.91	27.95 838.50	
AMERICREDIT AUTOMOBILE ABS .69% 01/19/2027 Cusip: 03066RAD7, Standard & Poor's AAA	8,253.8900	99.81	8,238.15	7,829.91	408.24	4.75 56.95	
CARMAX AUTO OWNER 1.00% 03/15/2027 Cusip: 14317DAE0, Standard & Poor's AAA	80,000.0000	97.16	77,730.01	77,212.50	517.51	35.56 800.00	
CARMAX AUTO OWNER TRUST 4.98% 02/15/2028 Cusip: 14318MAG4, Standard & Poor's A+	70,000.0000	99.93	69,951.94	69,975.39	(23.45)	154.93 3,486.00	
DRIVE AUTO RECEIVABLES TRUST ABS 1.39% 03/15/2029 Cusip: 262104AF9, Standard & Poor's AAA	50,532.9800	98.33	49,688.91	47,814.86	1,874.05	58.53 702.41	
DRIVE AUTO RECEIVABLES TRUST ABS DTD 11/10/2021 1.47% 1/15/2027 Cusip: 262081AE2	594.5800	99.87	593.80	568.71	25.09	0.73 8.74	
FORD CR AUT OWN TR 0.83% 08/15/2028 Cusip: 34532NAF2, Standard & Poor's AAA	70,000.0000	99.17	69,418.43	66,975.78	2,442.65	25.82 581.00	
FORD CR AUTO OWNER TR 5.07% 01/15/2029 Cusip: 344928AF3, Standard & Poor's AA+	50,000.0000	100.42	50,208.95	48,410.16	1,798.79	112.67 2,535.00	
HYUNDAI AUTO RECEIVABLES TRUST ABS .81% 11/16/2026 Cusip: 44891RAE0, Standard & Poor's AAA	34,715.7300	99.75	34,630.63	33,556.28	1,074.35	65.35 281.20	
SANTANDER DRIVE AUTO RECEIVABLES ABS 1.33% 09/15/2027 Cusip: 80287EAF2	32,835.2800	98.67	32,398.85	31,591.12	807.73	36.39 436.71	
WORLD OMNI AUTO RECV TR 1.04% 06/15/2027 Cusip: 98163LAE0, Standard & Poor's AAA	50,000.0000	98.06	49,028.19	45,835.94	3,192.25	23.11 520.00	
Total Asset Back Securities			**504,612.07**	**490,532.95**	**14,079.12**	**545.79** **10,246.51**	
Corporate Bonds							
AFLAC INC 2.875% 10/15/2026-2026 Cusip: 001055AQ5, Standard & Poor's A-	85,000.0000	97.05	82,489.10	79,912.00	2,577.10	515.90 2,443.75	0.0460

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
AMAZON COM INC 4.55% 12/01/2027-2027 Cusip: 023135CP9, Standard & Poor's AA	45,000.0000	100.60	45,270.45	45,014.85	255.60	170.63 2,047.50	0.0430
AMERICAN EXPRESS VAR 07/27/2029 CALLABLE Cusip: 025816DH9, Standard & Poor's A-	75,000.0000	101.13	75,843.75	76,363.50	(519.75)	1,683.64 3,961.50	0.0500
BANK NEW YORK MELLON CORP MEDIUM 4.414% 07/24/2026-2025 Cusip: 06406RBJ5, Standard & Poor's A	80,000.0000	99.73	79,787.20	79,970.00	(182.80)	1,540.00 3,531.20	0.0460
BK OF AMERICA CORP FR 2.015% 02/13/2026-2026 Cusip: 06051GHY8, Standard & Poor's A-	75,000.0000	99.67	74,749.50	70,739.35	4,010.15	579.31 1,511.25	0.0230
CAMDEN PPTY TR NT 5.85% 11/03/2026 CALLABLE Cusip: 133131BA9, Standard & Poor's A-	80,000.0000	102.00	81,602.40	81,187.75	414.65	754.00 4,680.00	0.0470
COMCAST CORP 4.15% SNR PIDI NTS 15/10/2028 USD (SEC REGD) 4.15% 10/15/2028 Cusip: 20030NCT6, Standard & Poor's A-	80,000.0000	97.52	78,018.40	76,751.50	1,266.90	700.89 3,320.00	0.0490
DUKE ENERGY FLA LLC 3.2% 01/15/2027-2026 Cusip: 26444HAC5, Standard & Poor's A	80,000.0000	97.36	77,891.20	76,508.40	1,382.80	1,180.44 2,560.00	0.0460
ENTERPRISE PRODS OPER 4.6% 01/11/2027 CALLABLE Cusip: 29379VCE1, Standard & Poor's A-	80,000.0000	100.03	80,020.00	80,098.20	(78.20)	1,737.78 3,680.00	0.0460
EOG RESOURCES INC 4.15% 01/15/2026-2025 Cusip: 26875PAP6, Standard & Poor's A-	65,000.0000	99.50	64,675.00	64,945.55	(270.55)	1,243.85 2,697.50	0.0460
FACEBOOK INC 3.5% 08/15/2027-2027 Cusip: 30303M8G0, Standard & Poor's AA-	80,000.0000	97.76	78,206.40	76,874.20	1,332.20	1,057.78 2,800.00	0.0440
GOLDMAN SACHS BK VAR 03/18/2027 CALLABLE Cusip: 38151LAF7, Standard & Poor's A+	80,000.0000	100.57	80,454.40	79,741.50	712.90	1,209.22 4,226.40	0.0500
INTUIT SR NT 5.25% 09/15/2026 CALLABLE Cusip: 46124HAE6, Standard & Poor's A-	60,000.0000	101.06	60,633.00	60,202.65	430.35	927.50 3,150.00	0.0460
JPMORGAN CHASE & CO SR 0.00% 10/23/2029 Cusip: 46647PDX1, Standard & Poor's A	75,000.0000	103.72	77,793.00	77,828.80	(35.80)	862.33 4,565.25	0.0520

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
MORGAN STANLEY FR 6.296% DTD 10/18/2022 6.296% 10/18/2028 Cusip: 61747YEV3, Standard & Poor's A-	75,000.0000	103.68	77,758.50	77,279.25	479.25	957.52 4,722.00	0.0520
NATIONAL RURAL UTILS 5.05% 09/15/2028 CALLABLE Cusip: 63743HFJ6, Standard & Poor's A-	80,000.0000	100.76	80,606.40	80,830.90	(224.50)	1,189.56 4,040.00	0.0480
PROLOGIS L P 2.125% 04/15/2027-2027 Cusip: 74340XBN0, Standard & Poor's A	85,000.0000	94.74	80,529.85	77,618.50	2,911.35	381.32 1,806.25	0.0460
PUBLIC SERVICE ELEC & GAS 3.7% 05/01/2028-2028 Cusip: 74456QBU9, Standard & Poor's A	80,000.0000	96.66	77,327.20	78,976.80	(1,649.60)	493.33 2,960.00	0.0480
SCHWAB CHARLES CORP VAR 05/19/2029 CALLABLE Cusip: 808513CD5, Standard & Poor's A-	75,000.0000	102.02	76,516.50	76,970.25	(453.75)	493.76 4,232.25	0.0510
SNAP ON INC 3.25% 03/01/2027-2026 Cusip: 833034AK7, Standard & Poor's A-	80,000.0000	97.15	77,717.60	76,321.10	1,396.50	866.67 2,600.00	0.0460
STATE STR CORP 2.901% 03/30/2026-2025 Cusip: 857477BM4, Standard & Poor's A	75,000.0000	99.50	74,624.25	72,670.85	1,953.40	549.98 2,175.75	0.0330
UNION ELEC CO 2.95% 06/15/2027-2027 Cusip: 906548CM2, Standard & Poor's A	85,000.0000	96.10	81,683.30	80,531.85	1,151.45	111.44 2,507.50	0.0460
WASTE MGMT INC 4.95% 07/03/2027 CALLABLE Cusip: 94106LBX6, Standard & Poor's A-	80,000.0000	101.07	80,853.60	80,440.70	412.90	1,958.00 3,960.00	0.0450
Total Corporate Bonds			**1,745,051.00**	**1,727,778.45**	**17,272.55**	**21,164.85** **74,178.10**	
Total Debt Securities			**4,262,034.46**	**4,191,408.22**	**70,626.24**	**29,304.77** **128,947.50**	

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Short Term Investments							
Short Term Investments							
INVESCO STIT TREASURY INSTITUTIONAL- PRI FUND Cusip: SWTRPXX01, Bank: 825252406	59,915.5200	1.00	59,915.52	59,915.52	0.00	135.43 2,615.33	
Total Short Term Investments			**59,915.52**	**59,915.52**	**0.00**	**135.43** **2,615.33**	
Total Short Term Investments			**59,915.52**	**59,915.52**	**0.00**	**135.43** **2,615.33**	
Total Market Value			**4,321,949.98**	**4,251,323.74**	**70,626.24**	**29,440.20** **131,562.83**	

SCHEDULE H OTHER RECEIVABLES STATEMENT 1

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	20,870.	29,440.
TOTAL TO SCHEDULE H, LINE 1B(3)	20,870.	29,440.

SCHEDULE H OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
CIGNA MEDICAL CLAIM REFUNDS	9,850.
TOTAL TO SCHEDULE H, LINE 2C	9,850.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
BENEFIT COORDINATOR FEES	44,745.
INSURANCE	1,219.
ELECTRICAL RECIPROCAL TRANSFER PROGRAM	2,480.
PRINTING AND POSTAGE	6,389.
FEES MANDATED BY ACA	2,595.
BENEFIT CONSULTING FEES	58,500.
TOTAL TO SCHEDULE H, LINE 2I(11)	115,928.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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 ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1976

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 I.B.E.W. LOCAL 728 FAMILY HEALTHCARE PL

2010 N.W. 150TH AVE
SUITE 200
PEMBROKE PINES FL 33028

2b Employer Identification Number (EIN) 59-6134297

2c Plan Sponsor's telephone number 954-266-6322

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	Signature of plan administrator	Date: 6/12/25	Enter name of individual signing as plan administrator: Justin McIntosh
SIGN HERE	Signature of employer/plan sponsor	Date: 6/12/25	Enter name of individual signing as employer or plan sponsor: James Stuzzieri
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	813
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)**	806
a (2) Total number of active participants at the end of the plan year	**6a(2)**	831
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	836
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
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)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
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**	60

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

5% Transactions - Single Transactions
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
IBEW 728 HEALTHCARE PLAN				
06/03/2024	SWEEP PURCHASE	400,154.81 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	400,154.81	400,154.81
06/06/2024	SWEEP SALE	397,279.32 shares INVESCO STIT TREASURY INSTL	397,279.32	397,279.32
08/20/2024	SWEEP PURCHASE	350,043.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	350,043.33	350,043.33
08/22/2024	SWEEP SALE	292,546.75 shares INVESCO STIT TREASURY INSTL	292,546.75	292,546.75
Total Single Transactions			**1,440,024.21**	**1,440,024.21**

IBEW 728 HEALTHCARE PLAN

5% Transactions - Non-Security Transactions
For the Period January 01, 2024 - December 31, 2024

No data in the reporting period

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
IBEW 728 HEALTHCARE PLAN				
01/02/2024	SWEEP PURCHASE	524.78 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	524.78	524.78
01/04/2024	SWEEP PURCHASE	44,445.45 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	44,445.45	44,445.45
01/08/2024	SWEEP PURCHASE	86,848.07 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	86,848.07	86,848.07
01/09/2024	SWEEP SALE	66,299.64 shares INVESCO STIT TREASURY INSTL	66,299.64	66,299.64
01/11/2024	SWEEP SALE	59,938.2 shares INVESCO STIT TREASURY INSTL	59,938.20	59,938.20
01/16/2024	SWEEP PURCHASE	14,263.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	14,263.33	14,263.33
01/18/2024	SWEEP PURCHASE	46 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	46.00	46.00
01/22/2024	SWEEP PURCHASE	126.37 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	126.37	126.37
01/24/2024	SWEEP PURCHASE	1,077.04 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,077.04	1,077.04
01/26/2024	SWEEP SALE	28,230.4 shares INVESCO STIT TREASURY INSTL	28,230.40	28,230.40
02/01/2024	SWEEP PURCHASE	180.07 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	180.07	180.07

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
02/05/2024	SWEEP SALE	3,118.38 shares INVESCO STIT TREASURY INSTL	3,118.38	3,118.38
02/13/2024	SWEEP PURCHASE	654.88 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	654.88	654.88
02/15/2024	SWEEP PURCHASE	41,172.58 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	41,172.58	41,172.58
02/15/2024	SWEEP SALE	18.9 shares INVESCO STIT TREASURY INSTL	18.90	18.90
02/20/2024	SWEEP PURCHASE	187.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	187.33	187.33
02/21/2024	SWEEP PURCHASE	712.5 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	712.50	712.50
03/01/2024	SWEEP PURCHASE	1,191.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,191.75	1,191.75
03/07/2024	SWEEP PURCHASE	17,027.03 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	17,027.03	17,027.03
03/08/2024	SWEEP SALE	61,990.68 shares INVESCO STIT TREASURY INSTL	61,990.68	61,990.68
03/15/2024	SWEEP PURCHASE	58,104.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	58,104.33	58,104.33
03/18/2024	SWEEP PURCHASE	19,524.13 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	19,524.13	19,524.13

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
03/19/2024	SWEEP SALE	57,735.43 shares INVESCO STIT TREASURY INSTL	57,735.43	57,735.43
03/19/2024	SWEEP PURCHASE	567.61 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	567.61	567.61
03/20/2024	SWEEP PURCHASE	123.11 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	123.11	123.11
03/21/2024	SWEEP PURCHASE	25,000 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	25,000.00	25,000.00
03/25/2024	SWEEP SALE	29,085.12 shares INVESCO STIT TREASURY INSTL	29,085.12	29,085.12
04/01/2024	SWEEP PURCHASE	2,581.11 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,581.11	2,581.11
04/03/2024	SWEEP SALE	15,603.35 shares INVESCO STIT TREASURY INSTL	15,603.35	15,603.35
04/15/2024	SWEEP PURCHASE	77,287.85 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	77,287.85	77,287.85
04/17/2024	SWEEP SALE	6,010.43 shares INVESCO STIT TREASURY INSTL	6,010.43	6,010.43
04/18/2024	SWEEP PURCHASE	15,123.84 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	15,123.84	15,123.84
04/19/2024	SWEEP SALE	59,953.75 shares INVESCO STIT TREASURY INSTL	59,953.75	59,953.75
04/22/2024	SWEEP PURCHASE	164.14 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	164.14	164.14

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
04/24/2024	SWEEP PURCHASE	44,041.32 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	44,041.32	44,041.32
04/25/2024	SWEEP SALE	62,843.73 shares INVESCO STIT TREASURY INSTL	62,843.73	62,843.73
04/30/2024	SWEEP SALE	3,204.28 shares INVESCO STIT TREASURY INSTL	3,204.28	3,204.28
05/01/2024	SWEEP PURCHASE	143.92 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	143.92	143.92
05/01/2024	SWEEP SALE	5.04 shares INVESCO STIT TREASURY INSTL	5.04	5.04
05/03/2024	SWEEP PURCHASE	1,755 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,755.00	1,755.00
05/15/2024	SWEEP PURCHASE	56,751.89 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	56,751.89	56,751.89
05/16/2024	SWEEP PURCHASE	2,824.49 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,824.49	2,824.49
05/17/2024	SWEEP PURCHASE	2,300.91 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,300.91	2,300.91
05/20/2024	SWEEP SALE	59,879.09 shares INVESCO STIT TREASURY INSTL	59,879.09	59,879.09
05/23/2024	SWEEP SALE	430.45 shares INVESCO STIT TREASURY INSTL	430.45	430.45
05/30/2024	SWEEP PURCHASE	65,256.75 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	65,256.75	65,256.75

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
06/03/2024	SWEEP SALE	70,709.9 shares INVESCO STIT TREASURY INSTL	70,709.90	70,709.90
06/03/2024	SWEEP PURCHASE	400,154.81 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	400,154.81	400,154.81
06/06/2024	SWEEP SALE	397,279.32 shares INVESCO STIT TREASURY INSTL	397,279.32	397,279.32
06/11/2024	SWEEP SALE	8,328.85 shares INVESCO STIT TREASURY INSTL	8,328.85	8,328.85
06/17/2024	SWEEP PURCHASE	8,369.86 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	8,369.86	8,369.86
06/18/2024	SWEEP PURCHASE	50,931.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	50,931.33	50,931.33
06/20/2024	SWEEP PURCHASE	692.13 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	692.13	692.13
06/21/2024	SWEEP SALE	63,430.09 shares INVESCO STIT TREASURY INSTL	63,430.09	63,430.09
06/21/2024	SWEEP PURCHASE	43.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	43.33	43.33
06/25/2024	SWEEP PURCHASE	54,953.86 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	54,953.86	54,953.86
07/01/2024	SWEEP PURCHASE	306.67 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	306.67	306.67
07/03/2024	SWEEP SALE	54,933.45 shares INVESCO STIT TREASURY INSTL	54,933.45	54,933.45

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
07/11/2024	SWEEP PURCHASE	1,380 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,380.00	1,380.00
07/15/2024	SWEEP PURCHASE	6,882.98 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,882.98	6,882.98
07/15/2024	SWEEP PURCHASE	2,424.9 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,424.90	2,424.90
07/18/2024	SWEEP PURCHASE	9,661.56 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	9,661.56	9,661.56
07/18/2024	SWEEP PURCHASE	43.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	43.33	43.33
07/22/2024	SWEEP PURCHASE	113.71 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	113.71	113.71
07/22/2024	SWEEP PURCHASE	69.88 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	69.88	69.88
07/24/2024	SWEEP PURCHASE	1,200.35 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,200.35	1,200.35
07/25/2024	SWEEP SALE	3,530.17 shares INVESCO STIT TREASURY INSTL	3,530.17	3,530.17
07/31/2024	SWEEP SALE	12,566.24 shares INVESCO STIT TREASURY INSTL	12,566.24	12,566.24
08/01/2024	SWEEP PURCHASE	90.34 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	90.34	90.34

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
08/13/2024	SWEEP PURCHASE	755.63 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	755.63	755.63
08/15/2024	SWEEP PURCHASE	13,015.26 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	13,015.26	13,015.26
08/15/2024	SWEEP PURCHASE	4,226.99 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	4,226.99	4,226.99
08/19/2024	SWEEP PURCHASE	9,886.28 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	9,886.28	9,886.28
08/20/2024	SWEEP SALE	24,654.73 shares INVESCO STIT TREASURY INSTL	24,654.73	24,654.73
08/20/2024	SWEEP PURCHASE	350,043.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	350,043.33	350,043.33
08/22/2024	SWEEP SALE	292,546.75 shares INVESCO STIT TREASURY INSTL	292,546.75	292,546.75
09/03/2024	SWEEP PURCHASE	1,551.17 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,551.17	1,551.17
09/09/2024	SWEEP SALE	6,707.16 shares INVESCO STIT TREASURY INSTL	6,707.16	6,707.16
09/11/2024	SWEEP SALE	8,956.97 shares INVESCO STIT TREASURY INSTL	8,956.97	8,956.97
09/16/2024	SWEEP PURCHASE	14,943.18 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	14,943.18	14,943.18

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
09/18/2024	SWEEP PURCHASE	1,847.06 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,847.06	1,847.06
09/19/2024	SWEEP SALE	0.02 share INVESCO STIT TREASURY INSTL	0.02	0.02
09/20/2024	SWEEP PURCHASE	100.93 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	100.93	100.93
09/25/2024	SWEEP SALE	54,399.18 shares INVESCO STIT TREASURY INSTL	54,399.18	54,399.18
09/30/2024	SWEEP PURCHASE	1,087.88 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,087.88	1,087.88
10/01/2024	SWEEP PURCHASE	247.86 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	247.86	247.86
10/03/2024	SWEEP SALE	9,899.54 shares INVESCO STIT TREASURY INSTL	9,899.54	9,899.54
10/07/2024	SWEEP PURCHASE	1,199.26 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,199.26	1,199.26
10/15/2024	SWEEP PURCHASE	8,204.91 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	8,204.91	8,204.91
10/15/2024	SWEEP PURCHASE	6,307.44 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,307.44	6,307.44
10/18/2024	SWEEP PURCHASE	12,233.21 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	12,233.21	12,233.21

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
10/21/2024	SWEEP PURCHASE	116.11 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	116.11	116.11
10/22/2024	SWEEP SALE	27,400.87 shares INVESCO STIT TREASURY INSTL	27,400.87	27,400.87
10/24/2024	SWEEP SALE	524.9 shares INVESCO STIT TREASURY INSTL	524.90	524.90
10/24/2024	SWEEP PURCHASE	2,282.63 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,282.63	2,282.63
11/01/2024	SWEEP PURCHASE	362.37 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	362.37	362.37
11/04/2024	SWEEP PURCHASE	2,340 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,340.00	2,340.00
11/15/2024	SWEEP PURCHASE	25,348.64 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	25,348.64	25,348.64
11/15/2024	SWEEP PURCHASE	6,155.04 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	6,155.04	6,155.04
11/18/2024	SWEEP PURCHASE	10,273.91 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	10,273.91	10,273.91
11/20/2024	SWEEP PURCHASE	111.84 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	111.84	111.84
11/21/2024	SWEEP PURCHASE	43.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	43.33	43.33

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
11/22/2024	SWEEP PURCHASE	2,116.13 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	2,116.13	2,116.13
11/25/2024	SWEEP SALE	53,355.11 shares INVESCO STIT TREASURY INSTL	53,355.11	53,355.11
12/02/2024	SWEEP PURCHASE	1,133.68 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,133.68	1,133.68
12/03/2024	SWEEP PURCHASE	1,055.41 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	1,055.41	1,055.41
12/16/2024	SWEEP PURCHASE	38,507.2 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	38,507.20	38,507.20
12/18/2024	SWEEP PURCHASE	8,918.34 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	8,918.34	8,918.34
12/19/2024	SWEEP PURCHASE	43.33 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	43.33	43.33
12/20/2024	SWEEP PURCHASE	94.64 shares INVESCO STIT TREASURY INSTL STATE COST: 0.00	94.64	94.64
Total			**3,245,449.73**	**3,245,449.73**
01/05/2024	SALE	90,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2015 2.25% 11/15/2025 Trade 01/05/2024 Settle 01/08/2024 90,000 Units @ 96.1640625 Fed Long Term Gain: 957.73	86,681.70	86,547.66

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
01/25/2024	PURCHASE	30,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 01/25/2024 Settle 01/26/2024 30,000 Units @ 93.65625	28,096.88	28,096.88
02/02/2024	SALE	40,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 02/02/2024 Settle 02/05/2024 40,000 Units @ 97.15234375 Fed Long Term Gain: 145.72	38,823.60	38,860.94
02/02/2024	PURCHASE	45,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 02/02/2024 Settle 02/05/2024 45,000 Units @ 93.621094	42,129.49	42,129.49
03/06/2024	SALE	10,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 03/06/2024 Settle 03/07/2024 10,000 Units @ 97.21875 Fed Long Term Gain: 43.07	9,705.90	9,721.88
03/06/2024	PURCHASE	40,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 03/06/2024 Settle 03/07/2024 40,000 Units @ 93.30859375	37,323.44	37,323.44
03/15/2024	SALE	20,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 03/15/2024 Settle 03/18/2024 20,000 Units @ 97.2148437 Fed Long Term Gain: 85.36	19,411.80	19,442.97

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
03/22/2024	PURCHASE	30,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2015 2.25% 11/15/2025 Trade 03/22/2024 Settle 03/25/2024 30,000 Units @ 96.140625	28,842.19	28,842.19
04/02/2024	SALE	90,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 04/02/2024 Settle 04/03/2024 90,000 Units @ 97.33984375 Fed Long Term Gain: 496.61	87,300.00	87,605.86
04/02/2024	PURCHASE	55,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 04/02/2024 Settle 04/03/2024 55,000 Units @ 92.71484375	50,993.16	50,993.16
04/16/2024	PURCHASE	20,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 04/16/2024 Settle 04/17/2024 20,000 Units @ 91.6875	18,337.50	18,337.50
04/16/2024	SALE	30,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 04/16/2024 Settle 04/17/2024 30,000 Units @ 97.33984375 Fed Long Term Gain: 165.54	29,170.80	29,201.95
04/17/2024	SALE	80,000 par value UNITED STATES TREAS BDS 2% DTD 8/15/2015 2.00% 8/15/2025 Trade 04/17/2024 Settle 04/18/2024 80,000 Units @ 96.09375 Fed Long Term Gain: 690.75	76,800.00	76,875.00

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5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
04/23/2024	SALE	45,000 par value UNITED STATES TREAS BDS 2.125% DTD 5/15/2015 2.125% 5/15/2025 Trade 04/23/2024 Settle 04/24/2024 45,000 Units @ 96.9296875 Fed Long Term Gain: 56.59	43,650.00	43,618.36
05/17/2024	PURCHASE	20,000 par value UNITED STATES TREAS BDS 1.625% 02/15/2026 Trade 05/17/2024 Settle 05/20/2024 20,000 Units @ 94.609375	18,921.88	18,921.88
05/17/2024	PURCHASE	45,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 05/17/2024 Settle 05/20/2024 45,000 Units @ 97.66796875	43,950.59	43,950.59
05/31/2024	PURCHASE	85,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 05/31/2024 Settle 06/03/2024 85,000 Units @ 97.75	83,087.50	83,087.50
05/31/2024	SALE	80,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 05/31/2024 Settle 06/03/2024 80,000 Units @ 92.42578125 Fed Long Term Loss: 755.05	75,200.00	73,940.63
06/05/2024	PURCHASE	10,000 par value UNITED STATES TREAS BDS 2% DTD 8/15/2015 2.00% 8/15/2025 Trade 06/05/2024 Settle 06/06/2024 10,000 Units @ 96.5390625	9,653.91	9,653.91

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5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
06/05/2024	PURCHASE	45,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2015 2.25% 11/15/2025 Trade 06/05/2024 Settle 06/06/2024 45,000 Units @ 96.3046875	43,337.11	43,337.11
06/05/2024	PURCHASE	40,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 06/05/2024 Settle 06/06/2024 40,000 Units @ 97.8125	39,125.00	39,125.00
06/05/2024	PURCHASE	45,000 par value UNITED STATES TREAS BDS 1.625% 02/15/2026 Trade 06/05/2024 Settle 06/06/2024 45,000 Units @ 94.81640625	42,667.38	42,667.38
06/05/2024	PURCHASE	40,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 06/05/2024 Settle 06/06/2024 40,000 Units @ 93.0117187	37,204.69	37,204.69
06/10/2024	SALE	20,000 par value UNITED STATES TREAS BDS 1.625% 02/15/2026 Trade 06/10/2024 Settle 06/11/2024 20,000 Units @ 94.6640625 Fed Long Term Gain: 226.95	19,000.00	18,932.81
06/20/2024	PURCHASE	65,000 par value UNITED STATES TREAS BDS 2.125% DTD 5/15/2015 2.125% 5/15/2025 Trade 06/20/2024 Settle 06/21/2024 65,000 Units @ 97.37109375	63,291.21	63,291.21

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5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
06/24/2024	SALE	25,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 06/24/2024 Settle 06/25/2024 25,000 Units @ 97.953125 Fed Long Term Gain: 52.53	24,500.00	24,488.28
07/24/2024	PURCHASE	30,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 07/24/2024 Settle 07/25/2024 30,000 Units @ 93.984375	28,195.31	28,195.31
07/24/2024	SALE	25,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 07/24/2024 Settle 07/25/2024 25,000 Units @ 98.296875 Fed Long Term Gain: 138.47	24,500.00	24,574.22
07/30/2024	PURCHASE	75,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 07/30/2024 Settle 07/31/2024 75,000 Units @ 95.578125	71,683.59	71,683.59
07/30/2024	SALE	60,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 07/30/2024 Settle 07/31/2024 60,000 Units @ 98.363281 Fed Long Term Gain: 372.17	58,800.00	59,017.97
08/21/2024	PURCHASE	15,000 par value UNITED STATES TREAS BDS 2% DTD 8/15/2015 2.00% 8/15/2025 Trade 08/21/2024 Settle 08/22/2024 15,000 Units @ 97.734375	14,660.16	14,660.16

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
08/21/2024	PURCHASE	10,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 08/21/2024 Settle 08/22/2024 10,000 Units @ 97.11328125	9,711.33	9,711.33
08/21/2024	PURCHASE	15,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2015 2.25% 11/15/2025 Trade 08/21/2024 Settle 08/22/2024 15,000 Units @ 97.62890625	14,644.34	14,644.34
08/21/2024	PURCHASE	30,000 par value UNITED STATES TREAS BDS 1.625% 02/15/2026 Trade 08/21/2024 Settle 08/22/2024 30,000 Units @ 96.457031	28,937.11	28,937.11
08/21/2024	PURCHASE	15,000 par value UNITED STATES TREAS BDS 2.25% DTD 11/15/2017 2.25% 11/15/2027 Trade 08/21/2024 Settle 08/22/2024 15,000 Units @ 95.550781	14,332.62	14,332.62
09/10/2024	PURCHASE	25,000 par value UNITED STATES TREAS BDS 2% DTD 8/15/2015 2.00% 8/15/2025 Trade 09/10/2024 Settle 09/11/2024 25,000 Units @ 98.0859375	24,521.48	24,521.48
09/10/2024	PURCHASE	50,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 09/10/2024 Settle 09/11/2024 50,000 Units @ 98	49,000.00	49,000.00

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5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
09/17/2024	PURCHASE	10,000 par value UNITED STATES TREAS BDS 2.125% DTD 5/15/2015 2.125% 5/15/2025 Trade 09/17/2024 Settle 09/18/2024 10,000 Units @ 98.59375	9,859.38	9,859.38
09/24/2024	SALE	20,000 par value UNITED STATES TREAS BDS 2% 02/15/2025 Trade 09/24/2024 Settle 09/25/2024 20,000 Units @ 99.03125 Fed Long Term Gain: 257.65	19,400.00	19,806.25
09/24/2024	PURCHASE	75,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 09/24/2024 Settle 09/25/2024 75,000 Units @ 97.9609375	73,470.70	73,470.70
10/02/2024	PURCHASE	20,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 10/02/2024 Settle 10/03/2024 20,000 Units @ 97.66796875	19,533.59	19,533.59
10/02/2024	SALE	10,000 par value UNITED STATES TREAS BDS 2% DTD 8/15/2015 2.00% 8/15/2025 Trade 10/02/2024 Settle 10/03/2024 10,000 Units @ 98.277344 Fed Long Term Gain: 243.68	9,700.00	9,827.73
10/04/2024	SALE	75,000 par value UNITED STATES TREAS BDS 2.125% DTD 5/15/2015 2.125% 5/15/2025 Trade 10/04/2024 Settle 10/07/2024 75,000 Units @ 98.65234375 Fed Long Term Gain: 1,129.61	72,750.00	73,989.26

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5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
10/04/2024	PURCHASE	75,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 10/04/2024 Settle 10/07/2024 75,000 Units @ 96.7578125	72,568.36	72,568.36
10/21/2024	SALE	50,000 par value UNITED STATES TREAS BDS 2.125% DTD 5/15/2015 2.125% 5/15/2025 Trade 10/21/2024 Settle 10/22/2024 50,000 Units @ 98.730469 Fed Long Term Gain: 792.12	48,500.00	49,365.23
10/31/2024	SALE	80,000 par value UNITED STATES TREAS BDS 1.625% 02/15/2026 Trade 10/31/2024 Settle 11/01/2024 80,000 Units @ 96.75 Fed Long Term Gain: 2,384.05	76,000.00	77,400.00
11/22/2024	SALE	50,000 par value UNITED STATES TREAS NTS DTD 8/15/2015 2.00% 8/15/2025 Trade 11/22/2024 Settle 11/25/2024 50,000 Units @ 98.25390625 Fed Long Term Gain: 1,206.69	48,500.00	49,126.95
11/22/2024	SALE	40,000 par value UNITED STATES TREAS 2.00% 02/15/2025 DTD 2/15/2015 2.00% 2/15/2025 Trade 11/22/2024 Settle 11/25/2024 40,000 Units @ 99.4375 Fed Long Term Gain: 677.81	38,963.09	39,775.00

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5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

IBEW 728 HEALTHCARE PLAN

Date	Transaction	Description	EBT Cost	Market Value
11/22/2024	PURCHASE	40,000 par value UNITED STATES TREAS 2.25% 11/15/2027 DTD 11/15/2017 2.25% 11/15/2027 Trade 11/22/2024 Settle 11/25/2024 40,000 Units @ 94.28515625	37,714.06	37,714.06
11/22/2024	PURCHASE	110,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 11/22/2024 Settle 11/25/2024 110,000 Units @ 95.390625	104,929.69	104,929.69
12/02/2024	SALE	35,000 par value UNITED STATES TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028 Trade 12/02/2024 Settle 12/03/2024 35,000 Units @ 95.9375 Fed Long Term Loss: 232.48	33,950.00	33,578.13
Total UNITED STATES TREAS BDS			**2,102,030.54**	**2,106,420.73**
Total All Issues			**5,347,480.27**	**5,351,870.46**

IBEW 728 HEALTHCARE PLAN

5% Transactions - By Broker
For the Period January 01, 2024 - December 31, 2024

No data in the reporting period