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|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>501</u></p> |
| <p>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) <u>TRUSTEES OF IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN</u></p> <p><u>3455 GERMANTOWN PIKE</u> <u>COLLEGEVILLE, PA 19426</u></p> | <p>1c Effective date of plan <u>12/15/1953</u></p> <p>2b Employer Identification Number (EIN) <u>23-6395223</u></p> <p>2c Plan Sponsor's telephone number <u>610-489-1185</u></p> <p>2d Business code (see instructions) <u>238210</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/30/2025 | RICHARD MUTTIK |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 2223 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 1945 |
| | 6a(2) | 1995 |
| | 6b | 288 |
| | 6c | |
| | 6d | 2283 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 153 |

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 4C 4D 4E 4F 4L

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**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 IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | | D Employer Identification Number (EIN) 23-6395223 |

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
VISION BENEFITS OF AMERICA

| (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 |
| 25-1149206 | 53953 | 4748 | 2126 | 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 0 | (b) Total amount of fees paid 0 |
|---|--|

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

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

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

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

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (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. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

| | | | | |
|----------|--|-----------------|--------|--------|
| a | Premiums: (1) Amount received | 9a(1) | 284340 | |
| | (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) | | 284340 |
| b | Benefit charges (1) Claims paid | 9b(1) | 270073 | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | 9b(3) | | 270073 |
| | (4) Claims charged | 9b(4) | | 270073 |
| 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) | 13800 | |
| | (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) | 467 | |
| | (G) Other retention charges | 9c(1)(G) | | |
| | (H) Total retention | 9c(1)(H) | | 14267 |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | 9c(2) | | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | 9d(1) | | |
| | (2) Claim reserves | 9d(2) | | |
| | (3) Other reserves | 9d(3) | | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | 9e | | |

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**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 IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN) 23-6395223 |

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

THE UNION LABOR LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 13-1423090 | 69744 | SL10292 | 1971 | 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 0 | (b) Total amount of fees paid 0 |
|---|--|

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

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

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

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

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (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) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | 7e(5) | 0 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 627978 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

| | | |
|--|--|-------------------|
| <p>A Name of plan IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>501</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN</p> | <p>D Employer Identification Number (EIN) 23-6395223</p> | |

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

1 Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 13-1423090 | 69744 | G3285/C4552 | 1957 | 06/01/2023 | 05/31/2024 |

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.

| | |
|---|--|
| <p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

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

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

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

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

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (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) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | 7e(5) | 0 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |

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

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

9 Experience-rated contracts:

| | | | |
|-----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |
| 10 | Nonexperience-rated contracts: | | |
| a | Total premiums or subscription charges paid to carrier | 10a | 200266 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | |

Part IV Provision of Information

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

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

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

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

| | | |
|--|--|------------|
| A Name of plan IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN) 23-6395223 | |

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

THE VANGUARD GROUP, INC.

23-1945930

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

BLACKROCK ADVISORS LLC

23-2784752

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

FIRST TRUST ADVISORS LP

36-3788904

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

INVESCO ADISERS INC

58-1707262

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

WISDOMTREE ASSET MANAGMENT INC

20-2500148

(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)

INDEPENDENCE ADMINISTRATORS

23-2184623

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 50 | NONE | 1202136 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MORGAN STANLEY SMITH BARNEY, LLC

11-3658445

| (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 50 49 72 33 55 | NONE | 176262 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

IBEW LOCAL UNION NO. 126

23-1302203

| (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 | RELATED | 139039 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

LACHER & ASSOCIATES INS. AGENCY INC

23-2134092

| (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 50 | NONE | 123806 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TELADOC INC

04-3705970

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50 | NONE | 115441 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

| (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 51 | NONE | 102294 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

DELTA DENTAL OF PENNSYLVANIA

23-1667011

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50 | NONE | 85453 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

COMPUSYS OF UTAH, INC.

84-0869853

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50 | NONE | 61507 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GUARDIAN LIFE INSURANCE

13-5123390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50 | NONE | 46954 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 | NONE | 35948 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

NOVAK FRANCELLA, LLC

61-1436956

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 35164 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

FOX ROTHSCHILD, LLP

23-1404723

| (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 30 | NONE | 28269 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

SAV RX

86-1323040

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50 | NONE | 17282 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

EYELATION

46-4300929

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50 | NONE | 12076 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SUMMIT ACTUARIAL

20-3838633

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16 50 | NONE | 9000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

CLEARY & JOSEM LLP

23-2657967

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | NONE | 6393 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--|--------------------------------------|--|
| PRINCIPAL CUSTODY SOLUTIONS 42-1520346 711 HIGH STREET DES MOINES, IA 50302 | 27 51 | |

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBEW LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN) 23-6395223 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 452602 | 742687 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 6519313 | 6870392 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 1950047 | 2277718 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 24411098 | 14866680 |
| (2) U.S. Government securities | 1c(2) | 77171111 | 54555686 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 20781241 | 62503122 |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 15051373 | 22382999 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 146336785 | 164199284 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 2982374 | 2308133 |
| h Operating payables..... | 1h | 63576 | 145037 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 826282 | 556408 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 3872232 | 3009578 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 142464553 | 161189706 |

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) | 58771910 | |
| (B) Participants..... | 2a(1)(B) | 703128 | |
| (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) | | 59475038 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 1539838 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 520307 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 1576906 | |
| (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) | | 3637051 |
| (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) | 1684444 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 1684444 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 53867423 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 53376337 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 491086 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 1057549 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2014749 |
| c Other income | 2c | | 59750 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 68419667 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 46529146 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 796496 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 47325642 |
| 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) | 1557632 | |
| (3) Recordkeeping fees | 2i(3) | 10109 | |
| (4) IQPA audit fees | 2i(4) | 25055 | |
| (5) Investment advisory and investment management fees | 2i(5) | 278556 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 9000 | |
| (8) Legal fees | 2i(8) | 34662 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 453858 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 2368872 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 49694514 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 18725153 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
International Brotherhood of Electrical Workers
Local Union No. 126 Health and Welfare Plan

Opinion

We have audited the financial statements of the International Brotherhood of Electrical Workers Local Union No. 126 Health and Welfare 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 the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the International Brotherhood of Electrical Workers Local Union No. 126 Health and Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Plan’s 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 information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 30, 2025

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION No. 126 HEALTH AND WELFARE PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|----------------|----------------|
| ASSETS | | |
| INVESTMENTS - at fair value | | |
| Exchange traded funds | \$ 22,382,999 | \$ 15,051,373 |
| Corporate obligations | 62,503,122 | 20,781,241 |
| United States Treasury notes | 54,555,686 | 77,171,111 |
| Short term investments | 14,669,465 | 23,692,968 |
| Total investments | 154,111,272 | 136,696,693 |
| RECEIVABLES | | |
| Employer and reciprocal contributions | 6,870,392 | 6,519,313 |
| Stop loss dividend | 510 | 137,091 |
| Prescription rebate | 751,515 | 529,100 |
| Accrued interest and dividends | 978,726 | 703,416 |
| Total receivables | 8,601,143 | 7,888,920 |
| CASH | 939,902 | 1,170,732 |
| PREPAID EXPENSES | 98,334 | 67,940 |
| DUE FROM LOCAL UNION | 1,133 | - |
| DEPOSITS WITH SERVICE PROVIDERS | 447,500 | 512,500 |
| Total assets | 164,199,284 | 146,336,785 |
| LIABILITIES AND NET ASSETS | | |
| LIABILITIES | | |
| Accounts payable and accrued expenses | 144,305 | 54,069 |
| Amounts due to other benefit plans under reciprocal agreements | 440,767 | 704,379 |
| Payroll tax withholdings | 732 | 9,507 |
| Unearned self pay contribution revenue | 115,641 | 121,903 |
| Total liabilities | 701,445 | 889,858 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 163,497,839 | \$ 145,446,927 |

See accompanying notes to financial statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE 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 | \$ 3,563,384 | \$ 3,457,070 |
| Interest | 3,637,051 | 2,186,272 |
| Dividends | 1,684,444 | 1,734,731 |
| | 8,884,879 | 7,378,073 |
| Less investment expenses | (278,556) | (332,663) |
| Investment income - net | 8,606,323 | 7,045,410 |
| Employer and reciprocal contributions, net | 58,771,910 | 56,045,197 |
| Self pay and retiree contributions | 703,128 | 726,247 |
| Other income | 59,750 | 11,695 |
| Total additions | 68,141,111 | 63,828,549 |
| DEDUCTIONS | | |
| Benefits | | |
| Paid directly to or on behalf of participants | | |
| Hospital, surgical and medical claims | 31,784,435 | 24,487,960 |
| Prescription drug benefits | 6,542,510 | 5,459,286 |
| Prescription drug rebates | (1,443,825) | (999,363) |
| Dental benefits | 1,443,438 | 1,192,535 |
| Vision benefits | 262,751 | 294,509 |
| Disability benefits | 322,778 | 413,219 |
| Vacation benefits | 8,473,663 | 8,504,330 |
| Life insurance benefits | 206,928 | 195,725 |
| EAP Member assistance program | 80,388 | 79,054 |
| | 47,673,066 | 39,627,255 |
| Stop loss insurance premiums | 627,978 | 559,078 |
| Stop loss reimbursements | (301,161) | (416,311) |
| Total cost of benefits | 47,999,883 | 39,770,022 |
| Fees mandated by ACA | 16,383 | 15,468 |
| Administrative expenses | 2,073,933 | 2,040,175 |
| Total deductions | 50,090,199 | 41,825,665 |
| NET INCREASE | 18,050,912 | 22,002,884 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | 145,446,927 | 123,444,043 |
| End of year | \$ 163,497,839 | \$ 145,446,927 |

See accompanying notes to financial statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|---|------------------------------|------------------------------|
| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS | | |
| Claims payable and incurred but not reported | <u>\$ 2,308,133</u> | <u>\$ 2,982,374</u> |
| OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE - AT PRESENT VALUE OF ESTIMATED AMOUNTS NET OF AMOUNTS CURRENTLY PAYABLE | | |
| Health reimbursement account unused balances | 14,815,025 | 11,161,855 |
| Vacation benefit obligations | 2,512,618 | 2,067,127 |
| Accumulated eligibility credits | 43,976,774 | 42,237,947 |
| Earned benefit reserve | <u>10,994,100</u> | <u>10,559,000</u> |
| Total benefit obligations other than postretirement benefit obligations | <u>72,298,517</u> | <u>66,025,929</u> |
| POSTRETIREMENT BENEFIT OBLIGATIONS - NET OF AMOUNTS CURRENTLY PAYABLE | | |
| Current retirees, beneficiaries and dependents | 26,451,000 | 27,446,500 |
| Other participants fully eligible for benefits | 1,274,200 | 1,129,000 |
| Other participants not yet fully eligible for benefits | <u>83,677,800</u> | <u>74,143,300</u> |
| Total postretirement benefit obligations | <u>111,403,000</u> | <u>102,718,800</u> |
| Total benefit obligations | <u><u>\$ 186,009,650</u></u> | <u><u>\$ 171,727,103</u></u> |

See accompanying notes to financial statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|----------------|----------------|
| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS | | |
| Balance at beginning of year | \$ 2,982,374 | \$ 1,895,464 |
| Increase (decrease) during the year attributable to changes in claims payable | (674,241) | 1,086,910 |
| Balance at end of year | 2,308,133 | 2,982,374 |
| OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS | | |
| Balance at beginning of year | 66,025,929 | 60,254,713 |
| Decrease during the year attributable to changes in health reimbursement account unused balances | 3,653,170 | 3,244,292 |
| Increase during the year attributable to changes in vacation benefit obligations | 445,491 | 16,581 |
| Increase during the year attributable to changes in accumulated eligibility credits | 1,738,827 | 2,168,343 |
| Increase during the year attributable to changes in earned benefit reserve | 435,100 | 342,000 |
| Balance at end of year | 72,298,517 | 66,025,929 |
| POSTRETIREMENT BENEFIT OBLIGATIONS | | |
| Balance at beginning of year | 102,718,800 | 107,808,600 |
| Increase (decrease) during the year attributable to Benefits earned and other changes | 5,902,600 | (8,145,300) |
| Passage of time | 4,581,800 | 4,811,800 |
| Estimated benefit payments | (1,800,200) | (1,756,300) |
| Balance at end of year | 111,403,000 | 102,718,800 |
| Total benefit obligations | \$ 186,009,650 | \$ 171,727,103 |

See accompanying notes to financial statements.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the International Brotherhood of Electrical Workers Local Union No. 126 Health and Welfare Plan (“the Plan”) is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

The Plan provides hospitalization, surgical, medical, dental, vision, prescription drug, life insurance, vacation, and short-term disability benefits to eligible members (and dependents) of International Brotherhood of Electrical Workers Local Union No. 126 (the Union).

The Plan is a multiemployer welfare plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established pursuant to a collective bargaining agreement between International Brotherhood of Electrical Workers Local Union No. 126 and the Line Construction Division of the Penn-Del-Jersey Chapter of N.E.C.A.

Participants should refer to the Summary Plan Description for further information.

Benefits - Health and disability are self-insured with benefit payments administered by AmeriHealth Administrators, Inc. and Independence Administrators. These benefits include, but are not limited to, accidents and sickness weekly benefits, hospital expense, surgical expense, medical expense, laboratory expense and major medical expense benefits. Prescription benefits are administered by Sav-Rx. Prescription drug coverage for Medicare-eligible participants is provided through UnitedHealthcare. Death benefits are provided through a life insurance policy with Ullico. Disability benefits are provided through Guardian. Dental benefits are self-insured and are administered by Delta Dental of Pennsylvania. Vision benefits are provided through Vision Benefits of America. Health reimbursement account benefits are administered through Compusys. Claim payments are recorded when paid.

Stop Loss Coverage - The Plan is party to a stop-loss insurance arrangement with Ullico in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). The attachment point is \$600,000.

NOTE 1. DESCRIPTION OF PLAN (continued)

Eligibility - Employees must work 350 hours or more for a contributing employer for the pay periods ending a “Working Quarter” to be eligible to participate in a subsequent “Coverage Quarter” as defined in the summary plan description. Participants who have not worked the required 350 hours per quarter that are necessary to become eligible for following “Coverage Quarter” may, under conditions, pay into the Trust Fund an amount equal to the difference between what has been contributed by the contributing employer and the amount necessary to bring the contribution to the 350 hour requirement. Hours worked in excess of 400 hours during each “Working Quarter” may be accumulated and used to provide benefits when the minimum hour requirements are not met. Separated employees may continue to receive medical benefits upon payment of the applicable premium, in accordance with the Internal Revenue Code regulations commonly referred to as “COBRA.”

Refunds - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan’s actual utilization pattern of specific drugs. Refunds due from the Plan’s PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid.

Funding Policy and Revenue Recognition - This Fund is funded through employer contributions for all hours worked by participants under the jurisdiction of International Brotherhood of Electrical Workers Local Union No. 126. The contribution rate was \$11.25 per hour from January 1, 2023 through May 29, 2023, then \$11.50 per hour from May 30, 2023 through December 31, 2024. The amount of the hourly contribution to the Plan is the result of negotiations between Line Construction Division of the Penn-Del-Jersey Chapter of the National Electrical Contractors Association, Northeastern Line Constructors Chapter National Electrical Contractors Association, Inc., and Local 126 of the International Brotherhood of Electrical Workers, AFL-CIO and is changed when the economics of the Plan dictates. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Vacation benefits are funded through employee withholdings. Each eligible employee will have a specific amount withheld per hour worked. The amount per hour is determined by each employee pursuant to an applicable agreement. The amount withheld per hour at December 31, 2024 and 2023 was \$2.00. Eligible participants are fully vested and benefits are paid in June and December annually.

Health reimbursements accounts amounts were established for certain members as a one-time contribution. The amounts per each specific members’ account varied according to each members’ dollar bank at the contribution date. No further contributions will be made to the members’ accounts. Accounts will remain in effect for each member until all funds are disbursed from each account for qualifying medical reimbursements. Unused amounts are forfeited in accordance with the current forfeiture policy. There were no forfeitures for the years ended December 31, 2024 and 2023.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments in exchange traded funds, corporate obligations and United States Treasury notes are carried at fair value as provided by the investment custodian, which generally represents quoted market prices as of the last business day of the year. The short term investments are carried at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade - date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on the investments bought and sold as well as held during the year.

Contributions Receivable - Employer contributions due but not paid prior to the year-end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

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

Benefit Obligations - Postretirement benefit obligations and earned benefit reserve are calculated by the Plan's actuary. Incurred but not reported claims is calculated by the medical benefits provider and accumulated eligibility credits are calculated by the Plan's administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, 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 Trust obtained its latest determination letter on September 27, 2016, from the Internal Revenue Service stating that the Trust, as then designed, was in compliance with the applicable requirement of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under section 501(c)(9). The Plan's administrator and the Plan's counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 4. TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management 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 the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. RELATED PARTY TRANSACTIONS

The Union collects and processes employer contributions on behalf of the Plan. Fees are paid on a monthly basis for services provided by the Union. For the years ended December 31, 2024 and 2023, the fees paid to the Union were \$139,039 and \$119,953, respectively.

Certain plan investments are shares of short term investment funds managed by Morgan Stanley, PNC and Principal Custody in 2024 and 2023. Morgan Stanley, PNC and Principal Custody are the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedule of assets held at end of year.

The transactions identified above qualify as transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 6. ACCUMULATED ELIGIBILITY CREDITS

Active participants who have worked the minimum required hours in a given Working Quarter are eligible for health benefits during the corresponding Coverage Quarter.

The following schedule identifies the Working Quarters and corresponding Coverage Quarters for active participants.

| <u>Working Quarter</u> | <u>Coverage Quarter</u> |
|---------------------------|----------------------------|
| January-February-March | June-July-August |
| April-May-June | September-October-November |
| July-August-September | December-January-February |
| October-November-December | March-April-May |

At December 31, 2024 and 2023, the active participants had earned and accumulated eligibility for benefits in future periods totaling approximately \$43,973,126 and \$42,237,947, respectively, as calculated by the Plan administrator.

NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to participants' 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 currently retired participants and their beneficiaries and dependents, active participants and their beneficiaries and dependents after retirement from service and COBRA benefits. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's 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.

For measurement purposes, 7.0% annual rates of increase in the per capita cost of covered medical health care benefits (Pre-Medicare), and (Medicare) were assumed at December 31, 2024 and 2023.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Discount rate: 4.50% for December 31, 2024 and 2023.

Mortality: RP 2014 Blue Collar Table with scale MP18 for 2024 and 2023.

The contribution assumption claims curves, administrative expense, and prescription trend assumptions were updated to reflect actual and anticipated experience.

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 the postretirement benefit obligations.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point, that would increase the obligation by \$29,575,600 and \$26,181,700 as of December 31, 2024 and 2023, respectively.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) became effective beginning January 1, 2006. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan has determined that benefits provided by the Plan are at least actuarially equivalent to Medicare Part D.

NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Net benefits expected to be paid by the Plan during the ensuing five years are approximately as follows:

| | |
|------|----------------------|
| 2025 | \$ 1,908,000 |
| 2026 | 2,022,300 |
| 2027 | 2,216,500 |
| 2028 | 2,349,200 |
| 2029 | <u>2,489,900</u> |
| | <u>\$ 10,985,900</u> |

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as per the financial statements to Form 5500 for the years ended December 31, 2024 and December 31, 2023:

| | <u>2024</u> | <u>2023</u> |
|--|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 163,497,839 | \$ 145,446,927 |
| Benefit obligations currently payable and claims incurred but not reported | <u>(2,308,133)</u> | <u>(2,982,374)</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 161,189,706</u> | <u>\$ 142,464,553</u> |

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the year ended December 31, 2024:

| | |
|--|----------------------|
| Benefits paid to or for participants per the financial statements | \$ 47,999,883 |
| Add - amounts currently payable and claims incurred but not reported at December 31, 2024 | 2,308,133 |
| Less - amounts currently payable and claims incurred but not reported at December 31, 2023 | <u>(2,982,374)</u> |
| Benefits paid to or for participants per Form 5500 | <u>\$ 47,325,642</u> |

Medical claims payable, insurance premiums payable, claims incurred but not reported and premiums due to insurers at December 31, 2024 and 2023 are included in the statement of benefit obligations in the financial statements but are included as liabilities on Form 5500.

NOTE 9. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

| | Fair Value Measurements at December 31, 2024 | | | |
|------------------------------|--|----------------------|----------------------|-------------|
| | Total | Level 1 | Level 2 | Level 3 |
| Exchange traded funds | \$ 22,382,999 | \$ 22,382,999 | \$ - | \$ - |
| Corporate obligations | 62,503,122 | - | 62,503,122 | - |
| United States Treasury notes | 54,555,686 | 54,555,686 | - | - |
| Short term investments | 14,669,465 * | 14,669,465 | - | - |
| | <u>\$ 154,111,272</u> | <u>\$ 91,608,150</u> | <u>\$ 62,503,122</u> | <u>\$ -</u> |

* One money market mutual fund comprises 8% of total assets.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

| | Fair Value Measurements at December 31, 2023 | | | |
|------------------------------|--|----------------------|----------------------|-------------|
| | Total | Level 1 | Level 2 | Level 3 |
| Exchange traded funds | \$ 15,051,373 | \$ 15,051,373 | \$ - | \$ - |
| Corporate obligations | 20,781,241 | - | 20,781,241 | - |
| United States Treasury notes | 77,171,111 | 77,171,111 | - | - |
| Short term investments | 23,692,968 ** | 23,692,968 | - | - |
| | <u>\$ 136,696,693</u> | <u>\$115,915,452</u> | <u>\$ 20,781,241</u> | <u>\$ -</u> |

** One money market mutual fund comprises 14% of total assets.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and participant 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.

NOTE 11. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) were equal to \$3.22 per covered life for each of the 2024 and 2023 calendar years. For the years ended December 31, 2024 and 2023, the Plan paid \$16,383 and \$15,468 in PCORI fees, respectively.

NOTE 12. DEPOSITS WITH SERVICE PROVIDERS

AmeriHealth Administrators held a deposit from the Plan totaling \$65,000 at December 31, 2023. Independence Administrators held a deposit from the Plan totaling \$447,500 at December 31, 2024 and 2023. This deposit was required by Independence Administrators. The deposit is reviewed annually during the renewal period to determine whether the amount on deposit is adequate.

Under the terms of this arrangement, these deposits can be used to fund claims that are paid by the service provider on behalf of the Plan that have not been invoiced.

NOTE 13. SUMMARY OF MATERIAL MODIFICATIONS

Effective January 1, 2023, the Board of Trustees revised the Summary Plan Description to make certain changes to add a Member Assistance Program which is a benefit established by the Fund to provide assistance in dealing with personal concerns effects work and home life.

Effective January 1, 2023, the Board of Trustees revised the Summary Plan Description to allow participants to receive chiropractic service up to 52 visits in a calendar year. Participants are responsible for paying for any chiropractic services over the 52 per calendar year visit limit.

Effective April 1, 2023, the Board of Trustees revised the Summary Plan Description to allow for a reduced rate retiree benefit for health and welfare participants who retire from the industry and are not eligible for or offered medical benefits through another employer provided medical plan.

Effective June 1, 2023, the Board of Trustees revised the Summary Plan Description to clarify that mental health and substance abuse benefits provided under the Plan include treatment at a Residential Care Treatment Facility.

Effective June 1, 2023, the Board of Trustees revised the Summary Plan Description to modify the exceptions and exclusion to medical benefits surrounding orthotics.

Effective July 1, 2023, the Board of Trustees revised the Summary Plan Description to make changes to the Non-Participating Dentist maximum plan allowance for Delta Dental.

Effective July 1, 2023, the Board of Trustees revised the Summary Plan Description to allow participants to receive reimbursement through their HRA for eligible expenses by filing claims for reimbursement dating back to June 1, 2019, as long as the participant and, if applicable, spouses and dependents, were eligible to participate in the HRA on the date of services.

Effective October 1, 2024, the Board of Trustees revised the Summary Plan Description to allow dependents of participants to maintain coverage until the end of the month in which the dependent turns 26 years old.

Effective July 1, 2025, the Board of Trustees revised the Summary Plan Description to have their new administrator for health reimbursement accounts benefits be WEX Health Inc. from CompuSys.

NOTE 14. CONCENTRATION OF CASH

The Plan maintains its cash at various financial institutions. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank. As of December 31, 2024, the Plan had \$439,902 in excess of FDIC insurance coverage.

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|---------------------|---------------------|
| Local Union administration fees | \$ 139,039 | \$ 119,953 |
| Administration fees | | |
| AmeriHealth | - | 20,823 |
| Teladoc | 115,441 | 114,237 |
| Sav RX | 17,282 | 18,901 |
| Delta Dental | 85,453 | 78,275 |
| Independence Administrators | 1,202,136 | 1,125,382 |
| Guardian Life Insurance | 46,954 | 43,367 |
| VBA | 14,303 | 11,847 |
| Compusys | 61,507 | 59,579 |
| Eyelation | 12,076 | 10,266 |
| Other - ERTS | 2,480 | 2,480 |
| Actuarial fees | 9,000 | 39,076 |
| Legal fees | 34,662 | 38,525 |
| Accounting, auditing and government filings fees | 25,055 | 39,842 |
| Payroll compliance review fees | 10,109 | 6,328 |
| Consultant fees | 123,806 | 120,200 |
| Insurance | 12,755 | 6,724 |
| Computer expenses | 35,948 | 20,273 |
| Conference and meeting expenses | 837 | 150 |
| Postage and printing | 83,501 | 131,831 |
| Taxes | - | 635 |
| Bank fees | 459 | 7,305 |
| Internet service provider expense | 12,293 | - |
| Miscellaneous expenses | 28,837 | 24,176 |
| | <u>\$ 2,073,933</u> | <u>\$ 2,040,175</u> |
| Total | <u>\$ 2,073,933</u> | <u>\$ 2,040,175</u> |

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 550, Schedule H, Line 4i

EIN: 23-6395223

Plan No: 501

| (a) | (b) | (c) | | | (d) | (e) |
|--|---|------------------|------------------|--------------|------------------|-----|
| Issuer, Borrower | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | | Cost | Current Value | |
| Type | Shares/ Principal | Interest Rate | Maturity Date | | | |
| <u>Exchange traded funds:</u> | | | | | | |
| First Trust Large Cap Value AlphaDEX ETF | 49,280 | | | \$ 2,938,487 | \$ 3,767,949 | |
| First Trust Mid Cap Core AlphaDEX ETF | 13,035 | | | 1,063,472 | 1,508,410 | |
| Invesco FTSE RAFI US 1000 ETF | 98,850 | | | 2,787,299 | 3,987,609 | |
| Invesco Large Cap Value ETF | 68,065 | | | 2,930,675 | 3,871,258 | |
| Invesco S&P 500 Rev ETF | 41,665 | | | 2,735,661 | 4,079,836 | |
| iShares Morningstar Mid Cap ETF | 18,425 | | | 1,037,366 | 1,403,064 | |
| iShares Morningstar Small Cap ETF | 17,960 | | | 895,998 | 1,138,844 | |
| Vanguard Small Cap ETF | 4,485 | | | 803,368 | 1,077,655 | |
| Wisdomtree Midcap Earnings ETF | 24,770 | | | 1,125,801 | 1,548,374 | |
| Total exchange traded funds | | | | 16,318,127 | 22,382,999 | |
| <u>Corporate obligations:</u> | | | | | | |
| American Express Co | 750,000 | VAR % | 02/16/28 | 749,603 | 754,328 | |
| American Express Co | 834,000 | 5.56 | 02/16/28 | 834,590 | 838,412 | |
| American Honda Finance Group | 532,000 | 5.29 | 01/12/26 | 536,303 | 534,229 | |
| American Honda Finance Group | 500,000 | 4.90 | 03/12/27 | 501,710 | 501,095 | |
| American Honda Finance Group | 430,000 | 5.08 | 07/09/27 | 430,027 | 432,077 | |
| American Tower Corp | 525,000 | 3.13 | 01/15/27 | 495,285 | 507,917 | |
| Bank of America Corp | 1,340,000 | VAR | 03/11/27 | 1,244,998 | 1,291,211 | |
| Bank of America Corp | 840,000 | 6.13 | 04/27/27 | 851,882 | 847,090 | |
| Bank of America Corp | 841,000 | 5.42 | 02/04/28 | 815,461 | 850,562 | |
| Bank of Montreal | 757,000 | 5.30 | 06/04/27 | 758,219 | 761,179 | |
| Bank of New York Mellon | 500,000 | VAR | 04/26/27 | 498,245 | 502,085 | |
| Bank of Nova Scotia | 430,000 | 5.32 | 06/04/27 | 430,512 | 430,894 | |
| Bank of Nova Scotia | 1,000,000 | VAR | 09/08/28 | 1,000,000 | 989,960 | |
| Bristol-Myers Squibb Co | 840,000 | 4.86 | 02/20/26 | 842,912 | 842,066 | |
| Canadian Imperial Bank | 570,000 | 5.24 | 06/28/27 | 570,000 | 576,105 | |
| Capital One Financial Corp | 750,000 | VAR | 07/24/26 | 745,950 | 749,408 | |
| Caterpillar Financial Services | 424,000 | 4.83 | 02/27/26 | 424,696 | 424,551 | |
| Caterpillar Financial Services | 634,000 | 4.89 | 05/14/27 | 634,967 | 634,444 | |
| CenterPoint Energy Resources Corp | 600,000 | 5.25 | 08/10/26 | 601,980 | 604,680 | |
| Charles Schwab Corp | 838,000 | 5.38 | 06/01/25 | 825,800 | 832,763 | |
| Citigroup Inc | 838,000 | 5.06 | 01/25/26 | 818,293 | 838,444 | |
| Citigroup Inc | 1,345,000 | VAR | 01/28/27 | 1,241,496 | 1,291,657 | |
| Consolidated Edison Co of New York Inc | 805,000 | 5.08 | 11/18/27 | 805,868 | 809,637 | |
| Crown Castle Intl Corp | 400,000 | 2.90 | 03/15/27 | 374,972 | 384,036 | |
| DTE Energy Co | 540,000 | 2.85 | 10/01/26 | 520,349 | 523,152 | |
| Diamondback Energy Inc | 500,000 | 5.20 | 04/18/27 | 497,100 | 504,795 | |
| Dominion Energy Inc | 500,000 | 3.60 | 03/15/27 | 474,255 | 487,680 | |
| Enbridge | 500,000 | 5.90 | 11/15/26 | 509,690 | 509,755 | |
| Energy Transfer Partners | 500,000 | 4.75 | 01/15/26 | 494,795 | 499,295 | |
| Eversource Energy | 500,000 | 0.80 | 08/15/25 | 466,930 | 487,295 | |
| General Motors Financial Co Inc | 836,000 | 5.41 | 02/26/27 | 787,913 | 839,829 | |
| General Motors Financial Co Inc | 500,000 | 5.40 | 05/08/27 | 500,340 | 505,225 | |
| Georgia Power Co | 446,000 | 5.33 | 05/08/25 | 446,000 | 446,959 | |
| Georgia Power Co | 255,000 | 5.00 | 02/23/27 | 258,575 | 256,961 | |
| Global Payments Inc | 545,000 | 4.95 | 08/15/27 | 549,518 | 545,741 | |
| Goldman Sachs Group | 1,100,000 | VAR | 12/09/26 | 1,020,998 | 1,061,863 | |

| (a) | (b) | (c) | | | (d) | (e) |
|---|------|---|------------------|------------------|------------|------------------|
| Issuer, Borrower | | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | | Cost | Current Value |
| | Type | Shares/ Principal | Interest Rate | Maturity Date | | |
| <u>Corporate obligations (continued)</u> | | | | | | |
| Goldman Sachs Group | | 428,000 | 6.63 % | 10/28/27 | \$ 435,368 | \$ 438,353 |
| Goldman Sachs Group | | 838,000 | 5.49 | 02/24/28 | 805,381 | 846,556 |
| HSBC Holdings PLC | | 1,000,000 | VAR | 05/17/28 | 1,002,400 | 1,010,720 |
| HP Enterprise Co | | 270,000 | 4.40 | 09/25/27 | 270,304 | 267,168 |
| Home Depot Inc | | 850,000 | 4.70 | 12/24/25 | 850,690 | 851,700 |
| Home Depot Inc | | 200,000 | 4.88 | 06/25/27 | 199,339 | 201,896 |
| John Deere Capital Corp | | 1,043,000 | 4.97 | 04/19/27 | 1,043,260 | 1,048,225 |
| JP Morgan Chase & Co. | | 428,000 | 7.41 | 02/01/25 | 426,998 | 430,718 |
| JP Morgan Chase & Co. | | 1,345,000 | VAR | 2/4/2027 | 1,241,453 | 1,292,195 |
| JP Morgan Chase & Co. | | 839,000 | 5.57 | 01/23/28 | 844,648 | 849,504 |
| Keurig Dr Pepper Inc | | 500,000 | 5.10 | 03/15/27 | 498,095 | 504,470 |
| Keurig Dr Pepper Inc | | 838,000 | 5.36 | 03/15/27 | 840,405 | 846,263 |
| MPLX LP | | 550,000 | 1.75 | 03/01/26 | 514,580 | 531,014 |
| Marriott International | | 540,000 | 3.13 | 06/15/26 | 518,114 | 527,839 |
| Marsh & McLennan Cos Inc | | 634,000 | 5.28 | 11/08/27 | 636,614 | 638,856 |
| Mitsubishi UFJ Fin Grp Inc | | 1,100,000 | VAR | 07/20/27 | 1,013,056 | 1,046,199 |
| Mizuho Financial Group | | 1,100,000 | VAR | 05/22/27 | 1,005,180 | 1,046,991 |
| Morgan Stanley Sr Unsec | | 1,000,000 | VAR | 07/20/27 | 916,080 | 950,350 |
| National Retail Prop Inc | | 550,000 | 3.60 | 12/15/26 | 526,898 | 538,351 |
| National Rural Utilities Cooperative Fin Corp | | 1,046,000 | 5.17 | 02/05/27 | 1,046,321 | 1,056,219 |
| Natwest Group PLC | | 800,000 | 5.58 | 03/01/28 | 806,952 | 809,504 |
| Nextera Energy Capital | | 840,000 | 5.40 | 01/29/26 | 840,299 | 844,528 |
| Nextera Energy Capital | | 560,000 | 1.88 | 01/15/27 | 515,296 | 529,138 |
| Nutrien LTD | | 515,000 | 5.20 | 06/21/27 | 523,080 | 520,268 |
| Oracle Corp | | 525,000 | 1.65 | 03/25/26 | 488,597 | 506,094 |
| Pinnacle West Capital Corp | | 838,000 | 5.19 | 06/10/26 | 838,298 | 841,411 |
| Royal Bank of Canada | | 427,000 | 5.37 | 01/21/27 | 412,313 | 428,768 |
| Royal Bank of Canada | | 395,000 | 5.53 | 10/18/28 | 395,064 | 396,671 |
| Realty Income Corp | | 969,840 | 3.20 | 01/15/27 | 969,840 | 969,530 |
| T-Mobile USA Inc | | 800,000 | 3.75 | 04/15/27 | 775,840 | 781,568 |
| Toronto-Dominion Bank | | 429,000 | 5.10 | 04/05/27 | 429,920 | 429,665 |
| Toyota Motor Credit Corp | | 1,042,000 | 4.82 | 05/15/26 | 1,042,070 | 1,043,876 |
| Wells Fargo & Co. | | 837,000 | 5.69 | 04/25/26 | 838,082 | 839,829 |
| Wells Fargo & Co. | | 1,000,000 | VAR | 04/22/28 | 999,981 | 1,016,450 |
| Williams Companies Inc | | 510,000 | 5.40 | 03/02/26 | 509,567 | 513,437 |
| XCEL Energy Inc | | 500,000 | 3.35 | 12/01/26 | 472,430 | 487,510 |
| Total corporate obligations | | | | | 49,053,045 | 49,779,214 |
| <u>Unites States Treasury notes:</u> | | | | | | |
| US Treasury Note | Note | 1,000,000 | 1.38 | 01/31/25 | 987,852 | 997,650 |
| US Treasury Note | Note | 3,190,000 | 2.75 | 02/28/25 | 3,289,687 | 3,181,961 |
| US Treasury Note | Note | 1,500,000 | 1.75 | 03/15/25 | 1,463,320 | 1,492,440 |
| US Treasury Note | Note | 2,500,000 | 2.63 | 04/15/25 | 2,494,141 | 2,488,350 |
| US Treasury Note | Note | 2,000,000 | 2.75 | 05/15/25 | 1,961,953 | 1,989,000 |
| US Treasury Note | Note | 2,000,000 | 4.25 | 05/31/25 | 1,981,406 | 1,999,500 |
| US Treasury Note | Note | 2,000,000 | 2.88 | 06/15/25 | 1,987,500 | 1,987,920 |
| US Treasury Note | Note | 2,000,000 | 3.00 | 07/15/25 | 1,973,516 | 1,987,100 |
| US Treasury Note | Note | 2,000,000 | 3.13 | 08/15/25 | 1,954,219 | 1,986,120 |
| US Treasury Note | Note | 2,000,000 | 3.50 | 09/15/25 | 1,978,594 | 1,989,360 |
| US Treasury Note | Note | 2,000,000 | 4.25 | 10/15/25 | 2,018,281 | 2,000,500 |
| US Treasury Note | Note | 2,000,000 | 4.50 | 11/15/25 | 2,027,969 | 2,003,720 |
| US Treasury Note | Note | 2,000,000 | 4.00 | 12/15/25 | 1,989,453 | 1,996,620 |
| US Treasury Note | Note | 2,000,000 | 3.88 | 01/15/26 | 2,005,234 | 1,993,340 |
| US Treasury Note | Note | 2,000,000 | 2.63 | 01/31/26 | 1,945,547 | 1,966,140 |
| US Treasury Note | Note | 2,000,000 | 4.00 | 02/15/26 | 2,005,156 | 1,994,740 |
| US Treasury Note | Note | 2,000,000 | 4.63 | 03/15/26 | 2,048,438 | 2,008,640 |
| US Treasury Note | Note | 2,000,000 | 3.75 | 04/15/26 | 2,007,188 | 1,987,320 |
| US Treasury Note | Note | 1,000,000 | 3.63 | 05/15/26 | 988,672 | 991,750 |
| US Treasury Note | Note | 2,000,000 | 4.13 | 06/15/26 | 1,988,438 | 1,996,560 |

| (a) | (b) | (c) | | | (d) | (e) |
|---|---|--|------------------|------------------|-----------------------|-----------------------|
| Issuer, Borrower | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | | Cost | Current Value | |
| | Type | Shares/ Principal | Interest Rate | Maturity Date | | |
| | | <u>United States Treasury notes (continued):</u> | | | | |
| US Treasury Note | Note | 2,000,000 | 4.38 % | 08/15/26 | \$ 1,980,781 | \$ 2,003,700 |
| US Treasury Note | Note | 2,500,000 | 4.63 | 10/15/26 | 2,498,437 | 2,515,300 |
| US Treasury Note | Note | 2,500,000 | 4.63 | 11/15/26 | 2,532,617 | 2,516,300 |
| US Treasury Note | Note | 2,500,000 | 4.38 | 12/15/26 | 2,524,121 | 2,505,675 |
| US Treasury Note | Note | 3,500,000 | 4.00 | 01/15/27 | 3,486,718 | 3,482,780 |
| US Treasury Note | Note | 2,500,000 | 4.13 | 02/15/27 | 2,483,789 | 2,493,200 |
| | | Total United States Treasury notes | | | <u>54,603,027</u> | <u>54,555,686</u> |
| | | <u>Asset-backed securities:</u> | | | | |
| American Express Credit Account | | 1,300,000 | 5.23 | 09/15/28 | 1,321,227 | 1,316,614 |
| Bank of America Credit Card Trust | | 1,300,000 | 4.98 | 11/15/28 | 1,298,426 | 1,312,610 |
| Capital One Multi-Asset | | 1,000,000 | 4.95 | 10/15/27 | 992,148 | 1,003,690 |
| CitiBank Credit Card Issuance | | 1,100,000 | 5.24 | 12/08/27 | 1,103,265 | 1,107,139 |
| CNH Equipment Trust | | 1,250,000 | 5.19 | 09/17/29 | 1,264,014 | 1,266,188 |
| Ford Credit Auto Owner Trust | | 1,050,000 | 5.27 | 05/15/28 | 1,058,367 | 1,059,125 |
| GM Financial Securitized Term | | 1,027,000 | 4.47 | 02/16/28 | 1,019,458 | 1,026,969 |
| Hyundai Auto Receivables Trust | | 1,610,000 | 5.54 | 10/16/28 | 1,638,238 | 1,633,715 |
| John Deere Owner Trust | | 1,100,000 | 5.01 | 11/15/27 | 1,104,339 | 1,104,895 |
| Nissan Auto Receivables Owner | | 824,873 | 4.46 | 05/17/27 | 815,625 | 824,674 |
| Toyota Auto Receivables Owner | | 1,060,000 | 5.16 | 04/17/28 | 1,060,704 | 1,068,289 |
| | | Total asset-backed securities | | | <u>12,675,811</u> | <u>12,723,908</u> |
| | | <u>Short term investments:</u> | | | | |
| * Federated Hermes Government Obligations Prime #117 | | 14,014,675 | N/A | N/A | 14,014,675 | 14,014,675 |
| Federated Hermes Government Obligation Prm | | 20,860 | N/A | N/A | 20,860 | 20,860 |
| * Morgan Stanley Private Bank NA | | 633,930 | N/A | N/A | 633,930 | 633,930 |
| | | Total short term investments | | | <u>14,669,465</u> | <u>14,669,465</u> |
| | | Total investments | | | <u>\$ 147,319,475</u> | <u>\$ 154,111,272</u> |

* A party-in-interest as defined by ERISA.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 126 HEALTH AND WELFARE PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 23-6395223
Plan No: 501

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|--|----------------------|----------------------|-----------------------------|-----------------------------|---------------------------------|-----|
| Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset | Net Gain (Loss) on Transactions | |
| * Federated Hermes Government Obligations Prime #117 | \$ 12,658,708 N/A | N/A \$ 19,105,572 | \$ 12,658,708 19,105,572 | \$ 12,658,708 19,105,572 | N/A - | |

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS