

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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
1a	Name of plan LOCAL UNION NO. 124 I. B. E. W VACATION AND HOLIDAY TRUST FUND
1b	Three-digit plan number (PN) ▶ 503
1c	Effective date of plan 03/08/1968
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) IBEW-124 VACATION AND HOLIDAY TRUST 305 E. 103RD TERRACE KANSAS CITY, MO 64114
2b	Employer Identification Number (EIN) 43-0909522
2c	Plan Sponsor's telephone number 816-943-0277
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2026	BO MORENO
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3260
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3260 6a(2) 4761 6b 0 6c 6d 4761 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 101

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:

4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan LOCAL UNION NO. 124 I. B. E. W VACATION AND HOLIDAY TRUST FUND	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW-124 VACATION AND HOLIDAY TRUST	D Employer Identification Number (EIN) 43-0909522	

Part I	Service Provider Information (see instructions)
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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	
UMB BANK	1010 GRAND BOULEVARD KANSAS CITY, MO 64106

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

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

IBEW BENEFIT CENTER

46-1662293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	PARTY-IN-INTEREST	64388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

43-0765316

(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	17650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSTRUCTION BENEFITS AUDIT CORP

43-1244218

(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	10904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UMB BANK

1010 GRAND BOULEVARD
KANSAS CITY, MO 64106

(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?
18 50 99	NONE		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD, NEWBOLD, SOLLARS & HOLLINS

43-1174269

(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		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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 53	NONE		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
	A Name of plan LOCAL UNION NO. 124 I. B. E. W VACATION AND HOLIDAY TRUST FUND	B Three-digit plan number (PN) 503
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW-124 VACATION AND HOLIDAY TRUST	D Employer Identification Number (EIN) 43-0909522	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	57897	1228
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1426385	2513052
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	6010	6010
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	10452822	6808719
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1905574	13160846
(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	13848688	22489855
Liabilities			
g Benefit claims payable	1g	13143742	21449970
h Operating payables	1h	4834	4288
i Acquisition indebtedness	1i		
j Other liabilities	1j	71028	40848
k Total liabilities (add all amounts in lines 1g through 1j)	1k	13219604	21495106
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	629084	994749

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)	24674297	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24674297
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)	26700	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26700
(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)	307499	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		307499
(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)	27323	
(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)		164982
c Other income	2c		2246
d Total income. Add all income amounts in column (b) and enter total	2d		25203047

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24700755	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24700755
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)	64388	
(3) Recordkeeping fees	2i(3)	10904	
(4) IQPA audit fees	2i(4)	17650	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8164	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5575	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	29946	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		136627
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24837382

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		365665
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN
FINANCIAL STATEMENTS
AUGUST 31, 2025

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Independent Auditors' Report

Board of Trustees
I.B.E.W. Local Union No. 124
Vacation and Holiday Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of I.B.E.W. Local Union No. 124 Vacation and Holiday Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of August 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of I.B.E.W. Local Union No. 124 Vacation and Holiday Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of I.B.E.W. Local Union No. 124 Vacation and Holiday Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local Union No. 124 Vacation and Holiday Plan's ability to continue as a going concern for one year after the date that 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 I.B.E.W. Local Union No. 124 Vacation and Holiday Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local Union No. 124 Vacation and Holiday Plan's ability to continue as a going concern for a reasonable period of time.

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

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 as of August 31, 2025 and reportable transactions for the year ended August 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's 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 auditing standards generally accepted in the United States of America.

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.

RubinBrown LLP

June 3, 2026

**I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>August 31,</u>	
	<u>2025</u>	<u>2024</u>
Assets		
Investments - At Fair Value		
Money market fund	\$ 13,160,846	\$ 1,905,574
U.S. Treasury bills	6,808,719	10,452,822
Total Investments - At Fair Value	19,969,565	12,358,396
 Cash	 1,228	 57,897
 Employer Contributions Receivable	 2,513,052	 1,426,385
 Refundable Deposit	 6,010	 6,010
 Total Assets	 22,489,855	 13,848,688
 Liabilities		
Accounts payable	4,288	4,834
Undeliverable benefits	40,848	71,028
Total Liabilities	45,136	75,862
 Net Assets Available For Benefits	 \$ 22,444,719	 \$ 13,772,826

**I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended August 31,	
	2025	2024
Additions To Net Assets Available For		
Benefits Attributed To:		
Employer contributions	\$ 24,674,297	\$ 15,112,537
Other income	2,246	1,368
Total Additions	24,676,543	15,113,905
Deductions From Net Assets Available For		
Benefits Attributed To:		
Benefits paid	16,394,527	12,336,629
Expenses		
Office salaries and benefits	41,453	34,374
Financial audit fees	17,844	18,443
Data processing services	14,840	7,378
Employer field audit fees	10,904	6,941
Postage	10,417	7,302
Bank fees	9,113	7,832
Office supplies	9,008	4,574
Insurance	7,116	7,683
Legal fees	6,081	7,176
Other expenses	4,432	6,520
Rent	3,383	2,995
Equipment expense	1,682	694
Telephone and utilities	354	284
Total Expenses	136,627	112,196
Total Deductions	16,531,154	12,448,825
Investment Income		
Interest and dividends	334,199	274,883
Net change in fair value of investments	192,305	118,380
Net Investment Income	526,504	393,263
Net Increase	8,671,893	3,058,343
Net Assets Available For Benefits - Beginning Of Year	13,772,826	10,714,483
Net Assets Available For Benefits - End Of Year	\$ 22,444,719	\$ 13,772,826

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

NOTES TO FINANCIAL STATEMENTS
August 31, 2025 And 2024

1. General Information

Description Of The Plan

The following description of I.B.E.W Local Union No. 124 Vacation and Holiday Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan was formed in 1968 under an agreement between the Greater Kansas City Chapter, National Electrical Contractors Association (N.E.C.A.) and Local Union No. 124, International Brotherhood of Electrical Workers (I.B.E.W.). The Plan is a vacation and holiday benefit plan for employees covered by the collective bargaining agreement between I.B.E.W. and participating employers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions And Benefits

Contributions are determined in accordance with the collective bargaining agreement between I.B.E.W. and participating employers. The collective bargaining agreement requires employers to contribute 5% of straight-time wages for vacation benefits and 2% of straight-time wages for holiday benefits for the participants in covered employment through collective bargaining agreements. Amounts remitted to the Plan are allocated to each participant's vacation and holiday account. Participants are fully and immediately vested in all employers' contributions.

The amount accumulated in each participant's vacation account as of August 31 of each year is paid to the participant on November 15. A vacation payment of \$17,612,454 was made on November 15, 2025. The amount accumulated in each participant's holiday account for the preceding holiday quarter ending November, February, May and August is paid to the participant on March 15, June 15, September 15 and December 15, respectively. Holiday payments of \$1,892,375 and \$1,937,204 were made on September 15, 2025 and December 15, 2025, respectively. Amounts paid to participants are reduced by an administrative charge of 1% of the total benefits to be paid and an administrative charge of \$1.00 per benefit check issued. This fee was charged during the year ended August 31, 2024. Due to the investment earnings generated, this administrative charge was not charged to participants during the year ended August 31, 2025.

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

Notes To Financial Statements (*Continued*)

Benefits unclaimed after seven years revert to the Plan, which are utilized to pay administrative expenses of the Plan.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Contributions Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This estimate considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary at August 31, 2025 or 2024.

Investment Valuation And Revenue Recognition

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. See Note 3 for further discussion on fair value measurements. Net change in fair value of investments represents the difference between the aggregate fair value of investments at year-end and the values at the beginning of the year and includes any realized gains and losses in shares that were bought and sold during the year. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

Notes To Financial Statements (*Continued*)

Payment Of Benefits

Benefits are recorded when paid. Benefit checks not presented for payment after eight months are recorded as undeliverable benefits in the accompanying statement of net assets available for benefits.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

Notes To Financial Statements (*Continued*)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Money Market Fund

Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end investment company that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

U.S. Treasury Bills

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

There have been no changes in the methodologies used at August 31, 2025 or 2024.

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

Notes To Financial Statements (*Continued*)

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

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 13,160,846	\$ —	\$ —	\$ 13,160,846
U.S. Treasury bills	6,808,719	—	—	6,808,719

Total Assets In The Fair Value Hierarchy	\$ 19,969,565	\$ —	\$ —	\$ 19,969,565
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The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,905,574	\$ —	\$ —	\$ 1,905,574
U.S. Treasury bills	10,452,822	—	—	10,452,822

Total Assets In The Fair Value Hierarchy	\$ 12,358,396	\$ —	\$ —	\$ 12,358,396
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4. Termination Of The Plan

Although they have not expressed intent to do so, the Trustees have the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of the termination of the Plan, the Trustees shall apply the Plan's assets to pay or provide for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such a manner that will, in the Trustees' opinion, best effectuate the purpose of the Plan. In no event shall any remaining surplus revert to the employers who contributed to the Plan or to I.B.E.W. Local Union No. 124. Such surplus shall be applied exclusively for the benefit of the employees for whom the Plan was established.

5. Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (the IRC). The Plan has obtained a favorable tax exemption letter from the Internal Revenue Service (the IRS). The Plan has been amended since this time; however, the Plan Administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

Notes To Financial Statements *(Continued)*

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

6. Related Party, Risks And Uncertainties And Party In Interest Transactions

The Plan, along with other employee benefit plans of I.B.E.W., entered into an agreement with I.B.E.W. - N.E.C.A. Benefit Center, Inc. (BCI).

Under the agreement, BCI performs certain administrative services for the plans. The expenses incurred by BCI to provide the administrative services, including salaries and related benefits, rent, utilities and office supplies are charged to the plans. In 2025 and 2024, BCI charged the Plan \$64,160 and \$59,240, respectively, for these administrative expenses. The amount due to BCI at August 31, 2025 and 2024 related to the administrative services provided by BCI totaled \$4,288 and \$4,834, respectively, and is included in accounts payable in the statement of net assets available for benefits. This transaction qualifies as an exempt party in interest transaction under ERISA.

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

The Plan maintains cash accounts at UMB Bank, N.A. (UMB). The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). At August 31, 2025 and 2024, there were no deposits in excess of FDIC insured limits. Transactions with UMB qualify as exempt party in interest transactions under ERISA.

I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN

Notes To Financial Statements (*Continued*)

7. Significant Contributing Employers

For the year ended August 31, 2025, contributions from three employers represented 39% of total employer contributions; these employers had outstanding contributions receivable of \$877,123 as of August 31, 2025.

For the year ended August 31, 2024, contributions from two employers represented 31% of total employer contributions; these employers had outstanding contributions receivable of \$328,879 as of August 31, 2024.

8. Reconciliation Of The Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at August 31:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 22,444,719	\$ 13,772,826
Vacation and holiday benefits payable	(21,449,970)	(13,143,742)
Net Assets Per Form 5500	\$ 994,749	\$ 629,084

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the year ended August 31, 2025:

Vacation and holiday benefits paid to participants per the financial statements	\$ 16,394,527
Add: Vacation and holiday benefits payable to participants - end of year	21,449,970
Less: Vacation and holiday benefits payable to participants - beginning of year	<u>(13,143,742)</u>
Benefits Paid To Participants Per Form 5500	<u>\$ 24,700,755</u>

Vacation and holiday benefits payable to participants on Form 5500 include vacation and holiday benefits that have been processed and approved for payment prior to August 31 but not yet paid as of that date.

Supplemental Schedules

**I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN**

**EIN: 43-0909522 PLAN NUMBER: 503
SCHEDULE OF ASSETS HELD AT END OF YEAR
August 31, 2025**

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
U.S. Treasury Bills			
U.S. Treasury Bill 9/5/2025	1,100,000	\$ 721,711	\$ 731,487
U.S. Treasury Bill 10/30/2025	5,870,000	5,998,365	6,077,232
Total U.S. Treasury Bills		6,720,076	6,808,719
Money Market Fund			
Fidelity Govt MM Instl #2642	1,905,574	13,160,846	13,160,846
Total Investments		<u>\$ 19,880,922</u>	<u>\$ 19,969,565</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN**

**EIN: 43-0909522 PLAN NUMBER: 503
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended August 31, 2025**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Single Transactions In Excess Of 5%								
U.S. Treasury Bill 11/5/2024	1	—	\$ 5,797,520	\$ —	\$ —	\$ —	\$ 5,797,520	\$ —
U.S. Treasury Bill 11/5/2024	—	1	—	5,870,000	—	5,797,520	5,797,520	72,480
U.S. Treasury Bill 3/13/2025	1	—	1,980,766	—	—	—	1,980,766	—
U.S. Treasury Bill 3/13/2025	—	1	—	2,000,000	—	1,980,766	1,980,766	19,234
U.S. Treasury Bill 10/30/2025	1	—	5,998,365	—	—	—	5,998,365	—
U.S. Treasury Bill 10/31/2024	—	1	—	3,560,000	—	3,498,400	3,498,400	61,600
Series Of Transactions In Excess Of 5%								
Fidelity Govt MM Instl #2642	80	—	34,037,318	—	—	—	34,037,318	—
Fidelity Govt MM Instl #2642	—	167	—	22,782,046	—	22,782,046	22,782,046	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

**I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN**

**EIN: 43-0909522 PLAN NUMBER: 503
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended August 31, 2025**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain
Single Transactions In Excess Of 5%								
U.S. Treasury Bill 11/5/2024	1	—	\$ 5,797,520	\$ —	\$ —	\$ —	\$ 5,797,520	\$ —
U.S. Treasury Bill 11/5/2024	—	1	—	5,870,000	—	5,797,520	5,797,520	72,480
U.S. Treasury Bill 3/13/2025	1	—	1,980,766	—	—	—	1,980,766	—
U.S. Treasury Bill 3/13/2025	—	1	—	2,000,000	—	1,980,766	1,980,766	19,234
U.S. Treasury Bill 10/30/2025	1	—	5,998,365	—	—	—	5,998,365	—
U.S. Treasury Bill 10/31/2024	—	1	—	3,560,000	—	3,498,400	3,498,400	61,600
Series Of Transactions In Excess Of 5%								
Fidelity Govt MM Instl #2642	80	—	34,037,318	—	—	—	34,037,318	—
Fidelity Govt MM Instl #2642	—	167	—	22,782,046	—	22,782,046	22,782,046	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

**I.B.E.W. LOCAL UNION NO. 124
VACATION AND HOLIDAY PLAN**

**EIN: 43-0909522 PLAN NUMBER: 503
SCHEDULE OF ASSETS HELD AT END OF YEAR
August 31, 2025**

Identity Of Issuer, Borrower, Lessor Or Similar Party	Shares	Cost	Current Value
U.S. Treasury Bills			
U.S. Treasury Bill 9/5/2025	1,100,000	\$ 721,711	\$ 731,487
U.S. Treasury Bill 10/30/2025	5,870,000	5,998,365	6,077,232
Total U.S. Treasury Bills		6,720,076	6,808,719
Money Market Fund			
Fidelity Govt MM Instl #2642	1,905,574	13,160,846	13,160,846
Total Investments		<u>\$ 19,880,922</u>	<u>\$ 19,969,565</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.