

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IBEW LOCAL 317 SUPPLEMENTAL HEALTH BENEFIT AND TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT BOARD OF TRUSTEES IBEW LOCAL 317 SUP HEALTH BENEFIT&TRUST FUND</u></p> <p><u>AMERICAN BENEFIT CORPORATION</u> <u>9200 US ROUTE 60</u> <u>ONA, WV 25545</u></p>	<p>1c Effective date of plan <u>09/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>55-0751125</u></p> <p>2c Plan Sponsor's telephone number <u>304-525-0331</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/05/2025	KIM WOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/05/2025	KIM WOOD
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>JOINT BOARD OF TRUSTEES IBEW LOCAL 317 SUP HEALTH BENEFIT & TRUST FUND AMERICAN BENEFIT CORPORATION 9200 US ROUTE 60 ONA, WV 25545</p>	<p>3b Administrator's EIN 55-0751125</p> <p>3c Administrator's telephone number 304-525-0331</p>
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 410</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b 421</p> <p>6c</p> <p>6d 421</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7 87</p>

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4Q

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

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

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 **09/01/2023** and ending **08/31/2024**

A Name of plan IBEW LOCAL 317 SUPPLEMENTAL HEALTH BENEFIT AND TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES IBEW LOCAL 317 SUP HEALTH BENEFIT&TRUST FUND	D Employer Identification Number (EIN) 55-0751125	

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)

UNITED BANK

500 VIRGINIA STREET, EAST
CHARLESTON, WV 25301

55-6100340

(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?
19 50	NONE	44670	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)

AMERICAN BENEFIT CORPORATION

3150 US ROUTE 60
ONA, WV 25545

55-0671859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	36336	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)

GRAY, GRIFFITH & MAYS AC

707 VIRGINIA STREET, EAST,SUITE 400
CHARLESTON, WV 25301

55-0621482

(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	9804	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)

JOHN F. DASCOLI, PLLC

2442 KANAWHA BLVD, EAST
CHARLESTON, WV 25331

20-5780253

(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	7175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>IBEW LOCAL 317 SUPPLEMENTAL HEALTH BENEFIT AND TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>501</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES IBEW LOCAL 317 SUP HEALTH BENEFIT&TRUST FUND</u>	D Employer Identification Number (EIN) <u>55-0751125</u>

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 394594	340007
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 143260	150760
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 16955	16709
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1845238	1578488
(2) U.S. Government securities	1c(2) 1717035	2260417
(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) 2309255	2541999
(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) 2268283	2326637
(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	8694620	9215017
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8694620	9215017

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)	1613924	
(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)		1613924
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	58408	
(B) U.S. Government securities	2b(1)(B)	60024	
(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)		118432
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	59119	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	104915	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		164034
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	3154394	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3137217	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		17177
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	463080	
(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		2376647

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1754730	
(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)		1754730
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)	29153	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	9804	
(5) Investment advisory and investment management fees	2i(5)	44670	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7174	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	10719	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		101520
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1856250

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		520397
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: GRAY, GRIFFITH & MAYS AC

(2) EIN: 55-0621482

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 _____.

**I.B.E.W. LOCAL 317 SUPPLEMENTAL
HEALTH BENEFIT AND TRUST FUND**

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

August 31, 2024 and 2023

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

August 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
I.B.E.W. Local 317 Supplemental
Health Benefit and Trust Fund
% American Benefit Corporation
9200 US Route 60
Ona, WV 25545

Opinion

We have audited the financial statements of I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2024 and 2023 and the related statements 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, information regarding the Plan's net assets available for benefits as of August 31, 2024 and 2023 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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, significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

Gray, Griffith & Mays, a.c.

Charleston, West Virginia
April 28, 2025

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value:		
Money market funds	\$ 768,022	\$ 918,805
U.S. government obligations	2,260,417	1,717,035
Common stocks	2,541,999	2,309,255
Mutual funds	1,078,090	1,669,484
Exchange traded funds	1,248,547	598,799
Certificates of deposit	810,466	926,433
	<u>8,707,541</u>	<u>8,139,811</u>
Receivables:		
Employers' contributions	150,760	143,260
Accrued interest and dividends	16,709	16,955
	<u>167,469</u>	<u>160,215</u>
Cash	<u>340,007</u>	<u>394,594</u>
Total assets	<u>9,215,017</u>	<u>8,694,620</u>
Net assets available for benefits	<u>\$ 9,215,017</u>	<u>\$ 8,694,620</u>

The accompanying notes are an integral part of the financial statements.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ending August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets:		
Investment income:		
Net appreciation in fair value of investments	\$ 480,257	\$ 67,490
Interest	118,431	60,138
Dividends	164,035	155,123
	<u>762,723</u>	<u>282,751</u>
Less: investment expenses	<u>(44,670)</u>	<u>(41,878)</u>
	718,053	240,873
 Employers' contributions	 <u>1,613,924</u>	 <u>1,619,565</u>
 Total additions to net assets	 <u>2,331,977</u>	 <u>1,860,438</u>
 Deductions from net assets:		
Benefit payments	1,651,487	1,599,061
Supplemental disability benefits	65,655	66,943
Dental benefits	37,588	31,127
Total benefit payments	<u>1,754,730</u>	<u>1,697,131</u>
 Administrative expenses:		
Administration fees	29,153	24,083
Audit of Plan	9,804	8,800
Employer payroll audits	1,074	443
Bank service fees	347	376
Insurance	6,525	8,165
Legal	7,174	10,387
Printing	1,385	-
Trustee meetings	1,388	1,116
	<u>56,850</u>	<u>53,370</u>
Total deductions from net assets	<u>1,811,580</u>	<u>1,750,501</u>
 Net increase in net assets	 520,397	 109,937
 Net assets available for benefits, beginning of year	 <u>8,694,620</u>	 <u>8,584,683</u>
 Net assets available for benefits, end of year	 <u>\$ 9,215,017</u>	 <u>\$ 8,694,620</u>

The accompanying notes are an integral part of the financial statements.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

NOTES TO FINANCIAL STATEMENTS

August 31, 2024 and 2023

1 – DESCRIPTION OF PLAN

The following description of the I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General - The purpose of the Plan is to help defray the cost of health insurance covering eligible retired or disabled participants, their eligible dependents, or their surviving spouse. The Plan and related trust were established on October 18, 1996, pursuant to a collective bargaining agreement between the I.B.E.W. Local 317 Labor Union (the Union) and the West Virginia - Ohio Valley Chapter National Electrical Contractors Association, Inc. (the Contractors Association). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits - The Plan pays a quarterly health insurance premium supplement, for eligible retired or disabled participants, their eligible dependents or their surviving spouse, to the Fourth District IBEW Health Fund. The amount paid is based upon a percentage of the Fourth District IBEW Health Fund premium amounts. The percentage is determined by the Trustees.

In general, an individual will be eligible to become a plan participant as a former employee and member of the Union, and their eligible dependents and spouse thereof, after they retire at age 55 or older, providing they have at least 10,000 paid hours in the 10 years prior to retirement, or become totally disabled while working under the terms and conditions of the collective bargaining agreement and was or is covered by the Fourth District IBEW Health Fund, or other plan that is a Taft-Hartley Voluntary Employees' Beneficiary Association providing health benefits pursuant to an I.B.E.W. collective bargaining agreement. The widow of a covered retired or disabled participant may be eligible, provided they were married for one year prior to the date of death or retirement.

The Plan also offers supplemental disability benefits equal to \$250 per week. This supplemental disability benefit shall only be paid for periods for which the Fourth District IBEW Health Fund weekly disability benefit is paid. Effective July 1, 2024, the Plan increased the supplemental disability benefit to \$400 per week for a maximum of 26 weeks.

Effective November 1, 2018, in order to receive Non-Medicare Disabled Retiree Supplemental Disability Benefits under this Plan a Participant must be determined to be disabled by the Social Security Administration. Further, the Fourth District IBEW Health Fund makes all disability determinations regarding eligibility for Supplemental Disability Benefits.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

NOTES TO FINANCIAL STATEMENTS

August 31, 2024 and 2023

Additionally, effective November 1, 2018, to qualify for a benefit, a retiree must receive retirement benefits from the Social Security Administration, the National Electrical Benefit Plan, the National Electrical Annuity Plan, the Local Union 317 Electrical Pension Fund or retire as an active member of Local 317.

Effective September 1, 2021, an amendment was adopted to clarify that if an owner, shareholder, or officer of an entity that owes contributions, interest, or liquidated damages to this Plan or any other fund associated with IBEW Local 317, they will not be entitled to receive benefits until all monies due have been paid.

Effective April 1, 2022, the Plan added a dental allowance of up to \$500 per calendar year. This benefit is not assignable to a provider and may not carryover from year-to-year. Effective July 1, 2024, the Plan increased the dental allowance to \$1,000 per calendar year.

Contributions – The Plan is funded by employer contributions based on rates specified in the collective bargaining agreements. Employer contribution rates under the Plan were based on hours reported. The contributions rates for were \$0.75 per standard hour, \$0.75 per double-time hour, and \$0.38 per over-time hour worked. Effective June 5, 2024, the Plan increased the contribution rate to \$1.00 per standard hour, \$0.50 per hour for time and one-half hour, \$1.00 per double-time hour.

Other - The Plan's Board of Trustees has the right under the Plan to modify the benefits provided to participants. The benefits provided by the Plan are not vested and the Trustees reserve the right to amend or terminate all or any part of the Plan, including the reduction and/or elimination of all current and/or future benefits, at any time. The Plan may be terminated only by joint agreement between the Union and the Contractors Association, subject to the provision of ERISA.

2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Allowance for Doubtful Accounts - The Plan's administrator has evaluated employer contributions receivable and has determined that an allowance for doubtful accounts was not necessary as all amounts are deemed to be fully collectible.

Valuation of Investments - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

NOTES TO FINANCIAL STATEMENTS

August 31, 2024 and 2023

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Certificates of deposit are valued at cost plus accrued interest, which approximates fair value.

Contributions - Employers' contributions receivable represents amounts due as of August 31, under the terms of the collective bargaining agreement.

3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

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

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 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 August 31, 2024 and 2023

Level 1 - Common stocks, mutual funds, and exchange traded funds are based on the closing price reported in the active market where the individual securities are traded, when available.

Level 2 - The fair value of the money market funds, U.S. government obligations, and certificates of deposit are based on amortized cost or original cost plus accrued interest.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

NOTES TO FINANCIAL STATEMENTS

August 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2024 and 2023:

	August 31, 2024			
	(Level 1)	(Level 2)	(Level 3)	Total
Money market funds	\$ -	\$ 768,022	\$ -	\$ 768,022
U.S. government obligations	-	2,260,417	-	2,260,417
Exchange traded funds	1,248,547	-	-	1,248,547
Common stocks	2,541,999	-	-	2,541,999
Mutual funds	1,078,090	-	-	1,078,090
Certificates of deposit	-	810,466	-	810,466
Total	\$ 4,868,636	\$ 3,838,905	\$ -	\$ 8,707,541

	August 31, 2023			
	(Level 1)	(Level 2)	(Level 3)	Total
Money market funds	\$ -	\$ 918,805	\$ -	\$ 918,805
U.S. government obligations	-	\$ 1,717,035	-	1,717,035
Exchange traded funds	598,799	-	-	598,799
Common stock	2,309,255	-	-	2,309,255
Mutual funds	1,669,484	-	-	1,669,484
Certificates of deposit	-	926,433	-	926,433
Total	\$ 4,577,538	\$ 3,562,273	\$ -	\$ 8,139,811

4 – RELATED PARTY TRANSACTIONS AND INVESTMENT ADMINISTRATION

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor, and certain others. American Benefit Corporation, Inc. is the third-party administrator and bookkeeper. The Plan purchases Fiduciary and Fidelity insurance from American Benefit Corporation and Zurich American Insurance Company, respectively. The Plan purchases Cyber insurance from Mountain State Insurance Agency. John F. Dascoli, PLLC serves as the legal counsel to the Plan. Gray, Griffith & Mays, A.C. provides financial statement audit services for the Plan.

The Plan's investments are held and managed by United Bank. The Plan pays fees to United Bank for investment management. As United bank serves as manager and custodian for the Plan's assets, transactions with these parties qualify as party-in-interest transactions.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

NOTES TO FINANCIAL STATEMENTS

August 31, 2024 and 2023

5 – CASH

At times during the year, the Plan has cash on deposit at United Bank in excess of the maximum amount insured by the Federal Deposit Insurance Corporation.

6 – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 12, 2006, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

7 – RISKS AND UNCERTAINTIES

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.

8 – CONCENTRATION OF CREDIT RISK

All of the revenue and receivables shown on the financial statements are from electrical services. The Plan's ability to collect contributions and enter into contracts could be affected by fluctuations in the electrical service industry and the overall economy.

9 – SUBSEQUENT EVENTS

Subsequent events were evaluated through the date of the auditor's report, which is the date the financial statements were available to be issued. No significant events were noted requiring adjustment to or disclosure in the financial statements.

SUPPLEMENTARY INFORMATION

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

Schedule H, line 4i - Schedule of Assets Held at End of Year

EIN: 55-0751125

PN: 001

August 31, 2024

(a)	(b)	(c)	(d)	(e)
	Description of Investment	Number of Shares	Cost	Current Value
	<u>Money Market Funds</u>			
*	United Bank Inc. Liquid Asset	768,022	\$ 768,022	\$ 768,022
	<u>Certificates of Deposit</u>			
	BOKF National Association	34,281	34,281	34,281
	Western Bank Alliance	242,500	242,500	242,500
	Bonvenu Bank	119,211	119,211	119,211
	Pinnacle Bank	150,789	150,789	150,789
*	United CD 2/25/25	252,569	252,569	263,685
			<u>799,350</u>	<u>810,466</u>
	<u>US Government Obligations</u>			
	Federal Home Loan Bank Government Agency 1.05% 11/25/2024	250,000	250,000	247,777
	US Treasury N/B 4.25% 9/30/2024	500,000	499,611	499,600
	US Treasury N/B 4.625% 7/31/2024	500,000	497,490	499,620
	US Treasury N/B 5% 8/31/2025	500,000	500,000	502,855
	US Treasury N/B 4.25% 2/28/2029	500,000	498,576	510,565
			<u>2,245,677</u>	<u>2,260,417</u>
	<u>Common Stock</u>			
	Abbott Laboratories Common Stock	943	37,172	106,814
	Air Prods & Chems Inc Common Stock	260	77,272	72,501
	Amgen Inc Com	371	62,278	123,851
	Apple Inc Common Stock	679	10,478	155,491
	Blackrock Inc.	128	114,125	115,432
	Chevron Corporation	932	109,434	137,889
	Cisco Systems Inc	1,787	52,498	90,315
	Corning Inc	1,956	55,376	81,859
	Cummins INC	207	55,256	64,760
	Dover Corp Com	562	41,195	104,549
	EOG Resources	728	91,467	93,781
	General Dynamics Corp Common Stock	465	94,300	139,202
	Iron Mountain Inc Common Stock	1,493	45,481	169,097
	Johnson & Johnson Com	566	78,395	93,877
	McDonalds Corp Common	403	44,640	116,330
	Microsoft Corp	427	14,059	178,119
	Pfizer Inc Common	2,298	73,691	66,665
	Procter & Gamble Co Common	707	55,176	121,279

* Indicates party-in-interest
See independent auditor's report.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

Schedule H, line 4i - Schedule of Assets Held at End of Year (Continued)

EIN: 55-0751125

PN: 001

August 31, 2024

(a)	(b)	(c)	(d)	(e)
	Description of Investment	Number of Shares	Cost	Current Value
	Quest Diagnostics Inc	464	65,797	72,834
	Target Corp Comm	354	59,981	54,381
	Texas Instruments Inc	570	110,577	122,173
	US Bancorp	1,475	76,725	69,664
	United Parcel Service Inc	418	73,240	53,734
	Waste Management Inc	648	52,413	137,402
			<u>1,551,026</u>	<u>2,541,999</u>
	<u>Mutual Funds - Fixed Income</u>			
	Baird Aggregate Bond Fund	75,846	864,788	755,429
	Federated Institutional High Yield Bond Inst. Class #900	36,132	358,776	322,661
			<u>1,223,564</u>	<u>1,078,090</u>
	<u>ETF - Fixed Income</u>			
	iShares Trust Ishares 1 to 5	12,406	627,401	649,206
	iShares Short Treasury Bond ETF	5,419	594,944	599,341
			<u>1,222,345</u>	<u>1,248,547</u>
	Total assets held for investment		<u>\$ 7,215,040</u>	<u>\$ 8,707,541</u>

See independent auditor's report.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 55-0751125

PN: 001

August 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of Asset	Current value of asset on transaction date	Net Gain/(Loss)
<u>SINGLE TRANSACTIONS EXCEEDING 5%</u>						
United Wealth Management	United Bank Inc. Liquid Asset	\$ 1,521,008	\$ -	\$ 1,521,008	\$ 1,521,008	\$ -
United Wealth Management	US Treasury N/B 5% 08/31/2025	500,000	-	500,000	500,000	-
United Wealth Management	US Treasury N/B 4.25% 02/28/2029	500,000	-	498,576	498,576	-
United Wealth Management	iShares Short Treasury Bond ETF	627,401	-	627,401	627,401	-
United Wealth Management	United Bank Inc. Liquid Asset	-	1,671,791	1,671,791	1,671,791	-
United Wealth Management	US Treasury N/B 3% 7/31/2024	-	500,000	490,485	500,000	9,515
United Wealth Management	Pimco Investment Grade Corp Bond	-	628,504	634,343	628,504	(5,839)
	Purchases for	<u>\$ 3,148,409</u>				
	Sales for		<u>\$ 2,800,295</u>			
	Issue aggregate total				<u>\$ 5,947,280</u>	
	Net gain					<u>\$ 3,676</u>
<u>AGGREGATE TRANSACTIONS EXCEEDING 5%</u>						
United Wealth Management	CDARS	546,780	-	546,780	546,780	-
	Purchases for	<u>\$ 546,780</u>				
	Sales for		<u>\$ -</u>			
	Issue aggregate total				<u>\$ 546,780</u>	
	Net loss					<u>\$ -</u>

See independent auditor's report.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

Schedule H, line 4i - Schedule of Assets Held at End of Year

EIN: 55-0751125

PN: 001

August 31, 2024

(a)	(b)	(c)	(d)	(e)
	Description of Investment	Number of Shares	Cost	Current Value
	<u>Money Market Funds</u>			
*	United Bank Inc. Liquid Asset	768,022	\$ 768,022	\$ 768,022
	<u>Certificates of Deposit</u>			
	BOKF National Association	34,281	34,281	34,281
	Western Bank Alliance	242,500	242,500	242,500
	Bonvenu Bank	119,211	119,211	119,211
	Pinnacle Bank	150,789	150,789	150,789
*	United CD 2/25/25	252,569	252,569	263,685
			<u>799,350</u>	<u>810,466</u>
	<u>US Government Obligations</u>			
	Federal Home Loan Bank Government Agency 1.05% 11/25/2024	250,000	250,000	247,777
	US Treasury N/B 4.25% 9/30/2024	500,000	499,611	499,600
	US Treasury N/B 4.625% 7/31/2024	500,000	497,490	499,620
	US Treasury N/B 5% 8/31/2025	500,000	500,000	502,855
	US Treasury N/B 4.25% 2/28/2029	500,000	498,576	510,565
			<u>2,245,677</u>	<u>2,260,417</u>
	<u>Common Stock</u>			
	Abbott Laboratories Common Stock	943	37,172	106,814
	Air Prods & Chems Inc Common Stock	260	77,272	72,501
	Amgen Inc Com	371	62,278	123,851
	Apple Inc Common Stock	679	10,478	155,491
	Blackrock Inc.	128	114,125	115,432
	Chevron Corporation	932	109,434	137,889
	Cisco Systems Inc	1,787	52,498	90,315
	Corning Inc	1,956	55,376	81,859
	Cummins INC	207	55,256	64,760
	Dover Corp Com	562	41,195	104,549
	EOG Resources	728	91,467	93,781
	General Dynamics Corp Common Stock	465	94,300	139,202
	Iron Mountain Inc Common Stock	1,493	45,481	169,097
	Johnson & Johnson Com	566	78,395	93,877
	McDonalds Corp Common	403	44,640	116,330
	Microsoft Corp	427	14,059	178,119
	Pfizer Inc Common	2,298	73,691	66,665
	Procter & Gamble Co Common	707	55,176	121,279

* Indicates party-in-interest
See independent auditor's report.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

Schedule H, line 4i - Schedule of Assets Held at End of Year (Continued)

EIN: 55-0751125

PN: 001

August 31, 2024

(a)	(b)	(c)	(d)	(e)
	Description of Investment	Number of Shares	Cost	Current Value
	Quest Diagnostics Inc	464	65,797	72,834
	Target Corp Comm	354	59,981	54,381
	Texas Instruments Inc	570	110,577	122,173
	US Bancorp	1,475	76,725	69,664
	United Parcel Service Inc	418	73,240	53,734
	Waste Management Inc	648	52,413	137,402
			<u>1,551,026</u>	<u>2,541,999</u>
	<u>Mutual Funds - Fixed Income</u>			
	Baird Aggregate Bond Fund	75,846	864,788	755,429
	Federated Institutional High Yield Bond Inst. Class #900	36,132	358,776	322,661
			<u>1,223,564</u>	<u>1,078,090</u>
	<u>ETF - Fixed Income</u>			
	iShares Trust Ishares 1 to 5	12,406	627,401	649,206
	iShares Short Treasury Bond ETF	5,419	594,944	599,341
			<u>1,222,345</u>	<u>1,248,547</u>
	Total assets held for investment		<u>\$ 7,215,040</u>	<u>\$ 8,707,541</u>

See independent auditor's report.

I.B.E.W. Local 317 Supplemental Health Benefit and Trust Fund

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 55-0751125

PN: 001

August 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of Asset	Current value of asset on transaction date	Net Gain/(Loss)
<u>SINGLE TRANSACTIONS EXCEEDING 5%</u>						
United Wealth Management	United Bank Inc. Liquid Asset	\$ 1,521,008	\$ -	\$ 1,521,008	\$ 1,521,008	\$ -
United Wealth Management	US Treasury N/B 5% 08/31/2025	500,000	-	500,000	500,000	-
United Wealth Management	US Treasury N/B 4.25% 02/28/2029	500,000	-	498,576	498,576	-
United Wealth Management	iShares Short Treasury Bond ETF	627,401	-	627,401	627,401	-
United Wealth Management	United Bank Inc. Liquid Asset	-	1,671,791	1,671,791	1,671,791	-
United Wealth Management	US Treasury N/B 3% 7/31/2024	-	500,000	490,485	500,000	9,515
United Wealth Management	Pimco Investment Grade Corp Bond	-	628,504	634,343	628,504	(5,839)
	Purchases for	<u>\$ 3,148,409</u>				
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	Issue aggregate total				<u>\$ 5,947,280</u>	
	Net gain					<u>\$ 3,676</u>
<u>AGGREGATE TRANSACTIONS EXCEEDING 5%</u>						
United Wealth Management	CDARS	546,780	-	546,780	546,780	-
	Purchases for	<u>\$ 546,780</u>				
	Sales for		<u>\$ -</u>			
	Issue aggregate total				<u>\$ 546,780</u>	
	Net loss					<u>\$ -</u>

See independent auditor's report.