

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/2007
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 20-8856052
2c Plan Sponsor's telephone number: 307-682-3673
2d Business code (see instructions): 524140

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for GAIL T. LOFING dated 04/15/2025.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GAIL T. LOFING CAMPBELL CO. CHAMBER OF COMMERCE 314 S. GILLETTE AVE GILLETTE, WY 82716	3b Administrator's EIN 26-0685616 3c Administrator's telephone number 307-682-3673
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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	389
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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)	389
a(2) Total number of active participants at the end of the plan year	6a(2)	398
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	398
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

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

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 type="checkbox"/> A (Insurance Information) – Number Attached _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 166025878

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 20-8856052	

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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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)

HUB INTERNATIONAL MOUNTAIN STATES L

800 COFFEEN AVE
SHERIDAN, WY 82801

83-0185720

(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 14 49 22 13 14	CONTRACT ADMINISTRATOR	265022	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLEGIANT BENEFIT PLAN MANAGEMENT

PO BOX 3018
MISSOULA, MT 59806-3018

81-0400550

(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 12 13 15	CONTRACT ADMINISTRATOR	141425	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)

WYOMING HEALTH FAIRS

115 SOUTH ELM
CASPER, WY 82601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	86968	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)

CONNECTICUT GENERAL LIFE

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14	PPO ACCESS FEE	34038	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)

LEO RILEY AND COMPANY

141 SOUTH CENTER 200
CASPER, WY 82601

83-0320414

(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?
	AUDITOR	18500	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)

WY CHAMBERS OF COMMERCE ASSOC

314 S GILLETTE AVE
GILLETTE, WY 82716

20-8856052

(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	PLAN ADMINISTRATOR	14505	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"/>

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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 20-8856052

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20513	151533
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23709	146673
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1679617	1783896
(2) U.S. Government securities	1c(2)		
(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)		
(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	1723839	2082102
Liabilities			
g Benefit claims payable	1g	300699	619171
h Operating payables	1h	36332	190259
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	337031	809430
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1386808	1272672

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)	5965587	
(B) Participants	2a(1)(B)	25268	
(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)		5990855
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54121	
(B) U.S. Government securities	2b(1)(B)		
(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)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6044976

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4301185	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1349286	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5650471
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)	490141	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	18500	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		508641
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6159112

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-114136
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: **LEO RILEY AND CO., CPA'S**

(2) EIN: **83-0320414**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Wyoming Chambers Health Benefit Association

**Financial Statements and Supplemental
Schedules**

June 30, 2024 and 2023

LEO RILEY & Co.
Certified Public Accountant

Wyoming Chambers Health Benefit Association

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Wyoming Chambers Health Benefit Association
Gillette, Wyoming

Disclaimer of Opinion

We were engaged to audit the accompanying financial statements of Wyoming Chambers Health Benefit Association, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

We do not express an opinion on the financial statements of Wyoming Chambers Health Benefit Association referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 8 to the financial statements, the Plan has suffered a significantly increasing trend in the number and average cost of benefit claims. The Plan also has a significant unfunded obligation for benefit claims payable and benefit claims estimated to be incurred but not reported to the Plan as of June 30, 2024. Management's evaluation of the events and conditions and management's plans regarding those matters are also described in Note 8. These events and conditions raise substantial doubt about the Plan's ability to continue as a going concern. The financial statements do not include any adjustments that might result from the outcome of this uncertainty

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 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 Wyoming Chambers Health Benefit Association's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in

the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Wyoming Chambers Health Benefit Association'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 Wyoming Chambers Health Benefit Association's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audit was 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), referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Association's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

Leo Riley & Company, CPA's

Casper, Wyoming
April 15, 2025

Wyoming Chambers Health Benefit Association

Statements of Net Assets Available For Benefits

As of June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value:		
Cash and cash equivalents	\$ 1,054,344	\$ 960,402
Certificates of deposit, at fair value	754,121	719,215
Accounts receivable	2,039	20,513
Stop loss receivable	<u>146,673</u>	<u>23,709</u>
Total Assets	<u>1,957,177</u>	<u>1,723,839</u>
LIABILITIES		
Prepaid contributions	<u>40,765</u>	<u>36,332</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,916,412</u></u>	<u><u>\$ 1,687,507</u></u>

See accompanying notes to financial statements

Wyoming Chambers Health Benefit Association

Statements of Changes in Net Assets Available For Benefits For the years ending June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Participating employee contributions	\$ 5,965,567	\$ 5,678,119
COBRA contributions	25,268	40,144
Interest income	78,710	37,698
	<u>6,069,545</u>	<u>5,755,961</u>
Total additions		
Deductions		
Claim payments, net of prescription rebates	3,982,713	3,696,891
Insurance premiums	1,349,286	1,504,145
Administrative expenses	508,641	461,066
	<u>5,840,640</u>	<u>5,662,102</u>
Total deductions		
Net change during the year	228,905	93,859
Net assets available for benefits:		
Beginning of year	<u>1,687,507</u>	<u>1,593,648</u>
End of year	<u>\$ 1,916,412</u>	<u>\$ 1,687,507</u>

See accompanying notes to financial statements

Wyoming Chambers Health Benefit Association

Statements of Plan Benefit Obligations

As of June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Claims incurred but not reported	<u>\$ 619,171</u>	<u>\$ 300,699</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS	 <u><u>\$ 619,171</u></u>	 <u><u>\$ 300,699</u></u>

See accompanying notes to financial statements

Wyoming Chambers Plan Health Benefit Association

Statements of Changes in Plan Benefit Obligations For the years ending June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Claims incurred but not reported		
Balance at beginning of year	\$ 300,699	\$ 366,419
Net change during year:		
Claims incurred	4,293,604	3,631,170
Claims paid	(3,975,132)	(3,696,890)
	-	-
Balance at end of year	<u>\$ 619,171</u>	<u>\$ 300,699</u>
 PLAN TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	 <u><u>\$ 619,171</u></u>	 <u><u>\$ 300,699</u></u>

See accompanying notes to financial statements

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

1. DESCRIPTION OF PLAN

The following description of the Wyoming Chambers Health Benefit Association (the "Association") provides only general information. Participants should refer to the Association agreement for a complete description of the Association's provisions. The Association is sponsored under a Multiple Employer Welfare Agreement ("MEWA").

General

The Association provides health and other benefits to eligible employees of participating employers who are members of the Wyoming Chambers Welfare Benefit Association ("WCWBA"). Benefits are also provided to dependents of these individuals who elect coverage on their behalf. Participating employees and their dependents are not automatically eligible for continuation coverage under the terms of Title I, Part 6 of the Employee Retirement Income Security Act, commonly referred to as COBRA. Applicability of COBRA coverage is determined separately for each participating employer. The Association is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended, and the Health Insurance Portability and Accountability Act ("HIPAA") of 1996, and may be subject to insurance regulations under Wyoming state statutes.

Plan Administration

WCWBA is the sponsor. HUB International is the administrator. The assets of the Association are held in the Wyoming Chambers of Commerce Welfare Benefit Trust (the "Trust"). Medical, dental, and pharmacy claims are processed by Allegiance Benefit Association Management Inc., the third-party administrator.

Benefits

The Association provides health benefits (medical, prescription drugs, hospital, surgical, major medical, and dental) and life insurance benefits to eligible participants and to their covered dependents. An eligible participant is defined as a person who is hired by a participating employer and completes the employment waiting period which is defined by each participating employer.

Stop Loss Coverage

The Association has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). The limit is \$100,000.

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

1. DESCRIPTION OF PLAN (Continued)

Self-Insured and Fully-Insured Benefits

All medical, pharmacy, and dental benefits are self-insured. The claims for self-insured benefits are processed by the Association's third-party claims processor under administrative services only (ASO) arrangements. The claims processor pays claims directly to or on behalf of participants and are then reimbursed by the Trust. Despite the Association's utilization of third-party claim's processors, ultimate responsibility for payments to providers is retained by the Association. The Association fully insures the life insurance. The Company purchases annual insurance contracts for these insured benefits. Premiums are paid to the insurance company from the Trust.

Contributions

The Association estimates the required premiums annually with the assistance of the administrator and third-party administrator. Once the premiums are established, the administrator invoices the participating employers for the employees enrolled in the Association. The cost share of that premium is left to the participating employer's discretion. The premiums determined may or may not be sufficient to cover all claims incurred. Therefore, any shortfall that occurs will be covered by the participating employers of the Association. Also, the Association receives \$3 from each participating employee per month that is included in the premiums billed to the employer to pay for various administrative expenses for the Association, such as audit and legal fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets and benefit obligations during the reporting period. Actual results could differ from those estimates and could be material to the Association's financial statements. The most significant estimate to the Association is the estimate of plan benefit obligations.

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan Benefit Obligations

Plan obligations at June 30, 2024 and 2023, consist of claims reported for payment and not paid by year end (claims payable) and for health claims incurred by participants but not reported at that date (IBNR) and are estimated by the third party administrator based on an analysis of their corporate payment patterns, aggregate stop-loss limits, and the actual claims incurred July 1 through June 30. Amounts due by the Association will be paid by the Trust. Such estimated amounts are reported in the accompanying statements of plan obligations at present value.

Cash and Cash Equivalents

The Association considers all highly liquid investments available for current use with a maturity of three months or less to be cash equivalents.

Valuation of Investments

The Association has three certificates of deposit yielding 1.97%, 5.40%, and 4.00%, respectively. These certificates renew annually. These certificates are reported at the original investment plus accrued interest. The fair value of the certificates of deposit approximates carrying value because of the short-term maturity of the certificates.

Interest Income

Income from interest is recorded when earned.

Third-Party Administrator Fees

Third-party administrator fees are paid by the Association and included in administrative expenses in the Statement of Changes in Net Assets Available for Benefits.

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processor. Any refunds due to over-payments, subrogation, or adjustments are recorded in the period received.

Stop Loss Reimbursement

The third-party administrators pay all approved claims incurred by plan participants, which is then reimbursed by the trust. Effective June 1, 2023, when a participant reaches the stop loss limit of \$85,000 per participant, the claims paid in excess of \$85,000 are submitted to Companion Life Insurance Company, their stop loss insurance carrier, for

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

reimbursement of the excess claims. Amounts pending reimbursement for claims incurred by the Association are reported as a stop loss receivable in the accompanying financial statements. Prior to June 1, 2023 the stop loss limit was \$75,000.

Income Taxes

The trust fund established under the Association to hold the Association's assets does not currently qualify as an exempt organization under Section 501(c)(9) of the Internal Revenue Code. The Association's trust is not tax exempt because the Association does not currently qualify as a VEBA trust. The trust intends to file for tax exempt status under Section 501(c)(9) of the Internal Revenue Code (IRC) during the next fiscal year. When plan obligations are taken into consideration, a net loss is expected therefore, no tax provision has been reported.

US GAAP requires plan management to evaluate tax positions taken by the Association and recognize a tax liability if the Association has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The administrator has analyzed the tax positions taken by the Association, and has concluded that as of June 30, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Association is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

3. BENEFIT OBLIGATIONS

The amount of benefit obligations is reported based on certain assumptions pertaining to estimated claims. 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 could be material to the financial statements.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES

Financial Accounting Standards Board ("FASB") Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures*, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are the highest priority and consist of unadjusted quoted prices in active markets for identical assets and liabilities. Level 2 inputs are inputs for quoted prices for similar assets or liabilities in active markets; inputs for 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; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs are

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (Continued)

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

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 June 30, 2024 and 2023.

Certificates of Deposits: Valued at the carrying value as reported by the financial institution and approximates fair value because of the short-term maturity of the certificate and the highly liquid nature of the investments.

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 Association believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, investments within the fair value hierarchy:

June 30, 2024	Level 1	Level 2	Level 3	Total
Investments:				
Certificates of deposit		\$754,121		\$754,121
Total investments at fair value		\$754,121		\$754,121

June 30, 2023	Level 1	Level 2	Level 3	Total
Investments:				
Certificates of deposit		\$719,215		\$719,215
Total investments at fair value		\$719,215		\$719,215

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

5. PRIORITIES UPON TERMINATION OF THE ASSOCIATION

Upon termination of the Association, the Trust Fund shall be paid out by the Trustees as and when directed by the administrator, in accordance with the terms of the Trust to pay any and all obligations of the Association and Trust. Should there be surplus funds in the Trust after the payment of all obligations, such surplus shall be applied by the Trustees in a uniform and nondiscriminatory manner, as directed by the administrator, to the provision of health, accident, disability, death, or other welfare benefits permitted to be provided in a welfare benefit fund under Code Section 419, to the Association participants who were participating in the Association at the time of its termination.

6. CONCENTRATION OF CREDIT RISK

The Association maintains deposits in cash accounts which may at times exceed federally insured limits of \$250,000 for each financial institution. The Association has not experienced any losses in such accounts. The Association monitors the strength of the financial institutions with which it does business and believes it is not exposed to any significant concentration risk of its cash balances. As of June 30, 2024, and 2023, the Association's cash balance exceeded the federally insured amounts.

7. RELATED PARTY TRANSACTIONS

Administrative expenses paid to the Wyoming Chamber of Commerce Association (the Association Sponsor) were \$14,505 and \$14,325 in fiscal years 2024 and 2023, respectively. The Wyoming Chamber of Commerce Association performs various services to the Association such as recordkeeping and account reconciliations.

Certain Association investments are certificates of deposit managed by Atlantic City Federal Credit Union. Atlantic City Federal Credit Union is a participating employer in the Association. At June 30, 2024 and 2023 Atlantic City Federal Credit Union held a certificate of deposit in the amount of \$279,552 and \$269,215, respectively.

HUB International is the Association administrator and received the following compensation for 2024 and 2023:

	June 30, 2024	June 30, 2023
HUB International	\$ 265,022	\$ 257,895

The above transaction qualifies as a party-in-interest transaction, which are exempt from the prohibited transaction rules.

Wyoming Chambers Health Benefit Association

Notes to Financial Statements

8. GOING CONCERN

The Trustees on April 4, 2025, voted to terminate the Plan effective May 31, 2025 due to rising health claims and reinsurance costs. The Plan will run out claims according to the its termination provisions.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500 as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 1,891,843	\$ 1,697,507
Benefit obligations currently payable		
Claims incurred but not reported, net of stop loss reimbursements	<u>(619,171)</u>	<u>(300,699)</u>
Net assets available for benefits per Schedule H of Form 5500 (unaudited)	<u>\$ 1,272,672</u>	<u>\$ 1,396,808</u>

The following is a reconciliation of benefit claims paid to participants per the financial statements to Schedule H of Form 5500 for the year ended June 30, 2024:

	<u>2024</u>
Benefit claims paid per financial statements	\$ 3,982,713
Add: claims incurred but not reported, net of stop loss reimburse at June 30, 2024	619,171
Deduct: claims incurred but not reported, net of stop loss reimbursement at June 30, 2023	<u>(300,699)</u>
Benefit paid to participants per Schedule H of Form 5500 (unaudited)	<u>\$ 4,301,185</u>

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 15, 2025 the date which the financial statements were available for issue. As disclosed in Note 8 the Plan trustees voted to terminate the Plan due to deteriorate financial conditions causes by increasing Plan claims and insurance costs.

Wyoming Chambers Health Benefit Association

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of June 30, 2024

Employer identification number: 20-88560652
Plan number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including, maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value at June 30, 2024	
Hilltop National Bank	Interest-bearing cash	\$ 1,044,269	\$ 1,044,269	
Central Bank & Trust	Certificate of Deposit, 6/2025, 1.97%	241,142	241,142	
D.A. Davidson & Co.	Certificate of Deposit, 4/2025, 5.40%	233,427	233,427	
* Atlantic City FCU	Certificate of Deposit, 2/2024, 4.00%	<u>279,552</u>	<u>279,552</u>	
	Total	<u>\$ 1,798,390</u>	<u>\$ 1,798,390</u>	

* indicates party in interest

Wyoming Chambers Health Benefit Association

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of June 30, 2024

Employer identification number: 20-88560652
Plan number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including, maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value at June 30, 2024	
Hilltop National Bank	Interest-bearing cash	\$ 1,044,269	\$ 1,044,269	
Central Bank & Trust	Certificate of Deposit, 6/2025, 1.97%	241,142	241,142	
D.A. Davidson & Co.	Certificate of Deposit, 4/2025, 5.40%	233,427	233,427	
* Atlantic City FCU	Certificate of Deposit, 2/2024, 4.00%	<u>279,552</u>	<u>279,552</u>	
	Total	<u>\$ 1,798,390</u>	<u>\$ 1,798,390</u>	

* indicates party in interest

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

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 WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION	1b Three-digit plan number (PN) 501
	1c Effective date of plan 07/01/2007
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) WYOMING CHAMBERS WELFARE BENEFIT ASSOCIATION 314 SOUTH GILLETTE AVENUE GILLETTE WY 82716	2b Employer Identification Number (EIN) 20-8856052 2c Plan Sponsor's telephone number 307-682-3673 2d Business code (see instructions) 524140

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 <i>Gail T. Lofing</i>	<i>4/15/25</i>	GAIL T. LOFING
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE <i>Gail T. Lofing</i>	<i>4/15/25</i>	GAIL T. LOFING
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

Wyoming Chamber Health Benefit Association
Form 5500 Attachment
Schedule of Employer Contributions
EIN 20-8856052
June 30, 2024

Name	EOY	EIN	Annual	Percentage of Total
Advocacy & Resource Center	3,526.50	83-0255952	47,371.95	0.79%
Alpine Climate Control, Inc.	10,165.68	83-0275672	123,599.40	2.06%
AMBI Mail & Marketing	3,093.95	83-0288571	36,147.53	0.60%
Atlantic City FCU	53,841.21	83-0204793	586,007.60	9.78%
Barker & Associates	4,294.11	20-5358498	48,358.95	0.81%
Big Horn Basin Children's	2,867.88	81-2920398	27,754.50	0.46%
Big Horn Tree and Shrub Care LLC	1,748.63	46-4937552	20,444.68	0.34%
BKs Environmental Associates, Inc	0.00	83-0253971	1,597.23	0.03%
Blacktooth Large Animal Services	2,259.60	47-3289702	26,389.65	0.44%
Blakeman Propane, Inc.	84,591.10	83-0266274	929,923.79	15.53%
Burbuck Refrigeration & Appliance Repair	2,315.38	83-0216093	27,006.87	0.45%
Car Care	2,354.94	83-2376207	28,373.64	0.47%
Carroll Realty Co., Inc.	10,238.99	83-0294231	135,215.11	2.26%
Casper Alcova Irrigation District	6,149.64	83-6000904	87,923.89	1.47%
Casper Area Chamber of Commerce	1,858.30	83-0109660	21,543.99	0.36%
Custom Sprinkler	2,377.54	84-4352152	27,526.62	0.46%
East Casper Chiropractic Center	939.65	83-0270992	8,412.22	0.14%
Eastgate Ranch	4,773.77	83-0331576	53,791.20	0.90%
Employment Testing Services	2,011.26	81-0557883	28,511.47	0.48%
Fletcher Construction Company	0.00	83-0211151	68,524.11	1.14%
Gene R George Associates, Inc.	6,694.83	83-0252720	75,416.70	1.26%
Hot Springs County Weed & Pest	1,856.13	83-6000832	34,818.94	0.58%
Jadeco, Inc.	11,528.93	83-0215356	200,699.37	3.35%
K2 Land & Minerals Company	1,215.01	47-2685593	14,067.96	0.23%
Kennon Products, Inc	41,889.76	95-4143657	470,640.04	7.86%
Lenhart Mason & Assoc	25,233.50	83-0327383	291,706.23	4.87%
Lovell Chronicle	1,933.70	83-0211840	28,172.00	0.47%
Michel & Moline CPAs	3,095.04	83-0332861	39,888.67	0.67%
Mountain States Lithographing	8,563.92	47-4729456	98,748.44	1.65%
Nachbar, Keith P.C.	0.00	90-0006005	14,993.50	0.25%
Overhead Door Company of Gillette	2,309.39	41-2119314	26,856.11	0.45%
Pat's Hallmark	3,225.56	83-0306379	34,503.40	0.58%
Peak Asset Managers	3,935.46	45-2021871	45,977.78	0.77%
Pingora Consulting LLC	3,837.76	45-5600168	44,689.02	0.75%
PMCH	34,873.89	83-0220400	367,418.26	6.13%
Pope Construction, Inc.	14,280.32	83-0261738	135,120.51	2.26%
Professional Flooring and Supply	2,526.52	81-1219536	28,465.07	0.48%
Purpose Physical Therapy	553.61	47-1447151	18,540.66	0.31%
Reddon, Koehn & Associates, CPAs PC	8,451.66	83-0326432	99,865.69	1.67%
Richard S. Logan Trucking Inc.	8,803.08	20-5978128	111,345.83	1.86%
Rieniets Financial Service, Inc	765.14	83-0329290	12,537.94	0.21%
Ryan Bros. Trucking, Inc.	52,951.24	83-0203603	603,162.02	10.07%
SBW & Associates	14,130.93	45-3540192	166,627.55	2.78%
Sheridan County Chamber of Commerce	4,333.33	82-0729179	46,867.27	0.78%
Skogen, Cometto & Associates, P.C.	9,219.50	83-0232451	90,544.23	1.51%
Studio CMS LLC	2,256.42	87-4030606	15,275.34	0.26%
Summit West CPA Group	22,233.45	83-0254900	277,090.63	4.63%
The Nicolaysen Art Museum	1,727.16	83-0230592	18,769.91	0.31%
Ugly Bug, Inc.	3,660.53	83-0261919	41,096.29	0.69%
Veritatis Splendor Inc	3,038.13	47-2466374	40,476.39	0.68%
Wind River Visitors Council	1,415.89	85-3242377	14,257.50	0.24%
Wyo Theater	3,194.63	74-2254851	37,583.72	0.63%
Wyoming Crane & Rigging	8,481.05	47-2838664	95,969.44	1.60%
Wyoming Society of CPA's	1,198.41	23-7206898	12,887.90	0.22%
	\$ 512,822.01		5,989,504.71	100%