

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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><b>1a</b> Name of plan <u>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</u></p> <p><u>1040 S BROADWAY</u> <u>WICHITA, KS 67211</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2004</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>20-0520351</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>785-220-6640</u></p> <p><b>2d</b> Business code (see instructions) <u>525100</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	RICHARD L MORROW, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	RICHARD L MORROW, CPA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	690
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	690
	<b>6a(2)</b>	711
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	711
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	35

**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 4F 4L 4U

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-0520351</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**ADVANCE INSURANCE COMPANY OF KANSAS**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-0947315	12143	00007768	711	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>18851</b></p>	<p><b>(b)</b> Total amount of fees paid</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**JOHN A MEIER** **PO BOX 67087**  
**TOPEKA, KS 66667**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18851			

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	188508
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>20-0520351</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD OF KANSAS**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>48-0952857</b>	<b>70729</b>	<b>07768</b>	<b>2005</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b>
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	2164431	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		2164431
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	11091278	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		11091278
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	479660	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		479660
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>20-0520351</b>	

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

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

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

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

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

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

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

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

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

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

SPENCER FANE LLP

1000 WALNUT ST SUITE 1400  
KANSAS CITY, MO 64106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	LEGAL	18000	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)

EMPRISE BANK

257 N BROADWAY AVE  
WICHITA, KS 67202

74-2809141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 19	CUSTODIAN	27822	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)

FINANCIAL COUNSELORS, INC.

5901 COLLEGE BLVD 110  
OVERLAND PARK, KS 66211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 28	INVESTMENT CUSTODIAN	5706	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)

MORROW & CO, LLC

10500 E BERKELEY SQ PKWY  
WICHITA, KS 67206

48-1142797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	AUDITOR	29992	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)

WILLIAM C EARHART

3140 NE BROADWAY  
PORTLAND, OR 97208

20-0520351

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 13 12	CONTRACT ADMINISTRATOR	62382	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)

MEIER & MEIER

PO BOX 67087  
TOPEKA, KS 66667

50-9620766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 22 16	CONSULTANT/BR OKER	86937	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)

OSBORNE, CARREIRO & ASSOCIATES INC

124 WEST CAPITOL AVE  
LITTLE ROCK, AR 72201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 11	ACTUARY	8800	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)

TRAVELERS INSURANCE

PO BOX 2989  
HARTFORD, CT 06104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 22	INSURANCE	15162	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"/>

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>20-0520351</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2770366	3819500
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	880893	889426
<b>(3)</b> Other .....	<b>1b(3)</b>	312537	413187
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	234135	305090
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	6325821	8588927
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	5690913	5559510
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3797154	2656991
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	8674	8551

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	20020493	22241182
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	761248	1030668
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	89252	116798
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	850500	1147466
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	19169993	21093716

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	12865642	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	194546	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		13060188
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	160690	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	211929	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	234569	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		607188
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	87626	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		87626
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	18052929	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	17354900	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		698029
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-194908	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-194908

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		14258123

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	280805	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	11790242	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		12071047
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	62382	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	29992	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5706	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	27822	
(7) Actuarial fees .....	<b>2i(7)</b>	8800	
(8) Legal fees .....	<b>2i(8)</b>	18000	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	110651	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		263353
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		12334400

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1923723
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: MORROW & CO., LLC CPA'S

(2) EIN: 48-1142797

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		600000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**December 31, 2024 and 2023**

CONTENTS

INDEPENDENT AUDITORS' REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Fund Benefit Obligations	6
Statements of Changes in Fund Benefit Obligations	7
Notes to Financial Statements	8 - 14
SUPPLEMENTARY SCHEDULES	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15 - 18
Schedule H Line 4j -Schedule of Reportable Transactions	19
Schedules of Administrative and Operating Expenses	20

All other supplementary schedules required by the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

## INDEPENDENT AUDITORS' REPORT

Board of Trustees  
IBEW #271 NECA Health & Benefit Fund

### Opinion

We have audited the accompanying financial statements of IBEW #271 NECA Health & Benefit Fund, which comprise the statements of net assets available for benefits and of fund benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in fund benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of IBEW #271 NECA Health & Benefit Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IBEW #271 NECA Health & Benefit Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW #271 NECA Health & Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



## **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 IBEW #271 NECA Health & Benefit Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about IBEW #271 NECA Health & Benefit Fund's ability to continue as a going concern for a reasonable period of time.

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

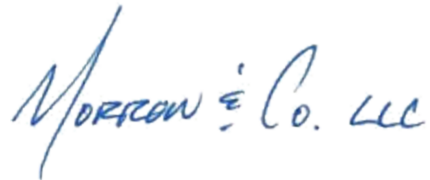
## **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), schedule H, line 4j - schedule of reportable transactions, and schedules of administrative and operating expenses as of and for the years ended December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information, some of which are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in blue ink that reads "MORROW & Co. LLC". The signature is written in a cursive style with a large initial 'M' and a stylized 'C'.

Morrow & Co., LLC  
Wichita, Kansas

October 13, 2025

**IBEW #271 NECA Health & Benefit Fund**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

	2024	2023
<b>ASSETS</b>		
Investments at Fair Value (Note 3)		
Money Market Funds	\$ 305,090	\$ 234,135
U.S. Government and Agency Securities	8,588,927	6,325,821
Corporate Debt Securities	5,559,510	5,690,913
Registered Investment Companies	2,656,991	3,797,154
Total Investments at Fair Value	17,110,518	16,048,023
Prepaid Expenses	8,551	8,674
Receivables		
Employer Contributions	889,426	880,893
Reciprocal Receivable	298,444	188,856
Self Pay and Cobra Receivable	8,217	13,595
Accrued Income	106,526	110,086
Total Receivables	1,302,613	1,193,430
Cash	3,819,500	2,770,366
<b>TOTAL ASSETS</b>	<b>22,241,182</b>	<b>20,020,493</b>
<b>LIABILITIES</b>		
Accounts Payable	28,219	51,405
Accrued Benefit Payroll Taxes	2,936	2,779
Reciprocals Payable	85,643	35,068
<b>TOTAL LIABILITIES</b>	<b>116,798</b>	<b>89,252</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 22,124,384</b>	<b>\$ 19,931,241</b>

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

**IBEW #271 NECA Health & Benefit Fund**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

	2024	2023
<b>ADDITIONS</b>		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments		
Realized Gain (Loss)	\$ 698,029	\$ (387,721)
Unrealized Gain (Loss)	(194,908)	965,095
Interest and Dividends	694,814	632,951
	<u>1,197,935</u>	<u>1,210,325</u>
Less Investment Expenses		
Investment Management	5,706	37,875
Investment Custody	27,822	29,311
	<u>33,528</u>	<u>67,186</u>
Net Investment Income	1,164,407	1,143,139
Employer Contributions	12,865,642	11,778,610
COBRA & Employee Self Contributions	194,546	195,963
	<u>14,224,595</u>	<u>13,117,712</u>
<b>DEDUCTIONS</b>		
Member Benefits	11,801,627	10,977,796
Operating Expenses	229,825	206,363
	<u>12,031,452</u>	<u>11,184,159</u>
<b>NET INCREASE (DECREASE)</b>	2,193,143	1,933,553
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of Year	<u>19,931,241</u>	<u>17,997,688</u>
End of Year	<u>\$22,124,384</u>	<u>\$19,931,241</u>

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

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**Statements of Fund Benefit Obligations**  
**December 31, 2024 and 2023**

	2024	2023
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Stop Loss Insurance Premiums	\$ -	\$ -
Life, Accidental Death & Dismemberment, and Short-term Disability Insurance Premiums	-	-
Health Claims Payable	211,299	155,087
	211,299	155,087
 <b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Claims Incurred but Not Reported	819,369	606,161
Accumulated Eligibility Credits	9,003,043	7,781,256
Liability for Coverage Received in Advance	1,974,569	1,780,395
	11,796,981	10,167,812
 <b>FUND'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</b>	 \$12,008,280	 \$10,322,899

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

**IBEW #271 NECA Health & Benefit Fund**  
**Statements of Changes in Fund Benefit Obligations**  
**Years Ended December 31, 2024 and 2023**

	2024	2023
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Balance at Beginning of Year	\$ 155,087	\$ -
Member Benefits Approved for Payment	11,435,241	10,822,709
Member Benefits Paid	<u>(11,801,627)</u>	<u>(10,977,796)</u>
Balance at End of Year	<u>211,299</u>	<u>155,087</u>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT ESTIMATED AMOUNTS</b>		
Balance at Beginning of Year	10,167,812	8,848,539
Net Increase (Decrease) During the Year		
Claims Incurred but Not Reported	213,208	86,077
Accumulated Eligibility Credits	1,221,787	989,820
Liability for Coverage Received in Advance	<u>194,174</u>	<u>243,376</u>
Balance at End of Year	<u>11,796,981</u>	<u>10,167,812</u>
<b>FUND'S TOTAL BENEFIT OBLIGATION AT END OF YEAR</b>	<u>\$ 12,008,280</u>	<u>\$ 10,322,899</u>

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

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**NOTE 1: DESCRIPTION OF THE FUND**

The following description of the IBEW #271 NECA Health and Benefit Fund provides general information only. Participants should refer to the Fund Agreement or Summary Plan Description for a more complete description of the Fund's provisions.

General

The Fund was formed as a defined benefit health and welfare Fund under an agreement between the Kansas Chapter, National Electrical Contractors Association, Inc. (NECA) and the IBEW Local Union #271. The agreement provides, among other things, for employers who sign a letter of assent to make contributions to the Fund for each hour worked by employees in the bargaining unit. The trustees have delegated administrative duties to a third party administrator who performs the day to day operating activities of the Fund.

Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

Benefits

The Fund provides for medical, dental, death, and short-term disability benefits for eligible members and their dependents as specified in the Fund document. The Plan also has a flexible spending account arrangement to assist members in paying for medical expenses not otherwise covered by insurance.

Eligibility

All employees working for a participating employer, shall be eligible to receive benefits on the first day of the second calendar month following a calendar month during which they worked at least 140 hours for participating employers (provided that sufficient contributions were paid on their behalf). Provisions are made for continuance of eligibility. Certain non bargaining employees of participating employers are eligible. Retired employees may remain eligible for medical and dental benefits by self-paying the required premiums.

Contributions

Employers contribute to the Fund for individual employees based on the number of hours each employee has worked. The contribution rate was \$9.68 and \$9.58 per hour worked effective December 1, 2024 and 2023, respectively. Self paid contributions are in addition. An hour bank receives credits representing employer contributions in excess of 140 hours per month, and it is reduced when the employee uses hours, utilizes the flexible spending feature, or when the Funds' contribution rate increases. A total of approximately \$9,047,853 and \$8,012,038 in hour bank money had accumulated at December 31, 2024 and 2023, respectively. This amount represents the dollar value of prepaid health insurance premiums and/or flexible spending dollars. The Fund is liable for providing benefits based on these prepaid dollars. The liabilities represented on the Statements of Fund Benefit Obligations represent the estimated cost of providing these benefits and not simply the dollar value of the hour bank. The Fund is fully insured for death and short-term disability. The Fund is substantially self insured for health and dental benefits, and purchases stop loss policies to minimize exposure to loss. Benefits paid through these policies are not included in these financial statements.

The Fund's liability to provide these coverages exists only so long as monies are being provided to the Fund by the employers who are signatory to the collective bargaining agreement with the exception that eligible employees and their families have the opportunity to elect to continue their coverage in certain instances where coverages would otherwise terminate. Such continuation coverage is as described in and required by the Consolidated Omnibus Reconciliation Act of 1985 (COBRA), and is sometimes referred to as "COBRA Coverage." This coverage, however, is still dependent upon the payment by the members or their families of monies (premiums) into the Fund.

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**NOTE 2: SUMMARY OF ACCOUNTING POLICIES**

Valuation of Investments

Investments are valued at market as determined by the custodian as of the Fund's year-end. The fair value of these investments may fluctuate subsequent to year-end due to changes in economic conditions. It is the policy of the Fund to record the fluctuations in market values as current year income or loss.

Member Benefits

For purposes of the Statements of Changes in Net Assets Available for Benefits, member benefits are deducted when paid, or when payments are required to be paid to insurance companies.

Expenses

All administrative expenses and premiums are being paid by the Fund and are accounted for on the accrual basis of accounting.

Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

Contributions

Employer contributions are reflected as income in the period in which the hours were worked, reduced by those not believed collectible. Employer contributions are subject to audit to determine that remittances are proper. Any amounts due from such audits are reflected upon receipt.

Employer Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

**NOTE 3: INVESTMENTS**

The Fund's investments are held by PNC Bank, Custodian of the Fund.

	2024		2023	
	Units	Fair Value	Units	Fair Value
Money Market Accounts	305,090	\$ 305,090	234,135	\$ 234,135
US Treasury Notes	9,310,609	8,588,927	6,750,000	6,325,821
Corporate Debt Securities	5,714,957	5,559,510	5,915,000	5,690,913
Registered Investment Companies	24,613	2,656,991	130,465	3,797,154
<b>TOTAL INVESTMENTS</b>		<b>\$ 17,110,518</b>		<b>\$ 16,048,023</b>

Investment income for the years ended December 31, 2024 and 2023, is as follows:

	2024	2023
Net appreciation (depreciation) in fair value of investments		
US Government Securities and Agency Securities	\$ 114,011	\$ (54,845)
Corporate Debt Securities	39,326	150,185
Preferred Stock	-	(10,406)
Registered Investment Companies	349,784	492,440
	<u>503,121</u>	<u>577,374</u>
Interest and Dividends	694,814	632,951
	<u>\$ 1,197,935</u>	<u>\$ 1,210,325</u>

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**NOTE 4: FAIR VALUE MEASUREMENTS**

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Money Market Accounts**

Fair value is determined using the amortized cost valuation method which approximates the fair value of the underlying net assets of the Fund.

**U.S. Government and Agency Securities**

U.S. Government and agency securities are valued based upon representative bid indications by broker dealers who establish the market price of these securities.

**Mortgage Backed Securities**

Mortgage backed securities are valued based on representative bid indications by broker dealers who are market makers in such securities.

**Corporate Debt Securities**

The value of corporate debt securities is valued based upon representative bid indications by broker dealers who establish the market price of these securities.

**Registered Investment Companies**

Exchange traded funds and mutual funds are valued at the closing price reported on the active market on which the funds are traded.

**Preferred Stock**

Preferred stocks are valued at the closing price reported on the active market on which the stocks are traded.

(continued)

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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

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

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Money Market Accounts	\$ 305,090	\$ -	\$ 305,090	\$ -
U.S. Government & Agency Securities	8,588,927	-	8,588,927	-
Corporate Debt Securities	5,559,510	-	5,559,510	-
Exchange Traded Funds	2,656,991	2,656,991	-	-
	<u>\$17,110,518</u>	<u>\$ 2,656,991</u>	<u>\$ 14,453,527</u>	<u>\$ -</u>
	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Money Market Accounts	\$ 234,135	\$ -	\$ 234,135	\$ -
U.S. Government & Agency Securities	6,325,821	-	6,325,821	-
Corporate Debt Securities	5,690,913	-	5,690,913	-
Exchange Traded Funds	3,797,154	3,797,154	-	-
	<u>\$16,048,023</u>	<u>\$ 3,797,154</u>	<u>\$ 12,250,869</u>	<u>\$ -</u>

**NOTE 5: SELF-FUNDING**

The Fund has entered into an agreement with Blue Cross and Blue Shield of Kansas, Inc., whereby the Fund is self-funded for a portion of health and dental insurance up to an aggregate amount at which point Blue Cross and Blue Shield begins providing these benefits. Under the current terms of this contract, the Fund is liable for benefits up to \$100,000 per individual and up to 115% of the expected incurred claims. The expected incurred claims have been actuarially determined by Blue Cross and Blue Shield of Kansas, Inc. utilizing formulas that have been approved through the Kansas Insurance Department, rather than by independent actuaries. The contract provides that the 2024 maximum liability to the Fund is \$11,757,277 to be adjusted for the number of employees qualified and participating in the Fund.

At December 31, 2024, the Fund has paid less than the aggregate stop-loss for calendar years (policy periods) as follows:

2024	\$ 527,712
2023	1,126,104
2022	1,036,664
2021	768,272
2020	1,085,309

The amounts above represent the maximum exposure of the Fund as of December 31, 2024. A portion of this exposure is reflected in the Fund's estimate of Claims Incurred but Not Reported on The Statements of Fund Benefit Obligations.

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**NOTE 6: BENEFIT OBLIGATIONS**

Claims Incurred But Not Reported

The incurred but not reported claims (IBNR) was estimated at \$819,369 by the Plan's actuary (\$785,320 of this had been paid by July 31, 2025). The claims incurred but not reported in the Statements of Fund Benefit Obligations represents the estimated uninsured portion of healthcare claims at December 31, 2024. The death and short-term disability benefit is fully insured by an insurance company. Accordingly, no liability is reflected for death and short-term disability.

Accumulated Eligibility Credits

The liability for accumulated eligibility credits was estimated at \$9,003,043 by the Plan's actuary. Accumulated eligibility credits represent the estimated cost of benefits accumulated for those participants who have worked over 140 hours per month reduced by the dollar equivalent of hours used. Hours in excess of 140 hours per month accrue in an "hour bank". There is no limit on the amount of excess hours that can be banked.

For participant hour banks from 840 hours and less, Accumulated Eligibility Credits represent the dollar value of prepaid health insurance premiums. The Fund is liable for providing benefits based on these prepaid dollars. The liabilities represented on the Statements of Fund Benefit Obligations represent the estimated cost of providing these benefits and not simply the dollar value of the hour bank.

When hours in each participant's hour bank exceed 840, the excess hours can be used as a flexible spending account to cover medical expenses not otherwise covered by insurance.

Liability for Coverage Received in Advance

The liability for coverage received in advance was estimated at \$1,974,569 by the Plan's actuary. This liability represents monies collected and/or due to the Fund for hours worked as of December 31, 2024, but for which benefits have not yet been provided. Based on Fund operations, there is a two month time lag between hours worked and coverage provided. This liability represents the Fund's obligation to provide benefits through February 2025 based on the average cost of benefits.

**NOTE 7: TAX STATUS**

The VEBA trust funding certain benefits of the Fund received an exemption letter from the IRS dated September 15, 2007, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Fund's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income.

In addition, the Fund and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Fund administrator believes that the Fund is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Fund's Federal Organization Exempt from Income Tax Returns (Form 990) are subject to examination by the IRS, generally for three years after they were filed.

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**NOTE 8: FUND TERMINATION**

Although it has not expressed an intention to do so, the Trustees have the right to terminate the Fund at any time subject to the provisions of ERISA. In the event of termination of the Fund, the Trustees will apply all funds to the continuation of provided benefits for the participants and to provide for the payment of reasonable and necessary expenses incurred in the termination of the Fund until the Fund shall be exhausted.

**NOTE 9: RISKS & UNCERTAINTIES**

The Fund invests in a variety of investment vehicles. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The Fund's operations are concentrated geographically within the state of Kansas and economically within the electrical service and installation industry. As such, the Fund is dependent on the local economy and the health of the electrical service and installation industry. The Fund maintains a bank account in Wichita, Kansas. Accounts at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash exceeded federally insured limits by \$3,569,500 and \$2,520,366 at December 31, 2024 and 2023, respectively. Investments in Money Market accounts, Corporate Bonds, Exchange Traded Funds, and Mutual Funds are uninsured.

**NOTE 10: PARTIES IN INTEREST TRANSACTIONS**

As described in Note 1, the Fund pays administrative fees under service agreements with third-party service providers. These transactions are party in interest transactions under ERISA.

The third party administrator (TPA) charges a fee based on the number of Plan participants each month. The Plan incurred TPA fees of \$62,382 and \$57,253 for administrative services provided for the years ended December 31, 2024 and 2023, respectively. Fees in the amounts of \$5,025 and \$4,588 were due to the TPA at December 31, 2024 and 2023, respectively.

**NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 22,124,384	\$ 19,931,241
Benefit obligations currently payable (Health claims, death, and disability benefits)	<u>(1,030,668)</u>	<u>(761,248)</u>
Net assets available for benefits per the Form 5500	<u>\$ 21,093,716</u>	<u>\$ 19,169,993</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2024 and 2023:

	<u>December 31, 2024</u>
Benefits paid to or for participants per the financial statements	\$ 11,801,627
Add: Amounts currently payable at December 31, 2024	1,030,668
Less: Amounts currently payable at December 31, 2023	<u>(761,248)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 12,071,047</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

**IBEW #271 NECA Health & Benefit Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**NOTE 12: SUBSEQUENT EVENTS**

The Fund has evaluated subsequent events for recognition and disclosure through October 13, 2025, the date which these financial statements were available to be issued, and no events regarding disclosure were identified.

SUPPLEMENTAL INFORMATION

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			(d) COST	(e) CURRENT VALUE
<b>CASH &amp; MONEY MARKET ACCOUNTS</b>					
IAM BANK SWEEP COLLATERALIZED PNC	305,090			305,090	305,090
<b>TOTAL MONEY MARKET ACCOUNTS</b>				<b>305,090</b>	<b>305,090</b>
<b>U S GOVERNMENT AND AGENCY SECURITIES</b>					
FEDERAL HOME LOAN MTG CORP	86,968	PAR VALUE	2.500% 2/1/2051	72,605	71,550
FEDERAL HOME LOAN MTG CORP	84,877	PAR VALUE	4.000% 6/1/2052	76,283	77,710
FEDERAL HOME LOAN MTG CORP	211,146	PAR VALUE	5.000% 10/1/2052	201,401	204,438
FEDERAL NATIONAL MTG ASSOCIATION	63,107	PAR VALUE	5.500% 11/1/2052	61,845	62,443
FEDERAL NATIONAL MTG ASSOCIATION	73,317	PAR VALUE	4.500% 8/1/2052	67,967	69,095
FEDERAL NATIONAL MTG ASSOCIATION	64,988	PAR VALUE	5.500% 10/1/2052	64,907	64,309
FEDERAL NATIONAL MTG ASSOCIATION	139,055	PAR VALUE	4.500% 7/1/2048	130,646	132,726
FEDERAL NATIONAL MTG ASSOCIATION	117,765	PAR VALUE	3.500% 1/1/2051	106,522	105,360
FEDERAL NATIONAL MTG ASSOCIATION	92,583	PAR VALUE	5.500% 2/1/2054	90,558	91,809
FEDERAL NATIONAL MTG ASSOCIATION	89,802	PAR VALUE	3.000% 3/1/2050	79,030	77,745
FEDERAL NATIONAL MTG ASSOCIATION	51,202	PAR VALUE	1.500% 1/1/2031	46,817	47,554
FEDERAL NATIONAL MTG ASSOCIATION	75,300	PAR VALUE	4.000% 7/1/2047	69,064	69,829
FEDERAL NATIONAL MTG ASSOCIATION	120,282	PAR VALUE	2.500% 9/1/2035	107,615	110,151
FEDERAL NATIONAL MTG ASSOCIATION	99,654	PAR VALUE	2.000% 2/1/2036	87,104	88,348
FEDERAL NATIONAL MTG ASSOCIATION	147,641	PAR VALUE	2.500% 6/1/2041	126,418	125,765
FEDERAL NATIONAL MTG ASSOCIATION	117,920	PAR VALUE	4.500% 7/1/2052	109,279	111,130
USA TREASURY BD	110,000	PAR VALUE	5.250% 2/15/2029	116,285	114,019
USA TREASURY NOTES	475,000	PAR VALUE	0.625% 8/15/2030	386,647	385,743
USA TREASURY NOTES	310,000	PAR VALUE	1.125% 2/15/2031	294,775	255,828
USA TREASURY NOTES	450,000	PAR VALUE	1.250% 4/30/2028	423,223	407,673
USA TREASURY NOTES	545,000	PAR VALUE	1.875% 2/15/2032	470,524	458,394
USA TREASURY NOTES	5,000	PAR VALUE	1.875% 2/28/2027	4,950	4,757
USA TREASURY NOTES	235,000	PAR VALUE	2.375% 3/31/2029	228,418	216,882
USA TREASURY NOTES	165,000	PAR VALUE	2.875% 5/15/2032	158,590	148,187
USA TREASURY NOTES	355,000	PAR VALUE	3.500% 4/30/2028	351,991	346,047
USA TREASURY NOTES	150,000	PAR VALUE	3.375% 5/15/2033	141,316	137,847
USA TREASURY NOTES	170,000	PAR VALUE	3.625% 5/31/2028	166,634	166,277
USA TREASURY NOTES	125,000	PAR VALUE	4.125% 7/31/2028	126,835	124,138
USA TREASURY NOTES	450,000	PAR VALUE	3.875% 8/15/2033	433,714	428,274
USA TREASURY NOTES	300,000	PAR VALUE	4.375% 11/30/2028	301,781	300,123
USA TREASURY NOTES	290,000	PAR VALUE	4.375% 5/15/2034	295,728	285,543
USA TREASURY NOTES	345,000	PAR VALUE	1.625% 5/15/2026	332,250	332,991
USA TREASURY NOTES	285,000	PAR VALUE	2.000% 11/15/2026	272,977	273,532
USA TREASURY NOTES	245,000	PAR VALUE	2.375% 5/15/2027	230,237	234,629
USA TREASURY NOTES	405,000	PAR VALUE	1.625% 8/15/2029	366,068	359,454
USA TREASURY NOTES	140,000	PAR VALUE	1.750% 11/15/2029	124,434	124,158
USA TREASURY NOTES	300,000	PAR VALUE	1.625% 11/30/2026	285,956	285,666
USA TREASURY NOTES	100,000	PAR VALUE	0.625% 5/15/2030	83,706	82,054
USA TREASURY NOTES	385,000	PAR VALUE	1.500% 1/31/2027	362,493	364,098
USA TREASURY NOTES	305,000	PAR VALUE	1.500% 2/15/2030	286,933	264,838
USA TREASURY NOTES	150,000	PAR VALUE	2.750% 2/15/2028	144,388	143,228
USA TREASURY NOTES	735,000	PAR VALUE	2.875% 8/15/2028	695,068	699,176
USA TREASURY NOTES	50,000	PAR VALUE	3.125% 11/15/2028	49,217	47,845
USA TREASURY NOTES	95,000	PAR VALUE	2.375% 5/15/2029	89,511	87,564

See the independent auditors' report.

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			(d) COST	(e) CURRENT VALUE
<b>TOTAL - U.S. GOVERNMENT AND AGENCY SECURITIES</b>				<b>8,722,710</b>	<b>8,588,927</b>
<b>CORPORATE DEBT SECURITIES</b>					
AT&T INC SER WI CALL	30,000	PAR VALUE	4.300% 2/15/2030	28,322	29,054
ABBVIE INC	50,000	PAR VALUE	4.950% 3/15/2031	49,282	49,990
ALLSTATE CORP	60,000	PAR VALUE	1.450% 12/15/2030	46,618	48,853
AMAZON.COM INC	50,000	PAR VALUE	2.100% 5/12/2031	41,390	42,705
AMERICAN ELECTRIC POWER	30,000	PAR VALUE	5.625% 3/1/2033	29,561	30,306
AMERICAN EXPRESS CO	35,000	PAR VALUE	5.070% 10/30/2031	36,819	37,411
AMERICAN EXPRESS CO UNSC	55,000	PAR VALUE	6.080% 2/16/2028	54,690	55,317
AMERICAN HONDA FINANCE UNSC	35,000	PAR VALUE	4.900% 3/13/2029	34,413	34,880
AMERIPRISE FINANCIAL INC	45,000	PAR VALUE	5.700% 12/15/2028	45,719	46,364
AUTOZONE INC	40,000	PAR VALUE	5.100% 7/15/2029	40,871	40,233
BANK OF AMERICA CORP	75,000	PAR VALUE	2.300% 6/14/2029	65,339	68,068
BANK OF AMERICA CORP	45,000	PAR VALUE	5.120% 7/22/2033	43,658	44,137
BANK OF MONTREAL	50,000	PAR VALUE	5.203% 2/1/2028	49,888	50,389
BANK OF NOVA SCOTIA	80,000	PAR VALUE	4.450% 9/8/2028	80,000	79,197
BRISTOL MYERS SQUIBB CO	50,000	PAR VALUE	5.750% 2/1/2031	51,384	52,003
CDW LLC/CDW FINANCE	65,000	PAR VALUE	4.250% 4/1/2028	63,354	62,987
CIGNA GROUP	50,000	PAR VALUE	5.000% 5/15/2029	49,165	49,960
CNH INDUSTRIAL CAP LLC COGT	50,000	PAR VALUE	3.950% 5/23/2025	49,134	49,825
CNH EQUIPMENT TRUST	109,467	PAR VALUE	2.830% 7/15/2027	106,525	108,469
CANADIAN IMPERIAL BANK	75,000	PAR VALUE	4.530% 9/11/2027	75,000	74,656
CAPITAL ONE FINANCIAL CO	55,000	PAR VALUE	1.990% 11/2/2027	46,724	51,971
CAPITAL ONE MULTI-ASSET EXECUTIVE	100,000	PAR VALUE	4.950% 10/15/2027	99,457	100,369
CISCO SYSTEMS INC	35,000	PAR VALUE	5.050% 2/26/2034	34,452	34,874
CITIGROUP INC	80,000	PAR VALUE	3.875% 3/26/2025	78,710	79,787
CITIGROUP INC	45,000	PAR VALUE	3.970% 1/10/2028	43,362	44,111
CITIGROUP INC	45,000	PAR VALUE	5.090% 5/24/2033	42,934	43,493
CITIGROUP INC	45,000	PAR VALUE	4.680% 9/19/2030	45,082	43,727
COCA-COLA CONSOLIDATED	30,000	PAR VALUE	5.250% 6/1/2029	30,050	30,418
COMMONWEALTH EDISON CO	35,000	PAR VALUE	5.300% 6/1/2034	34,875	35,085
CON EDISON CO OF NY INC	45,000	PAR VALUE	2.400% 6/15/2031	37,485	38,639
CROWN CASTLE INTL CORP	35,000	PAR VALUE	3.300% 7/1/2030	30,526	31,801
DIAMONDBACK ENERGY CO	45,000	PAR VALUE	5.150% 1/30/2030	44,402	45,096
DISCOVER CARD EXECUTION NOTE T	210,000	PAR VALUE	5.030% 10/15/2027	209,065	211,071
DOW CHEMICAL CO	45,000	PAR VALUE	4.800% 11/30/2028	44,046	44,747
DUKE ENERGY CORP	60,000	PAR VALUE	2.550% 6/15/2031	52,045	51,227
DUKE ENERGY PROGRESS LLC	50,000	PAR VALUE	2.000% 8/15/2031	39,884	41,377
ENBRIDGE INC	30,000	PAR VALUE	5.700% 3/8/2033	29,783	30,312
ENBRIDGE INC	35,000	PAR VALUE	5.250% 4/5/2027	34,827	35,417
ENERGY TRANSFER OPERATING	60,000	PAR VALUE	5.250% 4/15/2029	59,138	60,214
EXELON CORP	40,000	PAR VALUE	5.150% 3/15/2028	39,553	40,233
FISERV INC	45,000	PAR VALUE	4.200% 10/1/2028	42,765	43,767
FORD CREDIT AUTO OWNER TRUST	85,000	PAR VALUE	4.760% 7/15/2029	84,999	84,157
FOX CORP	45,000	PAR VALUE	4.709% 1/25/2029	43,738	44,449
GM FINANCIAL SECURITIZED TERM	125,000	PAR VALUE	4.470% 2/16/2028	123,433	124,996
GLOBAL PAYMENTS INC	75,000	PAR VALUE	4.950% 8/15/2027	73,936	75,102
GOLDMAN SACHS GROUP INC	115,000	PAR VALUE	2.060% 10/21/2027	105,208	109,110
HF SINCLAIR CORP	70,000	PAR VALUE	5.000% 2/1/2028	69,656	69,147
HP ENTERPRISE CO	60,000	PAR VALUE	4.550% 10/15/2029	59,936	58,487

See the independent auditors' report.

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) COST	(e) CURRENT VALUE
HONDA AUTO RECEIVABLES OWNER SERIE	139,000	PAR VALUE	4.660%	11/15/2027	137,952	139,901
HUNTINGTON BANCSHARES	50,000	PAR VALUE	4.490%	8/4/2028	48,076	49,488
INTEL CORP	70,000	PAR VALUE	4.875%	2/10/2028	70,348	69,643
INTERCONTINENTAL EXCHANGE	60,000	PAR VALUE	2.100%	6/15/2030	49,933	51,978
JP MORGAN CHASE & CO	80,000	PAR VALUE	2.870%	4/22/2031	67,819	70,477
JP MORGAN CHASE & CO	50,000	PAR VALUE	5.250%	7/24/2029	49,655	50,503
JP MORGAN CHASE & CO	50,000	PAR VALUE	4.970%	7/22/2028	49,991	50,159
KINDER MORGAN INC	35,000	PAR VALUE	5.000%	2/1/2029	34,327	34,881
KROGER CO	45,000	PAR VALUE	1.700%	1/15/2031	35,644	37,074
KROGER CO	30,000	PAR VALUE	5.000%	9/15/2034	30,072	29,055
LYB INT FINANCE III	50,000	PAR VALUE	1.250%	10/1/2025	46,935	48,686
MPLX LP	50,000	PAR VALUE	5.000%	3/1/2033	47,202	48,021
MARATHON PETROLEUM CORP	65,000	PAR VALUE	4.700%	5/1/2025	64,368	64,925
MARRIOTT INTERNATIONAL	40,000	PAR VALUE	4.875%	5/15/2029	38,987	39,852
MERCEDES-BENZ AUTO RECEIVABLES	81,490	PAR VALUE	4.510%	11/15/2027	80,513	81,500
MORGAN STANLEY	100,000	PAR VALUE	3.920%	1/24/2029	93,919	96,436
MORGAN STANLEY	40,000	PAR VALUE	3.440%	1/21/2033	33,170	34,271
NEXTERA ENERGY CAPITAL	30,000	PAR VALUE	2.750%	11/1/2029	26,237	27,207
NEXTERA ENERGY CAPITAL	65,000	PAR VALUE	6.510%	3/1/2025	65,205	65,115
NISOURCE INC	55,000	PAR VALUE	5.200%	7/1/2029	54,918	55,419
NISSAN AUTO RECEIVABLES OWNER	100,000	PAR VALUE	5.090%	11/15/2027	99,191	100,322
ORACLE CORP	40,000	PAR VALUE	2.950%	4/1/2030	34,932	36,108
PHILLIPS 66 CO	40,000	PAR VALUE	5.250%	6/15/2031	41,342	40,107
PROLOGIS LP	40,000	PAR VALUE	2.250%	4/15/2030	33,800	34,991
RTX CORPORATION	55,000	PAR VALUE	1.900%	9/1/2031	46,727	44,994
REALTY INCOME CORP	65,000	PAR VALUE	3.200%	1/15/2027	61,281	63,019
ROYAL BANK OF CANADA	55,000	PAR VALUE	5.050%	7/23/2027	54,987	55,252
SOUTHERN CO	45,000	PAR VALUE	1.750%	3/15/2028	39,216	40,821
STATE STREET CORP	35,000	PAR VALUE	4.860%	1/26/2026	34,773	34,995
STATE STREET CORP	25,000	PAR VALUE	5.100%	5/18/2026	24,874	25,039
SYSCO CORPORATION	40,000	PAR VALUE	5.950%	4/1/2030	41,859	41,663
T-MOBILE USA INC	50,000	PAR VALUE	3.750%	4/15/2029	45,548	46,668
TAKE-TWO INTERACTIVE	65,000	PAR VALUE	5.400%	6/12/2029	65,341	65,921
TORONTO DOMINION BANK	65,000	PAR VALUE	5.532%	7/17/2026	65,287	65,755
TORONTO DOMINION BANK	30,000	PAR VALUE	5.260%	9/10/2034	30,000	29,351
TOYOTA MOTOR CREDIT CORP	70,000	PAR VALUE	5.100%	3/21/2031	69,279	70,234
TOYOTA AUTO RECEIVABLES OWNER	175,000	PAR VALUE	5.330%	1/16/2029	174,975	177,387
TRUIST FINANCIAL CORPORATION	55,000	PAR VALUE	2.100%	6/7/2029	47,089	49,622
UNITED PARCEL SERVICE	30,000	PAR VALUE	5.150%	5/22/2034	29,951	29,936
US BANCORP	35,000	PAR VALUE	5.650%	6/12/2029	35,103	35,791
US BANCORP	50,000	PAR VALUE	5.730%	6/10/2033	49,589	50,970
UNITEDHEALTH GROUP INC	55,000	PAR VALUE	2.000%	5/15/2030	45,828	47,407
UNITEDHEALTH GROUP INC	40,000	PAR VALUE	4.950%	1/15/2032	40,951	39,549
VALERO ENERGY CORP	60,000	PAR VALUE	2.800%	12/1/2031	49,922	51,173
VERIZON MASTER TRUST	100,000	PAR VALUE	5.340%	4/22/2030	100,109	101,684
VISA INC	45,000	PAR VALUE	2.050%	4/15/2030	38,070	39,352
WELLS FARGO & CO	35,000	PAR VALUE	3.640%	3/24/2028	33,079	33,948
WELLS FARGO & CO	30,000	PAR VALUE	5.570%	7/25/2034	29,418	29,960
WELLS FARGO & CO	50,000	PAR VALUE	5.620%	4/22/2028	50,390	50,823
WESTPAC BKG CORP	85,000	PAR VALUE	4.400%	11/23/2031	82,844	83,660
WESTPAC BKG CORP	40,000	PAR VALUE	5.050%	4/16/2029	39,919	40,429

See the independent auditors' report.

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) COST	(e) CURRENT VALUE
<b>TOTAL - CORPORATE DEBT SECURITIES</b>		<u>5,482,148</u>	<u>5,559,510</u>
<b>REGISTERED INVESTMENT COMPANIES</b>			
ISHARES CORE S&P 500	2,370 SHARES	1,212,526	1,395,172
ISHARES CORE S&P MID-CAP	3,445 SHARES	199,655	214,658
ISHARES CORE S&P SMALL CAP	1,070 SHARES	113,413	123,285
ISHARES CORE MSCI EAFE ETF	3,562 SHARES	257,793	250,337
ISHARES CORE MSCI EMERGING MARKETS	5,559 SHARES	284,059	290,291
ISHARES MSCI INTL QUALITY	3,365 SHARES	129,583	124,909
SCHWAB INTERNATIONAL SMALL CAP	3,560 SHARES	124,870	122,215
WISDOMTREE U.S. QUALITY DIVI	1,682 SHARES	123,792	136,124
<b>TOTAL - REGISTERED INVESTMENT COMPANIES</b>		<u>2,445,691</u>	<u>2,656,991</u>
<b>TOTAL INVESTMENTS</b>		<u>16,955,639</u>	<u>17,110,518</u>

See the independent auditors' report.

**IBEW #271 NECA Health & Benefit Fund**  
**EIN 20-0520351 Plan # 501**  
**Schedule H, Line 4j**  
**Schedule of Reportable Transactions**  
**December 31, 2024**

(a) Identity of party involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Ishares Core S&P 500 ETF (series of transactions)	\$ 1,270,902	\$ -	\$ 1,270,902	\$ 1,270,902	\$ -
N/A	Ishares Core S&P 500 ETF (series of transactions)	\$ -	\$ 62,908	\$ 58,437	\$ 62,908	\$ 4,472
N/A	SPDR S&P 500 ETF Trust (single transaction)	\$ -	\$ 1,617,895	\$ 609,554	\$ 1,617,895	\$ 1,008,342
N/A	USA Treasury Notes 3.625% 5/15/2026 (series of transactions)	\$ 340,963	\$ -	\$ 340,963	\$ 340,963	\$ -
N/A	USA Treasury Notes 3.625% 5/15/2026 (series of transactions)	\$ -	\$ 914,092	\$ 910,482	\$ 914,092	\$ 3,610
N/A	USA Treasury Notes 2.875% 8/15/2028 (series of transactions)	\$ 787,915	\$ -	\$ 787,915	\$ 787,915	\$ -
N/A	USA Treasury Notes 2.875% 8/15/2028 (series of transactions)	\$ -	\$ 94,479	\$ 92,848	\$ 94,479	\$ 1,631
N/A	IAM Bank Sweep Collateralized (series of transactions)	\$ 1,265,759	\$ -	\$ 1,265,759	\$ 1,265,759	\$ -
N/A	IAM Bank Sweep Collateralized (series of transactions)	\$ -	\$ 960,669	\$ 960,669	\$ 960,669	\$ -

See the independent auditors' report.

**IBEW #271 NECA Health & Benefit Fund**  
**Schedules of Administrative and Operating Expenses**  
**Years Ended December 31, 2024 and 2023**

	2024	2023
<b>Member Benefits</b>		
Health and Dental Benefit Claims	\$ 9,112,660	\$ 8,312,987
Flexible Spending Benefit Claims	280,805	321,562
Life, AD&D, and Short-term Disability Premiums	206,153	150,795
Benefit Payroll Taxes	19,871	16,671
BCBS Stop Loss and General/Operating Expense	2,149,176	2,133,072
BCBS Claims Administration Expense	32,962	42,709
	<b>\$ 11,801,627</b>	<b>\$ 10,977,796</b>
 <b>Operating Expenses</b>		
Benefit Consulting	\$ 86,937	\$ 74,936
Fund Administrative Fees	62,382	57,253
Actuarial Services	8,800	2,300
Accounting	29,992	30,574
Legal	18,000	18,000
General Insurance & Bonding	15,162	15,271
Postage & Printing	3,862	3,174
Travel & Meeting	-	-
Storage	200	200
Bank Service Fees	815	1,030
International Foundation Dues	1,195	1,145
ERTS Fees	2,480	2,480
	<b>\$ 229,825</b>	<b>\$ 206,363</b>

See the independent auditors' report.

## 2024 Form 5500 e-file Signature Authorization

IBEW NO 271 NECA HEALTH & BENEFIT FUND  
IBEW NO 271 NECA HEALTH & BENEFIT FUND 501  
1040 S BROADWAY  
WICHITA, KS 67211

Employer Identification Number: 20-0520351

Client Identification Number: 36065500

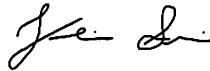
You, as plan administrator, are authorizing that MORROW & CO. LLC electronically file the 2024 Form 5500 for IBEW NO 271 NECA HEALTH & BENEFIT FUND as an EFAST2 Service Provider.

### Authorization

As plan administrator for IBEW NO 271 NECA HEALTH & BENEFIT FUND, I authorize MORROW & CO. LLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization



Date: 10/13/2025

<b>Form 5500</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> 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 style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<small>OMB Nos. 1210-0110 1210-0089</small> <hr/> <h2 style="text-align: center;">2024</h2> <hr/> <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**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  the DFVC program

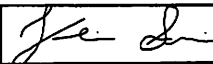
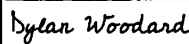
**D** Check box if filing under:  Form 5558  automatic extension  special extension (enter description)

**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**

<b>1a</b> Name of plan <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>2a</b> 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) <b>IBEW NO 271 NECA HEALTH &amp; BENEFIT FUND</b>  <b>1040 S BROADWAY</b>  <b>WICHITA KS 67211</b>	<b>1c</b> Effective date of plan <b>01/01/2004</b>	<b>2b</b> Employer Identification Number (EIN) <b>20-0520351</b>
	<b>2c</b> Plan Sponsor's telephone number <b>785-220-6640</b>	<b>2d</b> Business code (see instructions) <b>525100</b>

**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		10/13/2025	<b>JAMESON SAUDINO</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/2025	<b>DYLAN WOODARD</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE

# SIGNATURE CERTIFICATE



## REFERENCE NUMBER

9F268BBF-EA11-428C-8C58-6F0A13C5A8B3

### TRANSACTION DETAILS

**Reference Number**  
9F268BBF-EA11-428C-8C58-6F0A13C5A8B3

**Transaction Type**  
Signature Request

**Sent At**  
10/13/2025 08:19:58 AM CDT

**Executed At**  
10/13/2025 10:35:02 AM CDT

**Identity Method**  
email

**Distribution Method**  
email

**Signed Checksum**  
70401e31a2b6d6f5281a4322c4a15e808d183c3571e317e7bf6a090550f835c2

**Signer Sequencing**  
Disabled

**Document Passcode**  
Disabled

### DOCUMENT DETAILS

**Document Name**  
2024 5500 Signature Pages

**Filename**  
2024\_5500\_Signature\_Pages.pdf

**Pages**  
2 pages

**Content Type**  
application/pdf

**File Size**  
93 KB

**Original Checksum**  
707011c2d24f98be5230b1d0c678e588ee69ca5d76517ea45fcc83e38025d458

## SIGNERS

### SIGNER

**Name**  
Dylan Woodard  
**Email**  
dwoodard@kansasneca.org  
**Components**  
2

### E-SIGNATURE

**Status**  
signed  
**Multi-factor Digital Fingerprint Checksum**  
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945  
**IP Address**  
174.79.106.162  
**Device**  
Microsoft Edge via Windows  
**Typed Signature**  
  
**Signature Reference ID**  
4611D3ED

### EVENTS

**Viewed At**  
10/13/2025 10:34:19 AM CDT  
**Identity Authenticated At**  
10/13/2025 10:35:02 AM CDT  
**Signed At**  
10/13/2025 10:35:02 AM CDT

**Name**  
Jeimeson Saudino  
**Email**  
jeimeson@ibewlu271.com  
**Components**  
4

**Status**  
signed  
**Multi-factor Digital Fingerprint Checksum**  
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945  
**IP Address**  
98.164.28.18  
**Device**  
Chrome via Windows  
**Drawn Signature**  
  
**Signature Reference ID**  
34E12C97  
**Signature Biometric Count**  
6  
**Drawn Signature**  
  
**Signature Reference ID**  
95A3EF7E  
**Signature Biometric Count**  
6

**Viewed At**  
10/13/2025 10:05:05 AM CDT  
**Identity Authenticated At**  
10/13/2025 10:06:59 AM CDT  
**Signed At**  
10/13/2025 10:06:59 AM CDT

## AUDITS

**TIMESTAMP****AUDIT**

10/13/2025 08:19:58 AM CDT	Becky Willard (becky@morrowandcompany.com) created document '2024_5500_Signature_Pages.pdf' on Chrome via Windows from 99.29.129.20.
10/13/2025 08:19:58 AM CDT	Dylan Woodard (dwoodard@kansasneca.org) was emailed a link to sign.
10/13/2025 08:19:58 AM CDT	Jeimeson Saudino (jeimeson@ibewlu271.com) was emailed a link to sign.
10/13/2025 10:05:05 AM CDT	Jeimeson Saudino (jeimeson@ibewlu271.com) viewed the document on Chrome via Windows from 98.164.28.18.
10/13/2025 10:06:59 AM CDT	Jeimeson Saudino (jeimeson@ibewlu271.com) authenticated via email on Chrome via Windows from 98.164.28.18.
10/13/2025 10:06:59 AM CDT	Jeimeson Saudino (jeimeson@ibewlu271.com) signed the document on Chrome via Windows from 98.164.28.18.
10/13/2025 10:34:19 AM CDT	Dylan Woodard (dwoodard@kansasneca.org) viewed the document on Microsoft Edge via Windows from 174.79.106.162.
10/13/2025 10:35:02 AM CDT	Dylan Woodard (dwoodard@kansasneca.org) authenticated via email on Microsoft Edge via Windows from 174.79.106.162.
10/13/2025 10:35:02 AM CDT	Dylan Woodard (dwoodard@kansasneca.org) signed the document on Microsoft Edge via Windows from 174.79.106.162.

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			(d) COST	(e) CURRENT VALUE
<b>CASH &amp; MONEY MARKET ACCOUNTS</b>					
IAM BANK SWEEP COLLATERALIZED PNC	305,090			305,090	305,090
<b>TOTAL MONEY MARKET ACCOUNTS</b>				<b>305,090</b>	<b>305,090</b>
<b>U S GOVERNMENT AND AGENCY SECURITIES</b>					
FEDERAL HOME LOAN MTG CORP	86,968	PAR VALUE	2.500% 2/1/2051	72,605	71,550
FEDERAL HOME LOAN MTG CORP	84,877	PAR VALUE	4.000% 6/1/2052	76,283	77,710
FEDERAL HOME LOAN MTG CORP	211,146	PAR VALUE	5.000% 10/1/2052	201,401	204,438
FEDERAL NATIONAL MTG ASSOCIATION	63,107	PAR VALUE	5.500% 11/1/2052	61,845	62,443
FEDERAL NATIONAL MTG ASSOCIATION	73,317	PAR VALUE	4.500% 8/1/2052	67,967	69,095
FEDERAL NATIONAL MTG ASSOCIATION	64,988	PAR VALUE	5.500% 10/1/2052	64,907	64,309
FEDERAL NATIONAL MTG ASSOCIATION	139,055	PAR VALUE	4.500% 7/1/2048	130,646	132,726
FEDERAL NATIONAL MTG ASSOCIATION	117,765	PAR VALUE	3.500% 1/1/2051	106,522	105,360
FEDERAL NATIONAL MTG ASSOCIATION	92,583	PAR VALUE	5.500% 2/1/2054	90,558	91,809
FEDERAL NATIONAL MTG ASSOCIATION	89,802	PAR VALUE	3.000% 3/1/2050	79,030	77,745
FEDERAL NATIONAL MTG ASSOCIATION	51,202	PAR VALUE	1.500% 1/1/2031	46,817	47,554
FEDERAL NATIONAL MTG ASSOCIATION	75,300	PAR VALUE	4.000% 7/1/2047	69,064	69,829
FEDERAL NATIONAL MTG ASSOCIATION	120,282	PAR VALUE	2.500% 9/1/2035	107,615	110,151
FEDERAL NATIONAL MTG ASSOCIATION	99,654	PAR VALUE	2.000% 2/1/2036	87,104	88,348
FEDERAL NATIONAL MTG ASSOCIATION	147,641	PAR VALUE	2.500% 6/1/2041	126,418	125,765
FEDERAL NATIONAL MTG ASSOCIATION	117,920	PAR VALUE	4.500% 7/1/2052	109,279	111,130
USA TREASURY BD	110,000	PAR VALUE	5.250% 2/15/2029	116,285	114,019
USA TREASURY NOTES	475,000	PAR VALUE	0.625% 8/15/2030	386,647	385,743
USA TREASURY NOTES	310,000	PAR VALUE	1.125% 2/15/2031	294,775	255,828
USA TREASURY NOTES	450,000	PAR VALUE	1.250% 4/30/2028	423,223	407,673
USA TREASURY NOTES	545,000	PAR VALUE	1.875% 2/15/2032	470,524	458,394
USA TREASURY NOTES	5,000	PAR VALUE	1.875% 2/28/2027	4,950	4,757
USA TREASURY NOTES	235,000	PAR VALUE	2.375% 3/31/2029	228,418	216,882
USA TREASURY NOTES	165,000	PAR VALUE	2.875% 5/15/2032	158,590	148,187
USA TREASURY NOTES	355,000	PAR VALUE	3.500% 4/30/2028	351,991	346,047
USA TREASURY NOTES	150,000	PAR VALUE	3.375% 5/15/2033	141,316	137,847
USA TREASURY NOTES	170,000	PAR VALUE	3.625% 5/31/2028	166,634	166,277
USA TREASURY NOTES	125,000	PAR VALUE	4.125% 7/31/2028	126,835	124,138
USA TREASURY NOTES	450,000	PAR VALUE	3.875% 8/15/2033	433,714	428,274
USA TREASURY NOTES	300,000	PAR VALUE	4.375% 11/30/2028	301,781	300,123
USA TREASURY NOTES	290,000	PAR VALUE	4.375% 5/15/2034	295,728	285,543
USA TREASURY NOTES	345,000	PAR VALUE	1.625% 5/15/2026	332,250	332,991
USA TREASURY NOTES	285,000	PAR VALUE	2.000% 11/15/2026	272,977	273,532
USA TREASURY NOTES	245,000	PAR VALUE	2.375% 5/15/2027	230,237	234,629
USA TREASURY NOTES	405,000	PAR VALUE	1.625% 8/15/2029	366,068	359,454
USA TREASURY NOTES	140,000	PAR VALUE	1.750% 11/15/2029	124,434	124,158
USA TREASURY NOTES	300,000	PAR VALUE	1.625% 11/30/2026	285,956	285,666
USA TREASURY NOTES	100,000	PAR VALUE	0.625% 5/15/2030	83,706	82,054
USA TREASURY NOTES	385,000	PAR VALUE	1.500% 1/31/2027	362,493	364,098
USA TREASURY NOTES	305,000	PAR VALUE	1.500% 2/15/2030	286,933	264,838
USA TREASURY NOTES	150,000	PAR VALUE	2.750% 2/15/2028	144,388	143,228
USA TREASURY NOTES	735,000	PAR VALUE	2.875% 8/15/2028	695,068	699,176
USA TREASURY NOTES	50,000	PAR VALUE	3.125% 11/15/2028	49,217	47,845
USA TREASURY NOTES	95,000	PAR VALUE	2.375% 5/15/2029	89,511	87,564

See the independent auditors' report.

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			(d) COST	(e) CURRENT VALUE
<b>TOTAL - U.S. GOVERNMENT AND AGENCY SECURITIES</b>				<b>8,722,710</b>	<b>8,588,927</b>
<b>CORPORATE DEBT SECURITIES</b>					
AT&T INC SER WI CALL	30,000 PAR VALUE	4.300%	2/15/2030	28,322	29,054
ABBVIE INC	50,000 PAR VALUE	4.950%	3/15/2031	49,282	49,990
ALLSTATE CORP	60,000 PAR VALUE	1.450%	12/15/2030	46,618	48,853
AMAZON.COM INC	50,000 PAR VALUE	2.100%	5/12/2031	41,390	42,705
AMERICAN ELECTRIC POWER	30,000 PAR VALUE	5.625%	3/1/2033	29,561	30,306
AMERICAN EXPRESS CO	35,000 PAR VALUE	5.070%	10/30/2031	36,819	37,411
AMERICAN EXPRESS CO UNSC	55,000 PAR VALUE	6.080%	2/16/2028	54,690	55,317
AMERICAN HONDA FINANCE UNSC	35,000 PAR VALUE	4.900%	3/13/2029	34,413	34,880
AMERIPRISE FINANCIAL INC	45,000 PAR VALUE	5.700%	12/15/2028	45,719	46,364
AUTOZONE INC	40,000 PAR VALUE	5.100%	7/15/2029	40,871	40,233
BANK OF AMERICA CORP	75,000 PAR VALUE	2.300%	6/14/2029	65,339	68,068
BANK OF AMERICA CORP	45,000 PAR VALUE	5.120%	7/22/2033	43,658	44,137
BANK OF MONTREAL	50,000 PAR VALUE	5.203%	2/1/2028	49,888	50,389
BANK OF NOVA SCOTIA	80,000 PAR VALUE	4.450%	9/8/2028	80,000	79,197
BRISTOL MYERS SQUIBB CO	50,000 PAR VALUE	5.750%	2/1/2031	51,384	52,003
CDW LLC/CDW FINANCE	65,000 PAR VALUE	4.250%	4/1/2028	63,354	62,987
CIGNA GROUP	50,000 PAR VALUE	5.000%	5/15/2029	49,165	49,960
CNH INDUSTRIAL CAP LLC COGT	50,000 PAR VALUE	3.950%	5/23/2025	49,134	49,825
CNH EQUIPMENT TRUST	109,467 PAR VALUE	2.830%	7/15/2027	106,525	108,469
CANADIAN IMPERIAL BANK	75,000 PAR VALUE	4.530%	9/11/2027	75,000	74,656
CAPITAL ONE FINANCIAL CO	55,000 PAR VALUE	1.990%	11/2/2027	46,724	51,971
CAPITAL ONE MULTI-ASSET EXECUTIVE	100,000 PAR VALUE	4.950%	10/15/2027	99,457	100,369
CISCO SYSTEMS INC	35,000 PAR VALUE	5.050%	2/26/2034	34,452	34,874
CITIGROUP INC	80,000 PAR VALUE	3.875%	3/26/2025	78,710	79,787
CITIGROUP INC	45,000 PAR VALUE	3.970%	1/10/2028	43,362	44,111
CITIGROUP INC	45,000 PAR VALUE	5.090%	5/24/2033	42,934	43,493
CITIGROUP INC	45,000 PAR VALUE	4.680%	9/19/2030	45,082	43,727
COCA-COLA CONSOLIDATED	30,000 PAR VALUE	5.250%	6/1/2029	30,050	30,418
COMMONWEALTH EDISON CO	35,000 PAR VALUE	5.300%	6/1/2034	34,875	35,085
CON EDISON CO OF NY INC	45,000 PAR VALUE	2.400%	6/15/2031	37,485	38,639
CROWN CASTLE INTL CORP	35,000 PAR VALUE	3.300%	7/1/2030	30,526	31,801
DIAMONDBACK ENERGY CO	45,000 PAR VALUE	5.150%	1/30/2030	44,402	45,096
DISCOVER CARD EXECUTION NOTE T	210,000 PAR VALUE	5.030%	10/15/2027	209,065	211,071
DOW CHEMICAL CO	45,000 PAR VALUE	4.800%	11/30/2028	44,046	44,747
DUKE ENERGY CORP	60,000 PAR VALUE	2.550%	6/15/2031	52,045	51,227
DUKE ENERGY PROGRESS LLC	50,000 PAR VALUE	2.000%	8/15/2031	39,884	41,377
ENBRIDGE INC	30,000 PAR VALUE	5.700%	3/8/2033	29,783	30,312
ENBRIDGE INC	35,000 PAR VALUE	5.250%	4/5/2027	34,827	35,417
ENERGY TRANSFER OPERATING	60,000 PAR VALUE	5.250%	4/15/2029	59,138	60,214
EXELON CORP	40,000 PAR VALUE	5.150%	3/15/2028	39,553	40,233
FISERV INC	45,000 PAR VALUE	4.200%	10/1/2028	42,765	43,767
FORD CREDIT AUTO OWNER TRUST	85,000 PAR VALUE	4.760%	7/15/2029	84,999	84,157
FOX CORP	45,000 PAR VALUE	4.709%	1/25/2029	43,738	44,449
GM FINANCIAL SECURITIZED TERM	125,000 PAR VALUE	4.470%	2/16/2028	123,433	124,996
GLOBAL PAYMENTS INC	75,000 PAR VALUE	4.950%	8/15/2027	73,936	75,102
GOLDMAN SACHS GROUP INC	115,000 PAR VALUE	2.060%	10/21/2027	105,208	109,110
HF SINCLAIR CORP	70,000 PAR VALUE	5.000%	2/1/2028	69,656	69,147
HP ENTERPRISE CO	60,000 PAR VALUE	4.550%	10/15/2029	59,936	58,487

See the independent auditors' report.

**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			(d) COST	(e) CURRENT VALUE
HONDA AUTO RECEIVABLES OWNER SERIE	139,000	PAR VALUE	4.660% 11/15/2027	137,952	139,901
HUNTINGTON BANCSHARES	50,000	PAR VALUE	4.490% 8/4/2028	48,076	49,488
INTEL CORP	70,000	PAR VALUE	4.875% 2/10/2028	70,348	69,643
INTERCONTINENTAL EXCHANGE	60,000	PAR VALUE	2.100% 6/15/2030	49,933	51,978
JP MORGAN CHASE & CO	80,000	PAR VALUE	2.870% 4/22/2031	67,819	70,477
JP MORGAN CHASE & CO	50,000	PAR VALUE	5.250% 7/24/2029	49,655	50,503
JP MORGAN CHASE & CO	50,000	PAR VALUE	4.970% 7/22/2028	49,991	50,159
KINDER MORGAN INC	35,000	PAR VALUE	5.000% 2/1/2029	34,327	34,881
KROGER CO	45,000	PAR VALUE	1.700% 1/15/2031	35,644	37,074
KROGER CO	30,000	PAR VALUE	5.000% 9/15/2034	30,072	29,055
LYB INT FINANCE III	50,000	PAR VALUE	1.250% 10/1/2025	46,935	48,686
MPLX LP	50,000	PAR VALUE	5.000% 3/1/2033	47,202	48,021
MARATHON PETROLEUM CORP	65,000	PAR VALUE	4.700% 5/1/2025	64,368	64,925
MARRIOTT INTERNATIONAL	40,000	PAR VALUE	4.875% 5/15/2029	38,987	39,852
MERCEDES-BENZ AUTO RECEIVABLES	81,490	PAR VALUE	4.510% 11/15/2027	80,513	81,500
MORGAN STANLEY	100,000	PAR VALUE	3.920% 1/24/2029	93,919	96,436
MORGAN STANLEY	40,000	PAR VALUE	3.440% 1/21/2033	33,170	34,271
NEXTERA ENERGY CAPITAL	30,000	PAR VALUE	2.750% 11/1/2029	26,237	27,207
NEXTERA ENERGY CAPITAL	65,000	PAR VALUE	6.510% 3/1/2025	65,205	65,115
NISOURCE INC	55,000	PAR VALUE	5.200% 7/1/2029	54,918	55,419
NISSAN AUTO RECEIVABLES OWNER	100,000	PAR VALUE	5.090% 11/15/2027	99,191	100,322
ORACLE CORP	40,000	PAR VALUE	2.950% 4/1/2030	34,932	36,108
PHILLIPS 66 CO	40,000	PAR VALUE	5.250% 6/15/2031	41,342	40,107
PROLOGIS LP	40,000	PAR VALUE	2.250% 4/15/2030	33,800	34,991
RTX CORPORATION	55,000	PAR VALUE	1.900% 9/1/2031	46,727	44,994
REALTY INCOME CORP	65,000	PAR VALUE	3.200% 1/15/2027	61,281	63,019
ROYAL BANK OF CANADA	55,000	PAR VALUE	5.050% 7/23/2027	54,987	55,252
SOUTHERN CO	45,000	PAR VALUE	1.750% 3/15/2028	39,216	40,821
STATE STREET CORP	35,000	PAR VALUE	4.860% 1/26/2026	34,773	34,995
STATE STREET CORP	25,000	PAR VALUE	5.100% 5/18/2026	24,874	25,039
SYSCO CORPORATION	40,000	PAR VALUE	5.950% 4/1/2030	41,859	41,663
T-MOBILE USA INC	50,000	PAR VALUE	3.750% 4/15/2029	45,548	46,668
TAKE-TWO INTERACTIVE	65,000	PAR VALUE	5.400% 6/12/2029	65,341	65,921
TORONTO DOMINION BANK	65,000	PAR VALUE	5.532% 7/17/2026	65,287	65,755
TORONTO DOMINION BANK	30,000	PAR VALUE	5.260% 9/10/2034	30,000	29,351
TOYOTA MOTOR CREDIT CORP	70,000	PAR VALUE	5.100% 3/21/2031	69,279	70,234
TOYOTA AUTO RECEIVABLES OWNER	175,000	PAR VALUE	5.330% 1/16/2029	174,975	177,387
TRUIST FINANCIAL CORPORATION	55,000	PAR VALUE	2.100% 6/7/2029	47,089	49,622
UNITED PARCEL SERVICE	30,000	PAR VALUE	5.150% 5/22/2034	29,951	29,936
US BANCORP	35,000	PAR VALUE	5.650% 6/12/2029	35,103	35,791
US BANCORP	50,000	PAR VALUE	5.730% 6/10/2033	49,589	50,970
UNITEDHEALTH GROUP INC	55,000	PAR VALUE	2.000% 5/15/2030	45,828	47,407
UNITEDHEALTH GROUP INC	40,000	PAR VALUE	4.950% 1/15/2032	40,951	39,549
VALERO ENERGY CORP	60,000	PAR VALUE	2.800% 12/1/2031	49,922	51,173
VERIZON MASTER TRUST	100,000	PAR VALUE	5.340% 4/22/2030	100,109	101,684
VISA INC	45,000	PAR VALUE	2.050% 4/15/2030	38,070	39,352
WELLS FARGO & CO	35,000	PAR VALUE	3.640% 3/24/2028	33,079	33,948
WELLS FARGO & CO	30,000	PAR VALUE	5.570% 7/25/2034	29,418	29,960
WELLS FARGO & CO	50,000	PAR VALUE	5.620% 4/22/2028	50,390	50,823
WESTPAC BKG CORP	85,000	PAR VALUE	4.400% 11/23/2031	82,844	83,660
WESTPAC BKG CORP	40,000	PAR VALUE	5.050% 4/16/2029	39,919	40,429

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**IBEW #271 NECA HEALTH & BENEFIT FUND**  
**EIN 20-0520351 PLAN #501**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**December 31, 2024**

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) COST	(e) CURRENT VALUE
<b>TOTAL - CORPORATE DEBT SECURITIES</b>		<u>5,482,148</u>	<u>5,559,510</u>
<b>REGISTERED INVESTMENT COMPANIES</b>			
ISHARES CORE S&P 500	2,370 SHARES	1,212,526	1,395,172
ISHARES CORE S&P MID-CAP	3,445 SHARES	199,655	214,658
ISHARES CORE S&P SMALL CAP	1,070 SHARES	113,413	123,285
ISHARES CORE MSCI EAFE ETF	3,562 SHARES	257,793	250,337
ISHARES CORE MSCI EMERGING MARKETS	5,559 SHARES	284,059	290,291
ISHARES MSCI INTL QUALITY	3,365 SHARES	129,583	124,909
SCHWAB INTERNATIONAL SMALL CAP	3,560 SHARES	124,870	122,215
WISDOMTREE U.S. QUALITY DIVI	1,682 SHARES	123,792	136,124
<b>TOTAL - REGISTERED INVESTMENT COMPANIES</b>		<u>2,445,691</u>	<u>2,656,991</u>
<b>TOTAL INVESTMENTS</b>		<u>16,955,639</u>	<u>17,110,518</u>

See the independent auditors' report.

**IBEW #271 NECA Health & Benefit Fund**  
**EIN 20-0520351 Plan # 501**  
**Schedule H, Line 4j**  
**Schedule of Reportable Transactions**  
**December 31, 2024**

(a) Identity of party involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Ishares Core S&P 500 ETF (series of transactions)	\$ 1,270,902	\$ -	\$ 1,270,902	\$ 1,270,902	\$ -
N/A	Ishares Core S&P 500 ETF (series of transactions)	\$ -	\$ 62,908	\$ 58,437	\$ 62,908	\$ 4,472
N/A	SPDR S&P 500 ETF Trust (single transaction)	\$ -	\$ 1,617,895	\$ 609,554	\$ 1,617,895	\$ 1,008,342
N/A	USA Treasury Notes 3.625% 5/15/2026 (series of transactions)	\$ 340,963	\$ -	\$ 340,963	\$ 340,963	\$ -
N/A	USA Treasury Notes 3.625% 5/15/2026 (series of transactions)	\$ -	\$ 914,092	\$ 910,482	\$ 914,092	\$ 3,610
N/A	USA Treasury Notes 2.875% 8/15/2028 (series of transactions)	\$ 787,915	\$ -	\$ 787,915	\$ 787,915	\$ -
N/A	USA Treasury Notes 2.875% 8/15/2028 (series of transactions)	\$ -	\$ 94,479	\$ 92,848	\$ 94,479	\$ 1,631
N/A	IAM Bank Sweep Collateralized (series of transactions)	\$ 1,265,759	\$ -	\$ 1,265,759	\$ 1,265,759	\$ -
N/A	IAM Bank Sweep Collateralized (series of transactions)	\$ -	\$ 960,669	\$ 960,669	\$ 960,669	\$ -

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