

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IBEW LOCAL NO 129 HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND</u></p> <p><u>5600 NEW KING DRIVE</u> <u>TROY, MI 48098</u></p>	<p>1c Effective date of plan <u>07/20/1964</u></p> <p>2b Employer Identification Number (EIN) <u>34-6608616</u></p> <p>2c Plan Sponsor's telephone number <u>440-233-7156</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/09/2026	HEATHER CARMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SOLXSYS ADMINISTRATIVE SOLUTIONS HEATHER CARMAN 5600 NEW KING DRIVE, SUITE 330 TROY, MI 48098	3b Administrator's EIN 83-2454243 3c Administrator's telephone number 248-663-2449
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	472
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	289
a(2) Total number of active participants at the end of the plan year	6a(2)	316
b Retired or separated participants receiving benefits.....	6b	168
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	484
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	484
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	49
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <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	9b Plan benefit arrangement (check all that apply) (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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan IBEW LOCAL NO 129 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 34-6608616</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
HUMANA

(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
31-1154200	95348	848488	125	01/01/2025	12/31/2025

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

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
HUMANA INSURANCE COMPANY P.O. BOX 740036
LOUISVILLE, KY 40201-7436

(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

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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	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	480460
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan IBEW LOCAL NO 129 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 34-6608616</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
BERKSHIRE HATHAWAY SPECIALTY 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
63-0202590	22276	47-MSL-00079601	371	01/01/2025	12/31/2025

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
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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

(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	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	324752
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan IBEW LOCAL NO 129 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 34-6608616

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
COMMUNITY 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
31-1440175	10345	L06330	523	01/01/2023	12/31/2025

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
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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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	56633
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan IBEW LOCAL NO 129 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 34-6608616	

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

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

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

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

MARC SCHUESZLER

5600 NEW KING DRIVE
TROY, MI 48098

(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?
50 20	TRUSTEE	5663	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)

SEGAL GROUP, INC

333 WEST 34TH STREET
NEW YORK, NY 10001

06-0839113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 11	NONE	51832	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)

ALLOTTA FARLEY CO LPA

3240 LEVIS COMMONS BLVD
PERRYSBURG, OH 43551

34-1316963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	52934	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)

KEY BANK NATIONAL ASSOCIATION

100 PUBLIC SQUARE
CLEVELAND, OH 44113

34-0797057

(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?
52 28 19	NONE	5000	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)

DGPERRY, PLLC

3711 STARRS CENTRE DR
CANFIELD, OH 44406

83-3033790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	53458	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)

ANCORA

6060 PARKLAND BLVD 200
CLEVELAND, OH 44124

33-1033773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	5546	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)

ANTHEM

220 VIRGINIA AVE
INDIANAPOLIS, IN 46204

31-1440175

(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?
50 12	NONE	240705	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)

SOLXSYS ADMINISTRATIVE SOLUTIONS

5600 NEW KING DR, STE 330
TROY, MI 48098

83-2454243

(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?
14 50	NONE	160477	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)

MICHAEL RUSSELLE

5600 NEW KING DRIVE
TROY, MI 48098

(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?
50 20	TRUSTEE	5162	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)

IFEBP

18700 W. BLUEMOND ROAD
BROOKFIELD, WI 53045

(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?
50 99	NONE	9130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan IBEW LOCAL NO 129 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 34-6608616

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1849028	1992561
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	610553	1092683
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	65376	248841
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32801	24976
(2) U.S. Government securities	1c(2)	170217	272985
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1894397	2807187
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	476205	756491
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5098577	7195724
Liabilities			
g Benefit claims payable.....	1g	275200	274100
h Operating payables.....	1h	508615	845758
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	943770	1279145
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1727585	2399003
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3370992	4796721

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6960903	
(B) Participants.....	2a(1)(B)	652295	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7613198
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	82937	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	6575	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		89512
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	20879	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20879
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-124054	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		218665
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7818200

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4924503	
(2) To insurance carriers for the provision of benefits	2e(2)	861845	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5786348
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	399619	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	53458	
(5) Investment advisory and investment management fees	2i(5)	10546	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	52934	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	26325	
(11) Other expenses.....	2i(11)	63241	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		606123
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6392471

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1425729
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DGPERRY, PLLC**

(2) EIN: **83-3033790**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**IBEW Local No. 129
Health and Welfare Fund**

Financial Statements

For the Years Ended
April 30, 2025 and 2024



DGPerry
CPAs + Advisors

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4
Statements of Benefit Obligations.....	5
Statements of Changes in Benefit Obligations.....	6
Notes to Financial Statements.....	7
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	17
Schedule H, Line 4j - Schedule of Reportable Transactions.....	19

Independent Auditors' Report

Board of Trustees and Management
IBEW Local No. 129 Health and Welfare Fund
Troy, Michigan

Opinion

We have audited the accompanying financial statements of IBEW Local No. 129 Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and the benefit obligations of IBEW Local No. 129 Health and Welfare Fund as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and the changes in the benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IBEW Local No. 129 Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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 IBEW Local No. 129 Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered

material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IBEW Local No. 129 Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW Local No. 129 Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended April 30, 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Canfield, Ohio
January 30, 2026

IBEW Local No. 129 Health and Welfare Fund

Statements of Net Assets Available for Benefits
As of April 30, 2025 and 2024

	Assets	
	2025	2024
Investments at Fair Value		
Money market funds	\$ 24,976	\$ 32,801
Corporate bonds	2,807,187	1,894,397
U.S. government backed securities	272,985	170,217
Mutual funds	756,491	476,205
Total Investments at Fair Value	3,861,639	2,573,620
Receivables		
Employer contributions	1,000,610	514,387
Reciprocal contributions	92,073	96,166
Rebates receivable	201,531	64,254
Related party receivable	23,183	-
Other	-	26,666
Accrued Income	24,127	17,691
Total Receivables	1,341,524	719,164
Prepaid expenses	-	21,019
Cash	1,992,561	1,849,028
Total Assets	7,195,724	5,162,831
Liabilities		
Accounts payable and accrued expenses	241,100	284,258
Reciprocal contributions payable	604,658	288,611
Voluntary Employees' Benefit Association liability	1,279,145	943,770
Total Liabilities	2,124,903	1,516,639
Net Assets Available for Benefits	\$ 5,070,821	\$ 3,646,192

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local No. 129 Health and Welfare Fund

Statements of Changes in Net Assets Available For Benefits
For the Years Ended April 30, 2025 and 2024

	2025	2024
Additions to Net Assets		
Contributions:		
Employers, net of reciprocity	\$ 6,960,903	\$ 4,995,683
Participant self-pay	652,295	695,675
Total Contributions	7,613,198	5,691,358
Investment Income:		
Interest	89,512	77,516
Dividends	20,879	7,926
Net (depreciation) appreciation in fair value of investments	94,611	56,962
	205,002	142,404
Less: investment expenses	(10,546)	(11,286)
Net investment income	194,456	131,118
Other income	-	26,666
Total Additions	7,807,654	5,849,142
Deductions from Net Assets		
Benefits paid:		
Health care claims	4,702,051	4,041,881
Medicare advantage plan premiums	480,460	467,714
Stop-loss premiums	324,752	298,913
Dental claims	189,808	182,682
Vision premiums	56,633	52,488
Lost time and disability claims	31,744	42,216
Death benefit claims	2,000	1,000
Total benefits paid	5,787,448	5,086,894
Administrative expenses:		
Claims processing	240,705	220,714
Plan administrative	158,914	235,508
Audit and payroll compliance	53,458	12,000
Legal	52,934	51,805
Consulting - benefits and actuarial	51,832	57,500
Conferences, meetings and trustee expenses	26,325	18,167
Insurance	3,777	4,663
Patient-Centered Outcome Research Institute (PCORI) fee	2,717	2,526
Electronic Reciprocal Transfer System (ERTS) fee	2,580	2,480
Printing, postage, and office	2,335	4,213
Total administrative expenses	595,577	609,576
Total Deductions	6,383,025	5,696,470
Change in Net Assets Available for Benefits	1,424,629	152,672
Net Assets Available for Benefits		
Beginning of Year	3,646,192	3,493,520
End of Year	\$ 5,070,821	\$ 3,646,192

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local No. 129 Health and Welfare Fund

Statements of Benefit Obligations
As of April 30, 2025 and 2024

	2025	2024
Amounts Currently Payable		
Claims incurred but not reported	\$ 274,100	\$ 275,200
Accumulated Eligibility Credits		
Estimated liability for future coverage	778,000	681,000
Dollar Bank	2,094,000	1,735,000
	2,872,000	2,416,000
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Retired participants	1,168,601	1,526,969
Other participants fully eligible for benefits	3,291,420	2,677,048
Participants not yet fully eligible for benefits	4,650,148	3,465,758
	9,110,169	7,669,775
Total Benefit Obligations	\$ 12,256,269	\$ 10,360,975

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local No. 129 Health and Welfare Fund

Statements of Changes in Benefit Obligations
For the Years Ended April 30, 2025 and 2024

	2025	2024
Amounts Currently Payable		
Balance at beginning of year	\$ 275,200	\$ 166,900
Claims reported and approved for payment, including benefits reclassified from benefit obligations	5,786,348	5,195,194
Benefits paid	(5,787,448)	(5,086,894)
Balance at end of year	274,100	275,200
Accumulated Eligibility Credits		
Balance at the beginning of year	2,416,000	2,438,900
Net change during the year attributed to:		
Estimated liability for future coverage	97,000	26,100
Dollar Bank	359,000	(49,000)
Balance at end of year	2,872,000	2,416,000
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	7,669,775	6,769,101
Increase (decrease) in postretirement benefits:		
Benefits earned	306,193	303,899
Benefits reclassified to amounts currently payable	(539,454)	(495,673)
Interest	424,043	307,253
Actuarial experience loss	(24,573)	-
Changes in actuarial assumptions	1,274,185	785,195
Balance at end of year	9,110,169	7,669,775
Total Benefit Obligations at End of Year	\$ 12,256,269	\$ 10,360,975

See Independent Auditors' Report and Notes to Financial Statements.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note A - Description of Plan

The following brief description of the International Brotherhood of Electrical Workers (IBEW) Local No. 129 Health and Welfare Fund (the "Plan") is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer health and welfare plan that was established on July 29, 1964, pursuant to collective bargaining agreements (CBA) between the Lake Erie Division Greater Cleveland Chapter, National Electrical Contractors Association and the IBEW Local No. 129. The Plan is governed by the board of trustees (Trustees). The Plan provides health, death, and disability benefits to all members of the Association and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility and Benefits

The Plan provides various health benefits (medical, hospital, surgical, major medical, dental, vision, and prescription drugs), weekly disability benefits and death benefits to participants and to their beneficiaries and covered dependents. Participants are initially eligible to participate in the Plan when they have completed 450 hours of work in the industry during a consecutive three-month period. Retired employees are entitled to similar benefits (in excess of Medicare coverage) provided they meet the requirements listed below for either senior retirees or early and normal retired employees. Participants may also continue to remain eligible for benefits through the use of accumulated eligibility credits for times of unemployment (less than full time) and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Each participant is continually eligible to participate in the Plan as long as they have completed 400 work hours during any 90-day period within the four month period immediately preceding the month in which a claim arises. If a participant has not completed the required number of work hours, there are three ways to continue coverage under the plan: 1) the participant may continue eligibility by using the Reserve or Bank hours, 2) the participant may make self-payments up to 100 hours if the Reserve or Bank hours are exhausted and if the participant earns at least 300 work hours during any 90 consecutive days in the four month period immediately preceding a claim, or 3) additional coverage of three months is provided to participants signing the out of work register at the union hall within one week of a layoff occurring. Reserve or Bank hours are calculated by performing an 18-month lookback from the month in which the claim arises. Hours over 133 work hours per month are banked; a maximum of 800 hours can be banked.

The Plan also provides health and lost time benefits to participants during periods of unemployment, provided they have accumulated in the current year or in prior years credit amounts (expressed in hours) in excess of the hours required for current coverage. Accumulated eligibility credits equal to one year's coverage may be carried forward.

The Plan's Board of Trustees, as Plan Sponsor, has the right under the Plan to modify the benefits provided to active members.

Contributions

Participating employers contribute a dollar amount per paid hour. The rate is paid pursuant to the current CBA between Local and the Association. Employers of participants employed pursuant to the IBEW Local No. 129 Residential agreement contribute \$5.60 per paid hour, Inside agreement contribute \$8.85 per paid hour, Cedar Fair agreement contribute \$9.00 per paid hour, and Teledata agreement contribute \$8.75 per paid hour. Contribution rates of at least \$7.10 per paid hour include a \$.50 contribution that is contributed to the Plan's Voluntary Employees Beneficiary Association (VEBA). Employees and retirees may contribute specified amounts, determined periodically by the Plan's actuary, to extend coverage to eligible dependents.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note A - Description of Plan (continued)

Voluntary Employees Beneficiary Association (VEBA) Plan

The Plan has a Voluntary Employees Beneficiary Association (VEBA) Plan. Participants are eligible to participate in the VEBA if they are an employee receiving contributions under a CBA or Participation Agreement with the Plan that provide for contributions to the Plan of at least \$7.10 per hour, have a credit account with a positive balance, and are eligible for major medical coverage. The purpose of the VEBA is to provide medical care reimbursements for expenses not covered elsewhere under the Plan and payment of retirement premiums). The VEBA is funded through the employer contributions of and self-payments of early Inside and Cedar Fair retirees. Amounts due to participants are shown as a liability on the statements of net assets available for benefits.

Insured Benefits

The Plan pays premiums for those participants eligible to participate in the Medicare Advantage plan. The Plan also pays premiums for those participants eligible to participate in vision benefits. The Plan purchases an annual insurance contract for these insured benefits.

Self-Insured Benefits

All other claims are self-insured. 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. The Plan uses a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits for individual claims over \$175,000. The insurance company's limit of expense per individual is unlimited.

Note B - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

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

Cash

Cash consists of amounts held in bank accounts at financial institutions. Such balances may be held in non-interest-bearing or interest-bearing accounts, including accounts with automatic sweep features, and are available for use by the Plan on demand.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note E for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded when declared. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note B - Summary of Significant Accounting Policies (continued)

Employer Contributions and Receivable

Employer contributions receivable at year-end are based on actual contributions received subsequent to year-end. Delinquent employer contributions are not included in employer contributions receivable as management does not consider the delinquent amounts to be collectible. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Reciprocity Agreements

The Plan has signed reciprocity agreements with other IBEW Locals and amounts due from or due to other IBEW Locals are recorded as a receivable or payable.

Payment of Benefits

Premiums paid are recorded as premium expense in the accompanying statement of changes in net assets available for benefits. Health claims are recorded when paid by the third-party claims processors. Short-term disability, death benefit, and MRA claims are recorded when paid by the Plan. All benefit payments are reported as benefit claims paid in the accompanying statement of changes in net assets available for benefits.

Claims paid by the third-party claims processors prior to plan year-end for which the Plan has not yet reimbursed the claims processors are recorded as amounts currently payable in the accompanying statement of net assets available for benefits. Premiums unpaid at year-end are also included in amounts currently payable in the accompanying statement of net assets available for benefits.

The statement of benefit obligations includes an estimate of claims incurred but not reported as of plan year-end.

Prescription Drug Refunds and Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Refunds due at year-end, if any, are recorded as a receivable on the statements of net assets available for benefits, with the offset being against claims paid. Pharmacy rebates totaling \$521,716 and \$398,978 respectively have been netted against claims paid for the years ended April 30, 2025 and 2024.

Stop-Loss Coverage

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included as deductions on the statements of changes in net assets available for benefits. Stop-loss refunds are included as additions in the accompanying statements of changes in net assets available for benefits. Stop-loss reimbursements receivable, if any, at year-end are recorded as a receivable on the statement of net assets available for benefits.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the custodians, and professional service providers. These expenses are reported on the statement of changes in net assets available for benefits as deductions from net assets. In addition, certain investment related expenses are included in the net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note B - Summary of Significant Accounting Policies (continued)

Shared and Allocated Expenses

The Plan participates in certain administrative and professional service arrangements that also benefit other related plans and programs. Certain expenses may be invoiced to, or paid by, one of the related arrangements and are allocated among the benefiting plans based on reasonable methods reflecting the relative benefits received. The Plan is charged only for the portion of expenses properly attributable to it.

Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits

Postretirement Benefit Obligations

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

A postretirement benefit obligation 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 participating employers. 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 interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 8.25% increase for Non-Medicare medical and prescription drug benefits for the year ending April 30, 2025. In the case of covered Non-Medicare medical and prescription drug benefits, the rate was assumed to decrease gradually to 4.50%, through the year ending April 30, 2040 and to remain at that level thereafter. For measurement purposes, a 9.25% increase for Medicare medical and prescription drug benefits for the year ending April 30, 2025. In the case of covered Medicare medical and prescription drug benefits, the rate was assumed to decrease gradually to 4.50%, through the year ending April 30, 2039 and to remain at that level thereafter.

For measurement purposes, a 7.75% increase for medical and prescription drug benefits and 3.0% increase for vision benefits, in the per capita cost was assumed for the year ending April 30, 2024. In the case of covered medical and prescription drug benefits, the rate was assumed to decrease gradually to 4.50%, through the year ending April 30, 2037 and to remain at that level thereafter. In the case of covered vision benefits, the rate was assumed to remain at 3.0% for the years ending after April 30, 2024.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits (continued)

Postretirement Benefit Obligations (continued)

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of April 30, 2025 and 2024, by \$10,016,613 and \$8,381,783, respectively.

The following were significant assumptions used in the valuation as of April 30, 2025:

Weighted-average Discount Rate	5.25%
Average Retirement Age	62
Mortality	Pri-2012 Headcount-weighted Healthy Retiree Blue Collar Mortality Tables, projected generationally from 2012 with Scale MP-2021

The following were significant assumptions used in the valuation as of April 30, 2024:

Weighted-average Discount Rate	5.5%
Average Retirement Age	62
Mortality	Pri-2012 Blue Collar Headcount-weighted Healthy Annuitant Morality Table, projected generationally for 2012 with Scale MP-2021

For the years ending April 30, 2025 and 2024, the actuarial experience gain increased obligations by \$24,573 and \$0, respectively, which is due to the net result of gains and losses due to demographic changes, including more complete service information for active service participants.

For the years ending April 30, 2025 and 2024, changes in actuarial assumptions resulted in an increase in the obligation of \$1,274,185 and an increase in the obligation of \$785,195, respectively.

For the year ending April 30, 2025 This was primarily the result of updating the valuation-year per capita health costs and retiree contribution rates. Other changes include modifying the future trend on such costs, explicitly including Medicare benefits and contributions rather than assuming they net to zero, and lowering the discount rate from 5.50% to 5.25%. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

For the year ending April 30, 2024 the increase was primarily the result of updating the valuation-year per capita health costs. Other changes include updating the retiree contribution rates, updating trend rates on per capita health costs and retiree contribution rates, and increasing the discount rate from 4.50% to 5.50%. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

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

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits (continued)

Postretirement Benefit Obligations (continued)

The estimated liability for future payment of benefits and group insurance based on accumulated eligibility arises from hours accumulated by eligible participants enough to grant them benefit coverage in periods subsequent to the financial statement dates. Actual results could differ from those estimates.

Accumulated Eligibility Credits

Dollar Bank hours may be used in order to supply a Participant with the additional hours in any one or more successive periods in order to remain eligible. Any hours over 133 hours per month will be banked. The dollar value of these hours is equal to the Plan contribution rate paid by the employer. There is a maximum of 800 hours that can be banked. The Dollar Bank hours are automatically credited to the Participant's account and applied to any one or more successive periods, if the need arises, until all the Dollar Bank hours are expended.

The Board of Trustees may, at its discretion, adjust the number of Dollar Bank hours if the hourly contribution has increased. The value of the Dollar Bank hours is included in accumulated eligibility credits on the statements of the plan's benefit obligations.

The Plan's excess of benefit obligations over net assets at April 30, 2025 and 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. However, the Plan empowers the board of trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the board of trustees.

Note D - 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 reported on the 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 statements 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 E - Fair Value Measurements

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

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.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note E - Fair Value Measurements (continued)

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

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

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

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

The 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 April 30, 2025 and 2024.

Money market funds: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the SEC. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded and is reported as level 1.

Corporate bonds: Valued using the pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings and are reported as level 2.

U.S Government backed securities: Valued daily using pricing models related to contractual cash flows or appraised values depending on the type and are reported as level 2.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that 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 and are therefore reported as level 1.

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.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note E - Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2025 and 2024:

	Assets at Fair Value as of April 30, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 24,976	\$ -	\$ -	\$ 24,976
Corporate bonds	-	2,807,187	-	2,807,187
U.S government backed securities	-	272,985	-	272,985
Mutual funds	756,491	-	-	756,491
Total assets at fair value	\$ 781,467	\$ 3,080,172	\$ -	\$ 3,861,639

	Assets at Fair Value as of April 30, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 32,801	\$ -	\$ -	\$ 32,801
Corporate bonds	-	1,894,397	-	1,894,397
U.S government backed securities	-	170,217	-	170,217
Mutual funds	476,205	-	-	476,205
Total assets at fair value	\$ 509,006	\$ 2,064,614	\$ -	\$ 2,573,620

Note F - Plan Amendment and Termination

The Trustees reserve the right to amend or terminate the Plan at any time and for any reason. If the Plan is amended or terminated, active and retired members may not receive benefits as described in the Summary Plan Description. Members may be entitled to receive different benefits or benefits under different conditions. However, it is possible that members will lose all benefit coverage. This may happen at any time, even after retirement, if the Trustees decide to terminate the Plan coverage under the Plan. In no event will members become entitled to any vested rights under this Plan. These provisions cannot be modified in any manner except by resolution of the Board of Trustees.

Note G - Tax Status

The Plan has received an exemption letter from the IRS dated January 23, 2003, stating that the trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

Note H - Risks and Uncertainties

Investments

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rates, 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statement of net assets available for benefits.

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note H - Risks and Uncertainties (continued)

Concentration of Cash

The Plan places its cash with a financial institution deemed to be creditworthy. Deposits in accounts are collectively insured by the Federal Deposit Insurance Corporation (“FDIC”) up to a coverage limit of \$250,000 at each FDIC-insured depository institution. As a result, the Plan may have balances that exceed the insured limit.

Significant Participating Employers

During the year ended April 30, 2025 three employers represented 72% of total employer contributions to the Plan. During the year ended April 30, 2024 two employers represented 38% of total employer contributions to the Plan. In the event that one of these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed expenses until the appropriate adjustments were made.

Actuarial Present Value of Benefit Obligations

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

Note I - Party in Interest and Related Party Transactions

Certain plan transactions are with parties considered related parties or parties-in-interest as defined by ERISA. These include transactions with the plan’s trustees, investment managers, custodians, and other service providers, as well as investments in collective or pooled investment funds that are managed by or affiliated with such service providers or employee organizations. All transactions with these parties were conducted in the ordinary course of the plan’s operations and, to the best of management’s knowledge, in compliance with ERISA’s prohibited-transaction exemptions. Detailed listings of such investments are presented in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

The Plan contributes towards the support of the International Brotherhood of Electrical Workers Local 129 Fringe Benefits administrative offices with the International Brotherhood of Electrical Workers Local 129 Pension Fund and the International Brotherhood of Electrical Workers Local 129 Profit Sharing Annuity Fund, the other employee benefit funds maintained by the International Brotherhood of Electrical Workers Local 129. The monthly amount paid is predetermined by the Board of Trustees annually and is paid directly to the International Brotherhood of Electrical Workers Local 129 Fringe Benefits Fund. The total amounts paid during the years ended April 30, 2025 and 2024 were \$0, and \$106,641, respectively.

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at April 30, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per financial statements	\$ 5,070,821	\$ 3,646,192
Less: Benefit claims payable	(274,100)	(275,200)
Net assets available for benefits per Form 5500	\$ 4,796,721	\$ 3,370,992

IBEW Local No. 129 Health and Welfare Fund

Notes to Financial Statements
For the Years Ended April 30, 2025 and 2024

Note J - Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of payments for benefit claims per the financial statements to the Form 5500 for the years ended April 30, 2025 and 2024:

	2025	2024
Benefits paid per the financial statements	\$ 5,787,448	\$ 5,086,894
Add: benefit claims payable	274,100	275,200
Less: benefit claims payable prior year	(275,200)	(166,900)
Total payments for benefit claims per Form 5500	\$ 5,786,348	\$ 5,195,194

Note K - Plan Amendments

There are no new amendments which have not previously been disclosed.

Note L - Subsequent Events

Subsequent events have been evaluated through January 30, 2026, the date the financial statements are available to be issued.

IBEW Local No. 129
Health and Welfare Fund
EIN 34-6608616, PN:501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of April 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Money Market Funds				
	Federated Government Obligations Inst I	Money Market Fund	\$ 24,976	\$ 24,976
			24,976	24,976
Corporate Bonds				
	American Express Co	125,000 Bonds, 3.125%, Matures 5/20/2026	136,315	123,473
	American Honda Finance Corp	100,000 Bonds, 2.350%, Matures 1/8/2027	99,622	96,896
	American Honda Finance Corp	50,000 Bonds, 4.700%, Matures 1/12/2028	49,710	50,459
	Amgen Inc	50,000 Bonds, 5.150%, Matures 3/2/2028	50,004	51,108
	Anheuser- Busch Inbev Worldwide Inc	50,000 Bonds, 4.750%, Matures 1/23/2029	49,322	50,770
	Apple Inc	75,000 Bonds, 3.350%, Matures 2/9/2027	71,985	74,365
	Apple Inc	25,000 Bonds, 4.300%, Matures 5/10/2033	24,978	25,036
	Archer-Daniels-Midland Co	75,000 Bonds, 3.250%, Matures 3/27/2030	70,221	71,129
	Bank of America Corp	50,000 Bonds, 5.200%, Matures 4/25/2029	50,000	51,073
	Blackrock Inc	75,000 Bonds, 3.250%, Matures 4/30/2029	70,314	72,792
	BP Cap Markets America Inc	50,000 Bonds, 3.937%, Matures 9/21/2028	48,995	49,389
	Bristol-Myers Squibb Co	50,000 Bonds, 3.400%, Matures 7/26/2029	46,970	48,379
	Bristol-Myers Squibb Co	50,000 Bonds, 4.900%, Matures 2/22/2029	50,737	51,229
	Cigna Corp	125,000 Bonds, 4.375%, Matures 10/15/2028	141,635	124,787
	Citigroup Inc	75,000 Bonds, 4.075%, Matures 4/23/2029	72,449	74,132
	Consumers Energy Co	50,000 Bonds, 4.650%, Matures 3/1/2028	49,126	50,722
	Electronic Arts Inc	84,000 Bonds, 4.800%, Matures 3/1/2026	100,269	84,112
	Estee Lauder Cos Inc	50,000 Bonds, 4.375%, Matures 5/15/2028	48,439	50,114
	Exelon Corp Senior NT	50,000 Bonds, 5.150%, Matures 3/15/2028	49,615	51,061
	Exxon Mobil Corporation	75,000 Bonds, 2.610%, Matures 10/15/2030	67,222	68,873
	Federal Farm CR Banks	100,000 Bonds, 5.25%, Matures 1/22/2031	99,925	99,936
	Federal Farm CR Banks	50,000 Bonds, 5.10%, Matures 4/1/2033	49,888	49,998
	Federal Farm CR Banks	25,000 Bonds, 4.05%, Matures 5/17/2029	24,963	24,776
	Federal Farm CR Banks	100,000 Bonds, 1.74%, Matures 6/3/2030	88,631	90,007
	Goldman Sachs Group Inc	50,000 Bonds, 3.615%, Matures 3/15/2028	49,629	49,205
	Intel Corp	25,000 Bonds, 3.900%, Matures 3/25/2030	23,707	23,867
	John Deere Capital Corp	50,000 Bonds, 2.350%, Matures 3/8/2027	48,121	48,500
	JP Morgan Chase & Co	25,000 Bonds, 6.087%, Matures 10/23/2029	25,000	26,278
	JP Morgan Chase & Co	50,000 Bonds, 1.470%, Matures 9/22/2027	49,122	47,992
	Lowe's Cos Inc	50,000 Bonds, 3.650%, Matures 4/5/2029	47,974	48,482
	Mastercard Inc	50,000 Bonds, 4.350%, Matures 1/15/2032	50,591	49,489
	McDonalds Corp	50,000 Bonds, 2.125%, Matures 3/1/2030	42,420	45,053
	Meta Platforms Inc	50,000 Bonds, 4.600%, Matures 5/15/2028	49,636	50,999
	Morgan Stanley	100,000 Bonds, 4.350%, Matures 9/8/2026	99,397	99,829
	National Rural Utils Coop Fin Corp	25,000 Bonds, 3.400%, Matures 2/7/2028	23,489	24,459
	PNC Financial Services Group Inc.	50,000 Bonds, 5.068%, Matures 1/24/2034	49,618	49,446
	PPG Industries Inc	75,000 Bonds, 1.200%, Matures 3/15/2026	67,724	72,878
	PPL Electric Utilities Corp	75,000 Bonds, 5.000%, Matures 5/15/2033	74,877	75,219
	Prudential Financial Inc	25,000 Bonds, 2.100%, Matures 3/10/2030	21,978	22,547
	Starbucks Corp	115,000 Bonds, 3.80%, Matures 8/15/2025	130,631	114,694
	State Street Corp	75,000 Bonds, 4.675%, Matures 10/22/2032	73,634	74,691
	Stryker Corp	100,000 Bonds, 3.50%, Matures 3/15/2026	110,244	99,249
	United Parcel Service Inc	75,000 Bonds, 4.450%, Matures 4/1/2030	74,255	75,523
	Visa Inc	25,000 Bonds, 2.05%, Matures 4/15/2030	21,057	22,660
	Waste Management Inc	50,000 Bonds, 4.800%, Matures 3/15/2032	49,616	50,326
	Waste Management Inc	50,000 Bonds, 4.950%, Matures 7/3/2031	49,668	51,185
			2,843,723	2,807,187

See Independent Auditors' Report.

IBEW Local No. 129
Health and Welfare Fund
EIN 34-6608616, PN:501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of April 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
<u>U.S. Government Backed Securities</u>				
	United States Treas NTS	50,000 Bonds, 3.500%, Matures 1/31/2030	49,945	49,529
	United States Treas NTS	50,000 Bonds, 4.000%, Matures 2/15/2026	50,340	49,990
	United States Treas NTS	75,000 Bonds, 4.250%, Matures 5/31/2025	73,986	74,982
	United States Treas NTS	100,000 Bonds, 3.625%, Matures 9/30/2031	97,598	98,484
			<u>271,869</u>	<u>272,985</u>
<u>Mutual Funds</u>				
	Dimensional US Core Equity Market	Mutual Fund	287,813	265,573
	Dimensional US Small Cap Value	Mutual Fund	53,640	50,472
	JP Morgan Hedged Equity LDRD OVRLY	Mutual Fund	44,696	42,416
	Vaneck Vectors Morningstar Wide	Mutual Fund	243,042	232,475
	Dimensional International CR EQ MKT	Mutual Fund	77,535	84,136
	Goldman Sachs GQG Partners International	Mutual Fund	74,154	81,419
			<u>780,880</u>	<u>756,491</u>
Total Assets Held for Investment			<u>\$ 3,921,448</u>	<u>\$ 3,861,639</u>

See Independent Auditors' Report.

**IBEW Local No. 129
Health and Welfare Fund**
EIN 34-6608616, PN:501

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended April 30, 2025

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Federated	Government obligations Instl	\$ 1,575,588	\$ -	\$ -	\$ -	\$ 1,575,588	\$ 1,575,588	\$ -
Federated	Government obligations Instl	-	1,318,882	-	-	1,318,882	1,318,882	-
Dimensional	US Core Equity Market	287,813	-	-	-	287,813	287,813	-
Ishares	Russell 1000 Index Fund	-	380,598	-	-	147,264	380,598	233,334

See Independent Auditors' Report.

2024 Form 5500 e-file Signature Authorization

BD OF TRUSTEES IBEW LOCAL NO 129 HEALTH AND WELFARE FUND
IBEW LOCAL NO 129 HEALTH AND WELFARE FUND 501
5600 NEW KING DRIVE
TROY, MI 48098

Employer Identification Number: 34-6608616

Client Identification Number: 01IBEW129HW

You, as plan administrator, are authorizing that DG Perry, PLLC electronically file the 2024 Form 5500 for IBEW LOCAL NO 129 HEALTH AND WELFARE FUND as an EFAST2 Service Provider.

Authorization

As plan administrator for IBEW LOCAL NO 129 HEALTH AND WELFARE FUND, I authorize DG Perry, PLLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Heather Carman

Date: 02/03/2026

Federal Statements**IBEW LOCAL NO 129 HEALTH AND WELFARE FUND
Plan: 501****Plan transactions in excess of 5% of plan assets**

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
SEE ATTACHED		\$	\$	\$	\$	\$	\$	\$

Federal Statements

FYE: 4/30/2025 **IBEW LOCAL NO 129 HEALTH AND WELFARE FUND**
Plan: 501

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		SEE ATTACHED FS	\$	\$