

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELECTRICAL WORKERS LOCAL 252 HEALTH & WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD TRUSTEES IBEW LOCAL 252 HEALTH & WELFARE TRUST FUND
2b Employer Identification Number (EIN): 38-6141764
2c Plan Sponsor's telephone number: 734-663-2178
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Michael Cox (12/23/2025) and Eric Maley (12/24/2025).

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>JT BOARD TRUSTEES IBEW LOCAL 252</p> <p>3135 S. STATE ST., STE. 105 ANN ARBOR, MI 48108-1653</p>	<p><b>3b</b> Administrator's EIN 38-6141764</p>
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name <b>c</b> Plan Name</p>	<p><b>3c</b> Administrator's telephone number 734-663-2178</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 1051</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p> <p><b>6a(1)</b> 718 <b>6a(2)</b> 803 <b>6b</b> 300 <b>6c</b> 0 <b>6d</b> 1103 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b></p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p><b>7</b> 100</p>

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>ELECTRICAL WORKERS LOCAL 252 HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD TRUSTEES IBEW LOCAL 252 HEALTH &amp; WELFARE TRUST FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-6141764</b></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  
**DEARBORN 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
36-2598882	71129	F006603	795	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**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) ▶ [ADD](#)

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	131151
<b>b</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.	<b>10b</b>	

**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 **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>ELECTRICAL WORKERS LOCAL 252 HEALTH &amp; WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD TRUSTEES IBEW LOCAL 252 HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>38-6141764</b>

**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  
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
38-2069753	54291	402354	2163	06/01/2024	05/31/2025

**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.

<b>(a)</b> Total amount of commissions paid <b>35767</b>	<b>(b)</b> Total amount of fees paid <b>15167</b>
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**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  
**SCOTT SETTLE** **2600 W BIG BEAVER RD STE 140 TROY, MI 48084**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
26681	AGENT		3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INS SRVCE LLC STOCKTON CONCORD** **3333 DEPOSIT DR NE STE 230 GRAND RAPIDS, MI 49546**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
	15167		3

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

KIMBERLY ANN WIXSON

3001 W BIG BEAVER RD STE 320  
TROY, MI 48084

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9086		AGENT	3

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

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

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

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	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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.

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

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

**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:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	1886937	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		1886937
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	14233660	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	-1346756	
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		12886904
(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	964447	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		964447
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
(2) Claim reserves .....	<b>9d(2)</b>		
(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>ELECTRICAL WORKERS LOCAL 252 HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD TRUSTEES IBEW LOCAL 252 HEALTH &amp; WELFARE TRUST FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-6141764</b></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  
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

(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
38-2069753		59891-600	320	06/01/2024	05/31/2025

**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 <b>20396</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**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  
**SCOTT SETTLE**  
**2600 W BIG BEAVER RD STE 140**  
**TROY, MI 48084**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20396	0	SALES COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**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:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	1644092	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		1644092
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		
(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	20396	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		20396
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
(2) Claim reserves .....	<b>9d(2)</b>		
(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>ELECTRICAL WORKERS LOCAL 252 HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD TRUSTEES IBEW LOCAL 252 HEALTH &amp; WELFARE TRUST FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-6141764</b></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  
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

(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
38-2359234	95610	00402354/0001	8	06/01/2024	05/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	706

**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	
	706		

(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.

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	59383
<b>b</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.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>ELECTRICAL WORKERS LOCAL 252 HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD TRUSTEES IBEW LOCAL 252 HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6141764</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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**(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

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**(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

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**(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

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

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

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

BLUE CROSS BLUE SHIELD OF MICHIGAN

38-2069753

(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 13 15 16 23 50 62 99	NONE	964447	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)

ANN ARBOR BENEFIT ADMINISTRATORS, I

3135 S. STATE ST. STE 105  
ANN ARBOR, MI 48108

38-2866123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	372888	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)

LAW OFFICE OF THOMAS LUCZAK PLLC

438 S. FIFTH AVE  
ANN ARBOR, MI 48104

87-3430280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	291442	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2768	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BANK OF ANN ARBOR

38-3252110

(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?
	NONE	36775	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	12975	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RBC WEALTH MANAGEMENT

38505 WOODWARD, STE 150  
BLOOMFIELD HILLS, MI 48304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	45000	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)

POLK AND ASSOCIATES, P.L.C.

30600 TELEGRAPH RD 2191  
BINGHAM FARMS, MI 48025

38-3388760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	32820	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)

CONLIN, MCKENNEY & PHILBRICK, P.C.

350 S. MAIN, STE 400  
ANN ARBOR, MI 48104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8483	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ACCRETIVE GLOBAL INSURANCE SERVICES

17199 N LAUREL PARK DR, SUITE 400  
LIVONIA, MI 48152

85-3689655

(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?
	NONE	10868	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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
LAW OFFICE OF THOMAS LUCZAK PLLC		2768
(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.	
IBEW 252 PENALTY ACCOUNT 3135 S STATE ST, STE 105 ANN ARBOR, MI 48108		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CONLIN, MCKENNEY & PHILBRICK, P.C.	29	8483
(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.	
IBEW 252 PENALTY ACCOUNT 3135 S STATE ST, STE 105 ANN ARBOR, MI 48108	LEGAL SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	523
(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.	
VANGUARD VALUE INDEX FUND	ANNUAL RATE OF .0005% AVERAGE DAILY ASSETS	

**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
BANK OF ANN ARBOR	59 60	209
(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.	
FIDELIGY 500 INDEX	ANNUAL RATE OF .00015% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	174
(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.	
VANGUARD MID-CAP INDEX	ANNUAL RATE OF .0005% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	712
(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.	
T ROWE PRICE INTL VALUE	ANNUAL RATE OF .00015% AVERAGE DAILY ASSETS	

**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
BANK OF ANN ARBOR	59 60	125
(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.	
VANGUARD TOTAL INTNL	ANNUAL RATE OF .0009% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	960
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY ADVISOR INTL SM CAP	ANNUAL RATE OF .0092% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	2985
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY EMERGING MARKETS	ANNUAL RATE OF .0087% AVERAGE DAILY ASSETS	

**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
BANK OF ANN ARBOR	59 60	446
(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.	
VANGUARD TOTAL BOND	ANNUAL RATE OF .0005% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	188
(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.	
VANGUARD SHORT-TERM INVST. G	ANNUAL RATE OF .0009% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	1737
(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.	
T. ROWE PRICE INSTYL HIGH	ANNUAL RATE OF .0050% AVERAGE DAILY ASSETS	

**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
BANK OF ANN ARBOR	59 60	4569
(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.	
DODGE & COX INCOME	ANNUAL RATE OF .0041% AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF ANN ARBOR	59 60	347
(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.	
VANGUARD TOTAL INST BOND PRE	ANNUAL RATE OF .001% AVERAGE DAILY ASSETS	
(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.

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

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

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

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

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

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

<b>Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)	
<b>a</b> Name: POLK AND ASSOCIATES, P.L.C.	<b>b</b> EIN: 38-3388760
<b>c</b> Position: ACCOUNTANT	
<b>d</b> Address: 30600 TELEGRAPH ROAD, SUITE 2191 BINGHAM FARMS, MI 48025	<b>e</b> Telephone: 248-642-5700

Explanation: FILER CHOSE TO CHANGE CPA FIRMS.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>ELECTRICAL WORKERS LOCAL 252 HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD TRUSTEES IBEW LOCAL 252 HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6141764</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	27443	567329
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1514313	1774561
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	6915	0
<b>(3)</b> Other .....	<b>1b(3)</b>	1892235	1245329
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		315896
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5494355	6610378
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8935261	10513493
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	10358	49157
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	594140	383207
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	604498	432364
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8330763	10081129

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	21238364	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1411300	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		22649664
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	211111	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		211111
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		331735
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		23192510

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	16750030	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2762837	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		19512867
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	1311867	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	32820	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	45001	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	34093	
(7) Actuarial fees .....	<b>2i(7)</b>	130056	
(8) Legal fees .....	<b>2i(8)</b>	288757	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	86683	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1929277
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		21442144

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1750366
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **MANER COSTERISAN PC**

(2) EIN: **38-2157642**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		3000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH &  
WELFARE PLAN**

**REPORT ON FINANCIAL STATEMENTS  
(with supplementary information)**

**YEARS ENDED MAY 31, 2025 AND 2024**

## TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT.....	1-4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits .....	6
Statements of Benefit Obligations .....	7
Statements of Changes in Benefit Obligations.....	8
Notes to Financial Statements.....	9-21
SUPPLEMENTAL SCHEDULES .....	22
Schedule of Assets (Held at End of Year).....	23
Schedule of Reportable Transactions.....	24



2425 E. Grand River Ave.,  
Suite 1, Lansing, MI 48912

☎ 517.323.7500

📠 517.323.6346

## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Electrical Workers Local No. 252 Health & Welfare Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of Electrical Workers Local No. 252 Health & Welfare Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits and benefit obligations as of May 31, 2025, and the related statement of changes in net assets available for benefits and benefit obligations for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended May 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit 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 2025 Financial Statements section of our report. We are required to be independent of Electrical Workers Local No. 252 Health & Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2025 Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 the financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Electrical Workers Local No. 252 Health & Welfare 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 2025 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, 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 judgement 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 risk 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 Electrical Workers Local No. 252 Health & Welfare 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 Electrical Workers Local No. 252 Health & Welfare Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

## **Other Matters**

### **2025 Supplemental Schedules Required by ERISA**

The supplemental schedules, as identified in the table of contents, as of May 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Auditor's Report on the 2024 Financial Statements**

The financial statements of Electrical Workers Local No. 252 Health & Welfare Plan as of May 31, 2024, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 31, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedules other than the information in the 2024 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2024 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from , in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Manes Costeiran PC*

November 19, 2025

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**MAY 31, 2025 AND 2024**

	2025	2024
<b>ASSETS</b>		
Investments, fair value		
Money market funds	\$ 315,896	\$ 246,720
Mutual funds	6,610,378	5,247,635
Total investments, fair value	6,926,274	5,494,355
Cash	567,329	27,443
Employer contribution receivable	1,774,561	1,514,313
Participant contribution receivable	-	6,915
Prepaid expenses	1,236,369	1,884,624
Accrued income	8,960	7,611
<b>TOTAL ASSETS</b>	<b>10,513,493</b>	<b>8,935,261</b>
<b>LIABILITIES</b>		
Accounts payable	49,157	10,358
Reciprocal payments payable	383,207	594,140
<b>TOTAL LIABILITIES</b>	<b>432,364</b>	<b>604,498</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 10,081,129</b>	<b>\$ 8,330,763</b>

See notes to financial statements.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED MAY 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ADDITIONS TO PLAN ASSETS		
Investment income (loss)		
Interest and dividends	\$ 211,111	\$ 189,000
Net appreciation in market value of investments	<u>331,735</u>	<u>560,361</u>
Total investment income	<u>542,846</u>	<u>749,361</u>
Contributions		
Employer contributions	21,238,364	16,673,062
Participant contributions	<u>1,411,300</u>	<u>1,189,665</u>
Total contributions	<u>22,649,664</u>	<u>17,862,727</u>
TOTAL ADDITIONS	<u>23,192,510</u>	<u>18,612,088</u>
DEDUCTIONS FROM PLAN ASSETS		
Payments for health claims, net of insurance reimbursements of \$2,052,792 and \$1,591,180 for 2025 and 2024, respectively	12,587,509	10,845,271
Insurance premiums	2,762,837	2,462,538
Administrative fees	1,929,277	1,561,443
Reciprocal payments	<u>4,162,521</u>	<u>3,475,053</u>
TOTAL DEDUCTIONS	<u>21,442,144</u>	<u>18,344,305</u>
NET INCREASE	1,750,366	267,783
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>8,330,763</u>	<u>8,062,980</u>
End of year	<u><u>\$ 10,081,129</u></u>	<u><u>\$ 8,330,763</u></u>

See notes to financial statements.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
STATEMENTS OF BENEFIT OBLIGATIONS  
YEARS ENDED MAY 31, 2025 AND 2024**

	2025	2024
Amounts currently payable to or for participants, beneficiaries, and dependents		
Health claims payable	\$ -	\$ -
Postretirement benefit obligations		
Current retirees, beneficiaries, and dependents	27,155,012	22,992,756
Other participants fully eligible for benefits	28,737,383	23,842,022
Other participants not yet fully eligible for benefits	38,187,752	30,160,752
Total obligations other than postretirement benefit obligations	94,080,147	76,995,530
Other obligations for benefit coverage at present value of estimated amounts		
Claims incurred but not reported	789,000	950,000
Accumulated eligibility credits	3,870,000	3,993,070
Total benefit obligations	\$ 98,739,147	\$ 81,938,600

See notes to financial statements.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS  
YEARS ENDED MAY 31, 2025 AND 2024**

	2025	2024
Amounts currently payables to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ -	\$ -
Claims reported and approved for payment, including benefits reclassified from benefit obligations	14,233,660	14,320,324
Claims paid	(14,233,660)	(14,320,324)
Balance at end of year	-	-
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	4,943,070	4,743,070
Increase (decrease) in postretirement benefits attributable to:		
Changes in actuarial assumptions and other actuarial gains and losses	(284,070)	200,000
Balance at end of year	4,659,000	4,943,070
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	76,995,530	83,383,443
Increase (decrease) in postretirement benefits attributable to:		
Benefits earned	6,633,014	5,964,364
Changes in actuarial assumptions and other actuarial gains and losses	10,451,603	(12,352,277)
Balance at end of year	94,080,147	76,995,530
Plan's total benefit obligations at end of year	\$ 98,739,147	\$ 81,938,600

See notes to financial statements.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following brief description of the Electrical Workers Local No. 252 Health & Welfare Plan is provided for general information purposes only. Participants should refer to the summary plan description and to the plan agreement for complete information.

General

The Plan provides life, health, and accident coverage for eligible employees of contractors who are members of the South Central Division, Michigan Chapter of the National Electrical Contractors Association, Inc. (the "Association"). Eligible employees or retirees are covered by the collective bargaining agreement (the "Agreement") between the International Brotherhood of Electrical Workers (IBEW) Local Union No. 252 (the "Union") and the Association. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974. Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust.

The operation and administration of the Plan is the joint responsibility of a Board of Trustees consisting of representatives from the Association and the Union. Bank of Ann Arbor (the "Custodian") holds the Plan's assets and serves as the Plan's investment manager and record keeper.

The Trustees shall have the right, in their sole and final discretion, to amend the Plan at any time and from time to time to any extent which they may deem advisable. The Plan shall be amended in the manner and effective as of the date set forth by the Trustees, and the Covered Members, Covered Dependents and all others having any interest under the Plan shall be bound thereby.

Eligibility

Employees become eligible for coverage on the first day of the month following a period of three consecutive calendar months during which the employee worked at least one hour per month and four hundred hours cumulatively and contributions were made on behalf of the employee by a participating employer. Limited benefits are also available to newly organized members or apprentices.

Generally, a participant will remain eligible as long as actively employed with a participating employer. Participants may also continue to remain eligible for benefits through the use of accumulated eligibility credits (Hour Bank) for times of unemployment (less than full time) and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Retired employees are entitled to benefits if they are an eligible retired participant of the International Brotherhood of Electrical Workers Local Union No. 252 Pension Plan and are receiving a standard, early retirement, or disability pension and were covered immediately prior to the effective date of retirement. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF THE PLAN (continued)**

Contributions

Participating employers shall contribute to the Plan such amounts as required by the provisions outlined by the current Agreement. The contribution rates at May 31, 2025 and 2024 are show in the table below.

<u>Contractor Classification</u>	<u>2025</u>		<u>2024</u>	
Inside	\$	11.50	\$	10.00
Residential	\$	11.50	\$	10.00
Telecommunications	\$	11.50	\$	10.00

Established July 1, 2024, the Plan includes a Health Reimbursement Arrangement (“HRA”). The HRA was established as an integrated HRA with the Employer’s group health plan coverage. \$.50 of the \$11.50 contribution is used to fund the HRA on a monthly basis. Total contributions for the year ended May 31, 2025 was \$638,329. WEX Health, Inc. administers the HRA in accordance with the adoption agreement.

Contributions from active employees are not permitted. Contributions from retired or inactive employees are required to continue participation in the Plan. Retiree and spouse self-pay contribution rates are set by the Trustees based on years of service.

A PPO and an HMO are available to retirees. The monthly contributions for the plan years ended May 31, 2025 and 2024 are shown in the table below.

**This Illustration Table Assumes 25 or More Years of Service and Use of Medicare Advantage PPO and HMO Plans.**

<u>Retired or Inactive Employee - PPO</u>	<u>2025</u>		<u>2024</u>	
	<u>Non-Medicare</u>	<u>Medicare</u>	<u>Non-Medicare</u>	<u>Medicare</u>
Single	\$ 575	\$ 247	\$ 512	\$ 191
Both Retiree and spouse	\$ 1,109	\$ 494	\$ 1,024	\$ 382
Couple, one member not Medicare-eligible, one who is Medicare-eligible	\$823		\$703	
Surviving spouse with dependent children	\$1,109		\$1,024	
<u>Retired or Inactive Employee - HMO</u>	<u>2025</u>		<u>2024</u>	
	<u>Non-Medicare</u>	<u>Medicare</u>	<u>Non-Medicare</u>	<u>Medicare</u>
Single	\$ 575	\$ 245	\$ 512	\$ 167
Both Retiree and spouse	\$ 1,109	\$ 491	\$ 1,024	\$ 334
Couple, one member not Medicare-eligible, one who is Medicare-eligible	\$821		\$679	
Surviving spouse with dependent children	\$1,109		\$1,024	

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF THE PLAN (continued)**

Contributions (continued)

Contribution rates were effective January 1, 2025 and February 1, 2024. For May 31, 2025, the monthly contribution rates for the PPO and HMO Medicare Advantage Plans ranged from \$247 and \$245 for a single Medicare retiree with 25 years and greater of service to \$2,017 for each retiree and spouse where the retiree had 5 years of service. For May 31, 2024, the monthly contribution rates for the PPO and HMO Medicare Advantage Plans ranged from \$191 and \$167 for a single Medicare retiree with 25 years and greater of service to \$1,863 for each retiree and spouse where the retiree had 5 years of service.

Benefits

The Plan provides individuals with health benefits (medical, hospital, prescription drug, surgical, major medical), dental benefits, disability benefits, life insurance, and death and dismemberment benefits to participations, their beneficiaries and covered dependents, and retirees not covered by Medicare. The health and disability coverage is provided on a self-insured basis with stop-loss coverage for claims in excess of \$350,000 and \$300,000 annually per covered person for the years ended May 31, 2025 and 2024, respectively. Health care coverage for Medicare eligible participants is provided through a Medicare Advantage PPO Plan or a Medicare Advantage HMO-Pos Plan. Term Life insurance coverage is provided under a group insurance policy. HRA funds can be used to pay eligible health care expenses in accordance with the HRA plan documents.

Self-Insured Benefits

The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan.

Penalty Account

Liquidated damages from all plans related to the International Brotherhood of Electrical Workers Local No. 252 are accumulated and used to finance collection efforts of unpaid fringes. This account has not been included in the activity of the Plan.

Reciprocal Payments

Contributions collected from contractors, who are members of the Association on behalf of employees of other electrical unions, are paid to the applicable local benefit offices under terms of the International Reciprocity Agreement.

Reclassifications

Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no impact on previously reported net income or net assets available for benefits.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Concentration of Credit Risk

The Plan is required to disclose significant concentrations of credit risk regardless of the degree of such risk. The Plan deposits its cash in FDIC insured financial institutions. In the opinion of the Plan's management, cash is subject to minimal credit risk.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Through the help of investment advisors, the Board of Trustees determines the Plan's valuation policies and procedures. See Note 4 for discussion of fair value measurements.

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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fixed Assets

Fixed assets, consisting of recordkeeping software, are recorded as cost. Depreciation is calculated following the straight-line method. The estimated useful life of assets is three years. Depreciation expense was \$0 for the years ended May 31, 2025 and 2024, respectively. At May 31, 2025 and 2024, the cost and accumulated depreciation was \$252,458 for a net book value of \$0.

Contractor Contributions Receivable

Contributions are recorded when reported and paid by the participating contractor or other contributing entity. Those amounts received during the month after year end are recorded as receivable. Contributions which are more than one-month delinquent as of year-end are fully reserved and are recorded as received. The Plan follows an established collection protocol that has been approved by the Trustees of the Plan.

Prepaid Expenses

Prepaid expenses are recorded when quarterly settlement payments exceed the net of claims paid, refunds, rebates, and administrative fees resulting in an overpayment status under the Blue Cross Blue Shield of Michigan administrative services contract.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Payment of Benefits

Premiums paid are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompany statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statement of benefit obligations.

Refunds and Rebates

Prescription refunds are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against claims paid. Pharmacy rebates totaling \$706,035 and \$568,955 for the years ended May 31, 2025 and 2024, respectively, have been netted against claims paid in the accompanying statement of changes in net assets available for benefits

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling \$1,346,757 and \$1,022,225 for the years ended May 31, 2025 and 2024, respectively, have been netted with claims paid in the accompany statement of changes in net assets.

Health Reimbursement Arrangement

Included in the accompany statements of net assets are amounts available to reimburse participants for qualifying medical expenses as of May 31, 2025, totaling \$479,998.

Fees and Other Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Union or Employers. Expenses that are paid by the Union or Employers are excluded from these financial statements.

Subsequent Events

The Plan evaluates events and transactions that occur after year end for potential recognition or disclosure in the financial statements. These subsequent events have been considered through November 19, 2025 which is the date the financial statements were available to be issued.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 3 - FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)**

The following is a summary of Plan financial information and data certified as complete and accurate by the Bank of Ann Arbor, the custodian, in accordance with Section 252.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA.

Statements of net assets available for benefits at May 31:

	<u>2025</u>	<u>2024</u>
Investments		
Mutual funds	\$ 6,610,378	\$ 246,720
Money market funds	<u>315,896</u>	<u>5,247,635</u>
Total certified assets	<u>\$ 6,926,274</u>	<u>\$ 5,494,355</u>

Statements of changes in net assets available for benefits for the years ended May 31:

	<u>2025</u>	<u>2024</u>
Investment Income		
Interest and dividends	\$ 211,111	\$ 189,000
Net appreciation of investments	<u>331,735</u>	<u>560,361</u>
Total certified investment income	<u>\$ 542,846</u>	<u>\$ 749,361</u>

The supplemental schedule of assets (held at end of year) has been derived from the certified information.

**NOTE 4 - 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 - FAIR VALUE MEASUREMENTS (continued)**

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

- *Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Money Market Funds:* Valued at net asset value (NAV). The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2025 and 2024:

	Assets at Fair Value as of May 31, 2025			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 6,610,378	\$ -	\$ -	\$ 6,610,378
Investments at net asset value				315,896
Total investments, at fair value				\$ 6,610,378
	Assets at Fair Value as of May 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,247,635	\$ -	\$ -	\$ 5,247,635
Investments at net asset value				246,720
Total investments, at fair value				\$ 5,247,635

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 - FAIR VALUE MEASUREMENTS (continued)**

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of May 31, 2025 and 2024, respectively. There are no participant redemption restrictions or redemption notice period for these investments.

<u>May 31, 2025</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently applicable)</u>	<u>Redemption Notice Period</u>
Money market funds	\$ 315,896	n/a	Daily	None
<u>May 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently applicable)</u>	<u>Redemption Notice Period</u>
Money market funds	\$ 246,720	n/a	Daily	None

**NOTE 5 - POSTRETIREMENT, ACCUMULATED ELIGIBILITY CREDITS AND POSTEMPLOYEMENT BENEFIT OBLIGATIONS**

A postretirement benefit obligation (to the extent such liability exists, see Note 10 regarding the Plan Trustees' ability to terminate the Plan) has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the Association. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant 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 retirees of the Plan. Currently, retirees are not required to contribute to the plan. The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interests) 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.

Plan obligations at May 31 for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants are estimated by the Plan's consultant. Such estimated amounts are reported in the accompanying statement of the Plan's Benefit Obligations. Health claims incurred by retired participants but not reported at year-end are included in the postretirement benefit obligation.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 5 - POSTRETIREMENT, ACCUMULATED ELIGIBILITY CREDITS AND POSTEMPLOYMENT BENEFIT OBLIGATIONS (continued)**

For measurement purposes, an 8.5% for Non-Medicare Retirees and a 10% for retirees annual rate of increase in the per capita cost of covered health care benefits was assumed for 2025. The Non-Medicare rate is assumed to decrease gradually to 4.5% for 2042 and to remain at that level thereafter. The retiree rate is assumed to decrease gradually to 4.5% for 2045 and to remain at that level thereafter. For measurement purposes, an 8.2% for Non-Medicare Retirees and a 22% for retirees annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024. The Non-Medicare rate is assumed to decrease gradually to 4.5% for 2036 and to remain at that level thereafter. The retiree rate is assumed to decrease gradually to 4.5% for 2035 and to remain at that level thereafter. A 3% increase in administrative expenses is included in the measurement at May 31, 2025 and 2024.

The weighted average health care cost-trend rate assumption has a significant effect on the benefit obligations. If the assumed rates increased by one percentage point, it would increase the obligations by \$19,87,758 and \$14,690,891 as of May 31, 2025 and 2024, respectively.

The following were other significant assumptions used in the valuations as of May 31, 2025 and 2024.

	2025	2024
Weighted-average discount rate	5.75%	5.50%
Retiree contribution increase rate	8.5% for Medicare Medical and Prescription Drug; 10% for Non-Medicare Medical and Prescription Drug	8.2% for Medicare Medical and Prescription Drug; 22% for Non-Medicare Medical and Prescription Drug
Average retirement age	61.3	61.3
Healthy mortality rates	90% of Pri-2012 Healthy Retiree Blue Collar Headcount weighted mortality Tables, projected generationally from 2012 with Scale MP-2020	90% of Pri-2012 Healthy Retiree Blue Collar Headcount weighted mortality Tables, projected generationally from 2012 with Scale MP-2020
Contingent survivor mortality rates	90% of Pri-2012 Contingent Survivor Blue Collar Headcount weighted mortality Tables, projected generationally from 2012 with Scale MP-2020	90% of Pri-2012 Contingent Survivor Blue Collar Headcount weighted mortality Tables, projected generationally from 2012 with Scale MP-2020
Disabled mortality rates	90% of Pri-2012 Disabled Retiree Blue Collar Headcount weighted mortality Tables, projected generationally from 2012 with Scale MP-2020	90% of Pri-2012 Disabled Retiree Blue Collar Headcount weighted mortality Tables, projected generationally from 2012 with Scale MP-2020

The Plan was amended in 2024 to change the rules for a former covered member to again become a covered member and specifically change the computation period during which such former covered member had 400 hours of contributions in order to regain Plan coverage, from three consecutive months to twelve consecutive months during which former covered member did not have Plan coverage. In 2024, the Plan was amended to extend Plan coverage of any totally disabled Qualifying Child at age 26 and beyond for the period which such Qualifying Child remains totally disabled. In 2024, the Plan was amended to add a health Reimbursement Account benefit to assist plan participants in the payment of expenses for medical care, as defined in IRC section 213(d). The effects of the impact of these modifications are classified as changes due to plan amendments in the statement of changes in plan benefit obligations.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 5 - POSTRETIREMENT, ACCUMULATED ELIGIBILITY CREDITS AND POSTEMPLOYMENT BENEFIT OBLIGATIONS (continued)**

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

The Plan's excess of benefit obligations over net assets at May 31, 2025 and 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the Agreement. See Note 10 regarding the Plan Trustees' ability to terminate the Plan and responsibility of the obligation.

**NOTE 6 - CLAIMS INCURRED BUT NOT REPORTED**

Benefit obligations other than postretirement and postemployment benefit obligations include health claims currently payable, health claims incurred but not yet reported, and premiums payable. Claims paid by the claims processor prior to the year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable and included in claims payable and claims incurred but not yet reported on the consolidated statements of benefit obligations. Premiums not yet paid by the Plan related to coverage at or before year-end are included in premiums due to insurers in the statement of benefit obligations.

Claims incurred but not yet reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan Administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

As described previously, the Plan pays fees for several arrangements with service providers and affiliated entities. Also, shares of money market funds are managed by the Bank of Ann Arbor, the custodian of the Plan. These transactions are considered exempt party in interest transactions under ERISA.

Fees paid during the year for legal, accounting, consulting, administrative and other services rendered by parties in interest are, in the opinion of the Trustees, based on customary and reasonable rates for such services.

**NOTE 8 - INCOME TAX STATUS**

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on November 14, 1985, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Trust has since been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Trust is currently designated and is being operating in compliance with the applicable requirements of the Internal Revenue Code.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 8 - INCOME 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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 9 - RISKS AND UNCERTAINTIES**

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

Cash consists of monies held in non-interest bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At May 31, 2025, the Plan's cash exceeded federally insured limits by approximately \$320,000.

Contributions from two employers account for approximately 18% and 13% of total employer contributions collected for the year ended May 31, 2025. In the event these employers were to suspend contributions, the Plan would terminate coverage to the employer's participants as set forth in the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustment were made.

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

The Plan is involved in various claims and legal actions arising in the ordinary course of business. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the Plan's financial status.

**NOTE 10 - PLAN TERMINATION AND/OR AMENDMENT**

Although the board of trustees has not expressed intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the agreement. In the event of termination of the Plan, the assets of the Plan would continue to be used to pay reasonable administrative expenses and to distribute and apply remaining surplus as the trustees so determine, until no assets remain. The Plan provides that the Trustees have the right through their normal resolution procedure to modify, amend, or terminate any or all provisions of the Plan at their sole discretion. If the Plan is terminated, all liabilities under the Plan will be satisfied. Any amounts remaining in the Trust Fund will be distributed in a manner that the Trustees deem fair and equitable, subject to such laws, rules and regulations that govern such distributions.

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 11 - INSURANCE EXPENSES**

Insurance expenses incurred by the Plan for the years ended May 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Life	\$ 146,805	\$ 131,460
Stop Loss	1,027,490	963,864
PPO	1,534,327	1,304,892
HMO	<u>54,215</u>	<u>62,322</u>
Total Insurance Premiums	<u>\$ 2,762,837</u>	<u>\$ 2,462,538</u>

**NOTE 12 - ADMINISTRATIVE EXPENSES**

Administrative expenses incurred by the Plan for the years ended May 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
BCBSM Administration	\$ 899,229	\$ 844,636
Third Party Administrator	383,472	349,589
Legal Services	288,757	222,594
Actuarial Fees	130,056	26,981
Professional fees - audit, consulting, insurance	71,513	73,693
Federal Employers Tax Payments	48,162	-
Miscellaneous	32,191	16,048
WEX Administration	29,166	-
RBC Investment Management Fee	26,251	-
Bank of Ann Arbor Trustee Fee	<u>20,480</u>	<u>27,902</u>
Total Administration Fees	<u>\$ 1,929,277</u>	<u>\$ 1,561,443</u>

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 13 - PAYMENTS FOR HEALTH CLAIMS**

Health claims paid by the Plan for the years ended May 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Facility	\$ 6,045,891	\$ 5,145,654
Professional	3,345,272	2,978,300
Pharmacy	4,351,817	3,604,699
Dental	629,891	573,028
Vision	78,090	67,403
Corporate recovery/misc	(43,948)	(36,037)
Disability	101,418	103,404
HRA	<u>131,870</u>	<u>-</u>
Gross claims paid	14,640,301	12,436,451
Stop loss refund	(1,346,757)	(1,022,225)
Prescription rebates	<u>(706,035)</u>	<u>(568,955)</u>
Net claims paid	<u>\$ 12,587,509</u>	<u>\$ 10,845,271</u>

## **SUPPLEMENTAL SCHEDULES**

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**EIN 38-6141764, PN: 501, FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**MAY 31, 2025**

(a)	(b) Identity of Party	(c) Description	Number of Shares or Par Value	Current Value Per Unit	(d) Cost	(e) Current Value
*	Bank of Ann Arbor	Institutional Cash Equivalent	315,896.11	\$ 1.00	\$ 315,896	\$ 315,896
	Dodge & Cox	Income Fund - Class I	116,622.60	9.56	1,111,409	1,114,409
	Fidelity	500 Index Fund	6,768.30	205.65	1,348,349	1,391,901
		Advisor Intl Small Cap - Z	2,948.85	35.37	95,986	104,301
		Emerging Markets	8,570.42	40.03	343,074	343,074
	T. Rowe Price	Institutional High Yield Fund	44,264.09	7.85	345,565	347,473
		International Value Equity - I	5,094.38	20.55	104,690	104,690
	Vanguard	Mid Cap Index - Admiral	1,041.27	334.70	330,213	348,514
		Short-Term Investment Grade - Admiral	20,033.98	10.41	207,282	208,554
		Total Bond Market Index - Admiral	88,797.52	12.55	1,109,713	1,114,912
		Total International Bond Index - Admiral	17,593.29	19.71	346,528	346,764
		Total Intl Stk Index - Admiral	3,868.17	35.97	129,534	139,138
		Value Index - Admiral	15,647.31	66.89	1,009,365	1,046,648
					<u>\$ 6,797,604</u>	<u>\$ 6,926,274</u>

\* Denotes party-in-interest

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**EIN 38-6141764, PN: 501, FORM 5500, SCHEDULE H, PART IV, LINE 4j**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR END MAY 31, 2025**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Transactions Aggregate Purchase Price	Transactions Aggregate Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Bank of Ann Arbor	Institutional Cash Equivalent	\$ 24,444,500	\$ -	\$ 24,444,500	\$ 24,444,500	\$ -
* Bank of Ann Arbor	Institutional Cash Equivalent	-	24,375,324	24,375,324	24,375,324	-
Dodge & Cox	Income Fund - Class I	1,180,527	-	1,180,527	1,180,527	-
Dodge & Cox	Income Fund - Class I	-	967,263	1,045,374	967,263	(78,111)
Fidelity	500 Index Fund	1,170,335	-	1,170,335	1,170,335	-
Fidelity	500 Index Fund	-	1,024,538	616,634	1,024,538	407,904
Fidelity	Emerging Markets	291,103	-	291,103	291,103	-
Fidelity	Emerging Markets	-	232,972	199,918	232,972	33,054
T. Rowe Price	Institutional High Yield Fund	297,826	-	297,826	297,826	-
T. Rowe Price	Institutional High Yield Fund	-	230,381	240,438	230,381	(10,057)
Vanguard	Mid Cap Index - Admiral	246,464	-	246,464	246,464	-
Vanguard	Mid Cap Index - Admiral	-	226,014	195,591	226,014	30,423
Vanguard	Short-Term Investment Grade - Admiral	218,614	-	218,614	218,614	-
Vanguard	Short-Term Investment Grade - Admiral	-	179,836	183,758	179,836	(3,922)
Vanguard	Total Bond Market Index - Admiral	964,473	-	964,473	964,473	-
Vanguard	Total Bond Market Index - Admiral	-	746,046	793,924	746,046	(47,878)
Vanguard	Total International Bond Index - Admiral	358,708	-	358,708	358,708	-
Vanguard	Total International Bond Index - Admiral	-	291,850	325,150	291,850	(33,300)
Vanguard	Value Index - Admiral	816,381	-	816,381	816,381	-
Vanguard	Value Index - Admiral	-	666,304	503,248	666,304	163,056

As to items (e) and (f) the answer is N/A.

\* Denotes party-in-interest

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**EIN 38-6141764, PN: 501, FORM 5500, SCHEDULE H, PART IV, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**MAY 31, 2025**

(a)	(b) Identity of Party	(c) Description	Number of Shares or Par Value	Current Value Per Unit	(d) Cost	(e) Current Value
*	Bank of Ann Arbor	Institutional Cash Equivalent	315,896.11	\$ 1.00	\$ 315,896	\$ 315,896
	Dodge & Cox	Income Fund - Class I	116,622.60	9.56	1,111,409	1,114,409
	Fidelity	500 Index Fund	6,768.30	205.65	1,348,349	1,391,901
		Advisor Intl Small Cap - Z	2,948.85	35.37	95,986	104,301
		Emerging Markets	8,570.42	40.03	343,074	343,074
	T. Rowe Price	Institutional High Yield Fund	44,264.09	7.85	345,565	347,473
		International Value Equity - I	5,094.38	20.55	104,690	104,690
	Vanguard	Mid Cap Index - Admiral	1,041.27	334.70	330,213	348,514
		Short-Term Investment Grade - Admiral	20,033.98	10.41	207,282	208,554
		Total Bond Market Index - Admiral	88,797.52	12.55	1,109,713	1,114,912
		Total International Bond Index - Admiral	17,593.29	19.71	346,528	346,764
		Total Intl Stk Index - Admiral	3,868.17	35.97	129,534	139,138
		Value Index - Admiral	15,647.31	66.89	1,009,365	1,046,648
					<u>\$ 6,797,604</u>	<u>\$ 6,926,274</u>

\* Denotes party-in-interest

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**EIN 38-6141764, PN: 501, FORM 5500, SCHEDULE H, PART IV, LINE 4j**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR END MAY 31, 2025**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Transactions Aggregate Purchase Price	Transactions Aggregate Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Bank of Ann Arbor	Institutional Cash Equivalent	\$ 24,444,500	\$ -	\$ 24,444,500	\$ 24,444,500	\$ -
* Bank of Ann Arbor	Institutional Cash Equivalent	-	24,375,324	24,375,324	24,375,324	-
Dodge & Cox	Income Fund - Class I	1,180,527	-	1,180,527	1,180,527	-
Dodge & Cox	Income Fund - Class I	-	967,263	1,045,374	967,263	(78,111)
Fidelity	500 Index Fund	1,170,335	-	1,170,335	1,170,335	-
Fidelity	500 Index Fund	-	1,024,538	616,634	1,024,538	407,904
Fidelity	Emerging Markets	291,103	-	291,103	291,103	-
Fidelity	Emerging Markets	-	232,972	199,918	232,972	33,054
T. Rowe Price	Institutional High Yield Fund	297,826	-	297,826	297,826	-
T. Rowe Price	Institutional High Yield Fund	-	230,381	240,438	230,381	(10,057)
Vanguard	Mid Cap Index - Admiral	246,464	-	246,464	246,464	-
Vanguard	Mid Cap Index - Admiral	-	226,014	195,591	226,014	30,423
Vanguard	Short-Term Investment Grade - Admiral	218,614	-	218,614	218,614	-
Vanguard	Short-Term Investment Grade - Admiral	-	179,836	183,758	179,836	(3,922)
Vanguard	Total Bond Market Index - Admiral	964,473	-	964,473	964,473	-
Vanguard	Total Bond Market Index - Admiral	-	746,046	793,924	746,046	(47,878)
Vanguard	Total International Bond Index - Admiral	358,708	-	358,708	358,708	-
Vanguard	Total International Bond Index - Admiral	-	291,850	325,150	291,850	(33,300)
Vanguard	Value Index - Admiral	816,381	-	816,381	816,381	-
Vanguard	Value Index - Admiral	-	666,304	503,248	666,304	163,056

As to items (e) and (f) the answer is N/A.

\* Denotes party-in-interest

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

Part II Basic Plan Information - enter all requested information

1a Name of plan: ELECTRICAL WORKERS LOCAL 252 HEALTH & WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD TRUSTEES IBEW LOCAL 252 HEALTH & WELFARE TRU
2b Employer Identification Number (EIN): 38-6141764
2c Plan Sponsor's telephone number: 734-663-2178
2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Michael Cox (12/23/2025) and Eric Maley (12/24/2025).

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

Form 5500 (2024) v. 240311

**3a** Plan administrator's name and address  Same as Plan Sponsor  
**JT BOARD TRUSTEES IBEW LOCAL 252**

**3b** Administrator's EIN  
**38-6141764**

**3135 S. STATE ST., STE. 105**  
**ANN ARBOR MI 48108-1653**

**3c** Administrator's telephone number  
**734-663-2178**

**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** **1,051**

**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**).

<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	<b>718</b>
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	<b>803</b>
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	<b>300</b>
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	<b>0</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	<b>1,103</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) **7** **100**

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

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

**4A 4B 4D 4E 4F**

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a** Pension Schedules

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

**b** General Schedules

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

**ELECTRICAL WORKERS LOCAL NO. 252 HEALTH & WELFARE PLAN**  
**EIN 38-6141764, PN: 501, FORM 5500, SCHEDULE H, PART IV, LINE 4j**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR END MAY 31, 2025**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
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