

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: IBEW LOCAL UNION 306 SUPPLEMENTAL HEALTH BENEFIT F
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): IBEW LOCAL UNION 306
2b Employer Identification Number (EIN): 34-0308380
2c Plan Sponsor's telephone number: 330-270-0453
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Charles J. Zittle Sr. (plan administrator), John C. Kellamis (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2204
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2204
	6a(2)	2508
	6b	
	6c	
	6d	2508
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	68

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan IBEW LOCAL UNION 306 SUPPLEMENTAL HEALTH BENEFIT F</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION 306</p>	<p>D Employer Identification Number (EIN) 34-0308380</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
4TH DISTRICT IBEW HEALTH FUND

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-6068797		N/A	2508	06/01/2024	05/31/2025

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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 Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1362881
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan IBEW LOCAL UNION 306 SUPPLEMENTAL HEALTH BENEFIT F	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION 306	D Employer Identification Number (EIN) 34-0308380	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BENESYS INC.

3660 STUTZ DRIVE, STE 101
CANFIELD, OH 44406

(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?
15 13	THIRD PARTY ADMINISTRATOR	29993	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)

FIFTH THIRD ASSET MANAGEMENT

5050 KINGSLEY DRIVE
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 19 51	INVESTMENT CUSTODIAN	17701	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)

PNC BANK

300 FIFTH AVENUE
PITTSBURGH, PA 15222

(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?
65	BANKING SERVICES	17493	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)

YURCHYK & DAVIS CPA'S, INC.

3701 BOARDMAN CANFIELD RD 2
CANFIELD, OH 44406

34-1638235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9100	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)

FAULKNER, HOFFMAN & PHILLIPS

20445 EMERALD PKWY
CLEVELAND, OH 44135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	6884	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan IBEW LOCAL UNION 306 SUPPLEMENTAL HEALTH BENEFIT F	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL UNION 306	D Employer Identification Number (EIN) 34-0308380

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	384550	596865
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	172177	156578
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	189809	189714
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	720136	413340
(2) U.S. Government securities	1c(2)	1931538	2226060
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3393606	2229404
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	163570	176728
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1998154	4270768
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	8953540	10259457
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1341	225
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	56345	62399
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	57686	62624
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8895854	10196833

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2003877	
(B) Participants.....	2a(1)(B)	651172	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2655049
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	38593	
(B) U.S. Government securities.....	2b(1)(B)	38057	
(C) Corporate debt instruments.....	2b(1)(C)	100448	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		177098
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	12075	
(B) Common stock.....	2b(2)(B)	1247	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	64145	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		77467
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3503335	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3477884	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		25451
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	97149	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		271711
c Other income	2c		2712
d Total income. Add all income amounts in column (b) and enter total.....	2d		3306637

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	525394	
(2) To insurance carriers for the provision of benefits	2e(2)	1362881	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1888275
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	29993	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	9100	
(5) Investment advisory and investment management fees	2i(5)	17701	
(6) Bank or trust company trustee/custodial fees	2i(6)	17493	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6884	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6481	
(11) Other expenses.....	2i(11)	29731	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		117383
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2005658

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1300979
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PACKER THOMAS**

(2) EIN: **34-1667340**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

I.B.E.W. LOCAL UNION 306
SUPPLEMENTAL HEALTH
BENEFIT FUND

AUDIT OF FINANCIAL STATEMENTS

For the years ended May 31, 2025 and 2024



PACKER · THOMAS
Certified Public Accountants & Business Consultants

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PACKER · THOMAS

Certified Public Accountants & Business Consultants

SINCE 1923

REPORT OF INDEPENDENT AUDITORS

TO BOARD OF TRUSTEES OF
I.B.E.W. LOCAL UNION 306 SUPPLEMENTAL HEALTH BENEFIT FUND

Opinion

We have audited the accompanying financial statements of I.B.E.W. Local Union 306 Supplemental Health Benefit Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of May 31, 2025, and the related statement of changes in net assets available for benefits for the year 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 of I.B.E.W. Local Union 306 Supplemental Health Benefit Fund as of May 31, 2025, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 I.B.E.W. Local Union 306 Supplemental Health Benefit Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the I.B.E.W. Local Union 306 Supplemental 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 fund instrument, including all fund amendments, administering the fund, and determining that the fund's transactions that are presented and disclosed in the financial statements are in conformity with the fund'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 I.B.E.W. Local Union 306 Supplemental 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 I.B.E.W. Local Union 306 Supplemental 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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

Prior Period Financial Statements

The financial statements of I.B.E.W. Local Union 306 Supplemental Health Benefit Fund as of May 31, 2024, were audited by other auditors whose report dated January 27, 2025, expressed an unmodified opinion on those statements.

A handwritten signature in black ink that reads "Parker Thomas". The signature is written in a cursive, flowing style.

Canfield, Ohio

March 2, 2026

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
**STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS**

	May 31,					
	2025			2024		
	Supplemental Health Benefit Fund	Medical Reimbursement Fund	Combined	Supplemental Health Benefit Fund	Medical Reimbursement Fund	Combined
ASSETS						
Cash	\$ 263,069	\$ 333,796	\$ 596,865	\$ 200,368	\$ 190,268	\$ 390,636
Investments at fair value	5,067,923	4,248,377	9,316,300	4,485,955	3,714,963	8,200,918
Receivables:						
Employer contributions	83,309	73,269	156,578	87,064	85,113	172,177
Interest	13,428	20,371	33,799	20,876	17,135	38,011
Other	-	38,644	38,644	-	38,644	38,644
Total receivables	96,737	132,284	229,021	107,940	140,892	248,832
Other assets:						
Prepaid 4th District Health Fund	111,492	-	111,492	111,720	-	111,720
Prepaid insurance	5,779	-	5,779	1,434	-	1,434
	117,271	-	117,271	113,154	-	113,154
TOTAL ASSETS	5,545,000	4,714,457	10,259,457	4,907,417	4,046,123	8,953,540
LIABILITIES						
Accounts payable - administration	225	-	225	1,341	-	1,341
Deferred income - participants	62,399	-	62,399	56,345	-	56,345
TOTAL LIABILITIES	62,624	-	62,624	57,686	-	57,686
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,482,376	\$ 4,714,457	\$ 10,196,833	\$ 4,849,731	\$ 4,046,123	\$ 8,895,854

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

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS

	Years ended					
	2025			2024		
	May 31,					
	Supplemental Health Benefit Fund	Medical Reimbursement Fund	Combined	Supplemental Health Benefit Fund	Medical Reimbursement Fund	Combined
ADDITIONS						
Investment income:						
Net realized and unrealized appreciation						
in fair value of investments	\$ 223,684	\$ 170,627	\$ 394,311	\$ 180,135	\$ 163,843	\$ 343,978
Interest and dividends	130,310	124,255	254,565	128,173	100,503	228,676
Total investment income	353,994	294,882	648,876	308,308	264,346	572,654
Less investment expenses	(9,473)	(8,228)	(17,701)	(11,395)	(10,104)	(21,499)
Net investment income	344,521	286,654	631,175	296,913	254,242	551,155
Contributions:						
Employer	1,068,592	935,285	2,003,877	964,468	854,856	1,819,324
Participant	651,172	-	651,172	612,595	-	612,595
Total contributions	1,719,764	935,285	2,655,049	1,577,063	854,856	2,431,919
Other income	541	2,171	2,712	942	4,825	5,767
TOTAL ADDITIONS	2,064,826	1,224,110	3,288,936	1,874,918	1,113,923	2,988,841
DEDUCTIONS						
Insurance premium - 4th district	1,362,881	-	1,362,881	1,314,985	-	1,314,985
Benefits paid directly to participants	-	525,394	525,394	-	644,872	644,872
Bank charges	17,193	300	17,493	7,381	317	7,698
Accountant's fee	9,100	-	9,100	9,900	-	9,900
Contract administrator fee	14,140	15,853	29,993	14,522	14,817	29,339
Postage	1,092	931	2,023	533	3,419	3,952
Office supplies and printing	1,743	12,757	14,500	1,877	12,173	14,050
Insurance	7,480	-	7,480	4,623	-	4,623
Attorney's fee	6,884	-	6,884	8,063	-	8,063
PCORI fee	4,452	-	4,452	4,346	-	4,346
Forfeitures	-	541	541	-	942	942
International foundation expense	6,481	-	6,481	1,195	-	1,195
Miscellaneous	735	-	735	-	-	-
TOTAL DEDUCTIONS	1,432,181	555,776	1,987,957	1,367,425	676,540	2,043,965
NET CHANGE	632,645	668,334	1,300,979	507,493	437,383	944,876
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAF	4,849,731	4,046,123	8,895,854	4,342,238	3,608,740	7,950,978
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAF	\$ 5,482,376	\$ 4,714,457	\$ 10,196,833	\$ 4,849,731	\$ 4,046,123	\$ 8,895,854

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

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

NOTE A – DESCRIPTION OF FUND

The following description of the I.B.E.W. Local Union 306 Supplemental Health Benefit Fund (the “Fund”) provides only general information. Participants should refer to the Fund agreement for a more complete description of the Fund's provisions.

General

Fund is a multi-employer health and welfare fund which provides a subsidy for insurance premiums through the Fourth District I.B.E.W. Health Fund for retired members and surviving spouse of deceased retired members and provides medical reimbursement accounts for active members of I.B.E.W. Local Union No. 306 (Union), located in Northeast Ohio. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974, ERISA, as amended.

Contributions

Contractors employing residential members of the Union contributed at the rate of \$0.71 per hour worked by members for the years ended May 31, 2025 and 2024. Contractors employing teledata members of the Union contributed at the rate of \$0.52 per hour worked by members as of May 31, 2025 and 2024. Contractors employing inside members of the Union contributed at the rate of \$2.00 per hour worked by members (\$1.00 of the contribution goes into members' individual medical reimbursement accounts) for the years ended May 31, 2025 and 2024. These rates are pursuant to the current collective bargaining agreement between employers and the Union. All contributions, except the \$1.00 for inside members that are applied to individual medical reimbursement accounts, are for the funding of supplemental health benefits for retirees.

To maintain healthcare coverage, participating retirees and beneficiaries are required to make monthly contributions to the Fund. The contribution rates in effect as of May 31, 2025 and 2024 are as follows:

	2025	2024
Retiree and spouse under 65	\$740.00	\$ 680.00
Retiree over 65 and spouse under 65	487.00	478.50
Retiree under 65 and spouse over 65	487.00	478.50
Retiree and spouse over 65	220.00	217.00
Single retiree over 65 or on social security disability retirement	110.00	108.50
Surviving spouse over 65	220.00	217.00
Single retiree under 65	377.00	370.00
Disability family coverage	754.00	740.00

Effective January 1, 2016, participants who become a member of the Union on or after January 1, 2016, the amount of the subsidy for retiree health care self-premium payments will be based upon a participant's years of service per a rate schedule found in the Fund's Summary Plan Description.

Participant Accounts

Participant accounts for active union members are credited with their portion of the monthly contractor contributions made for the medical reimbursement accounts. At the discretion of the Board of Trustees, investment earnings in excess of medical reimbursement account balances and fund expenses are allocated to each member based on their total account balance. Account fees have been suspended indefinitely due to investment income exceeding expenses. No individual account exists for retirees.

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

NOTE A – DESCRIPTION OF FUND (continued)

Vesting

All participants are immediately 100% vested in contributions made to the medical reimbursement accounts.

Benefits

The Fund provides a subsidy for insurance premiums through the Fourth District I.B.E.W. Health Fund to retired members and surviving spouses of deceased retired members of the Union. The subsidy is funded by contractor contributions made based on hours worked by current union members and contributions received directly from retirees or beneficiaries.

The Fund also provides medical reimbursement accounts for members who receive contractor contributions that are made pursuant to collective bargaining agreements between the Union and the contractors.

The definition of an "Eligible Retiree" means any employee who is retired from active employment under the collective bargaining agreement and (1) is at least 60 years of age; (2) during at least forty eight of the sixty months immediately prior to retirement has been eligible for benefits in the Fourth District I.B.E.W. Health Fund or successor Fund; and (3) is eligible for benefits in the Fourth District I.B.E.W. Health Fund in the month immediately preceding his/her month of retirement from active employment.

Forfeitures

If a covered employee's MRA account has no activity for a period of one year and the balance in the account is less than \$100, such account is forfeited and the balance reverts to the Fund's sub-trust to help offset plan expenses. Forfeited accounts totaled \$541 and \$942 for the years ended May 31, 2025 and 2024, respectively.

Fund Termination

Although it has not expressed any intention to do so, the Trustees have the right under the Fund to modify, suspend, or terminate the Fund for any reason at any time, subject to the provisions of ERISA. In the event of Fund termination, the Trustees shall give priority to payment of any unpaid expenses, including expenses involved in termination. Any remaining funds will be used to pay premiums on policies existing to provide benefits to participants.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Fund are prepared using the accrual method of accounting.

Use of Estimates

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

Payments of Benefits

Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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

Contributions Receivable

Employer contributions receivable as of year-end are accrued based on analysis of subsequent employer remittances.

Administrative Expenses

Generally all administrative and recordkeeping fees are paid in whole by the Fund.

NOTE C – FAIR VALUE MEASUREMENTS

Financial accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. 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 fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 fair value inputs are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly. Observable inputs include quoted market prices in active markets for similar assets, quoted prices in markets that are not active for identical or similar assets and other market observable inputs such as interest rate, credit spread and foreign currency exchange rates observable in the marketplace or derived from market transactions.

Level 3 fair values are based on at least one significant unobservable input for the asset. Level 3 securities contain unobservable market inputs and as a result considerable judgment may be used in determining the fair values.

Certain investments are measured at fair value using the net asset value (NAV) per share, or its equivalent, as a practical expedient. These investments include commingled funds which may include money market funds, common collective trusts and pooled separate accounts which are typically valued using the NAV provided by the administrator of the fund. The Fund assets include money market funds. In accordance with accounting guidance, these investments have not been classified in the fair value hierarchy.

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 May 31, 2025 and 2024.

Mutual funds: Valued at quoted market prices on the last business day of the Fund year.

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

NOTE C – FAIR VALUE MEASUREMENTS (continued)

Corporate bonds: Valued using pricing models using observable inputs for similar securities. This includes basing value on yields available on comparable securities of issuers with similar credit ratings.

Government securities: Valued using pricing models using observable inputs for similar securities.

Preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Money market: As a practical expedient, valued at the NAV of shares held by the Fund at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the 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 set forth by level, within the fair value hierarchy, the Fund’s assets at fair value as of May 31, 2025 and 2024:

Assets Measured at Fair Value at May 31, 2025 on a Recurring Basis

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at fair value:				
Mutual funds	\$ 4,270,768	\$ -	\$ -	\$ 4,270,768
Preferred stock	176,728	-	-	176,728
Corporate bonds	-	2,229,404	-	2,229,404
Government securities	-	2,226,060	-	2,226,060
Subtotal investments at fair value	4,447,496	4,455,464	-	8,902,960
Investments at net asset value:				
Money market				413,340
Subtotal investments at net asset value				413,340
Total				\$ 9,316,300

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

NOTE C – FAIR VALUE MEASUREMENTS (continued)

Assets Measured at Fair Value at May 31, 2024 on a Recurring Basis

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at fair value:				
Mutual funds	\$ 1,998,154	\$ -	\$ -	\$ 1,998,154
Preferred stock	163,570	-	-	163,570
Corporate bonds	-	3,393,606	-	3,393,606
Government securities	-	1,931,538	-	1,931,538
Subtotal investments at fair value	2,161,724	5,325,144	-	7,486,868
Investments at net asset value:				
Money market				714,050
Subtotal investments at net asset value				714,050
Total				<u>\$ 8,200,918</u>

NOTE D – TAX STATUS

The Fund was designed to be in compliance with the applicable requirements of the Internal Revenue Code for tax exempt status under Section 501(c)(9). The Board of Trustees believes that the Fund continues to qualify as exempt from income taxes and consequently, no provision for income taxes has been included in the Fund’s financial statements.

NOTE E – RISKS AND UNCERTAINTIES

The Fund provides various investment options which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the 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.

NOTE F – CONCENTRATION OF RISK

The Fund maintains deposits in a financial institution that at times exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation. The Fund believes that there is no significant risk with respect to these deposits.

For the Fund year ended May 31, 2025, the Fund received 50% of its contributions from four employers. For the Fund year ended May 31, 2024, the Fund received 44% of its contributions from three employers. Loss of employment to Union members at these employers would result in a significant reduction in contributions to the Fund.

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

NOTE G – PARTY-IN-INTEREST AND RELATED PARTIES

Certain parties provide services or have fiduciary responsibilities to the Fund, including the Fund Sponsor. These services are parties-in-interest transactions.

NOTE H – SUBSEQUENT EVENTS

The Fund evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through March 2, 2026, which is the date the financial statements were available to be issued.

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 34-0308380
Plan Number: 501
May 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Federal Farm Credit Bank	0.57%, matures 8/12/25	\$ 199,750	\$ 198,469	
Federal Farm Credit Bank	0.68%, matures 1/13/27	49,925	47,336	
Federal Farm Credit Bank	0.69%, matures 2/2/27	147,376	141,778	
Federal Farm Credit Bank	4.05%, matures 5/17/29	49,925	49,416	
Federal Farm Credit Bank	2.15%, matures 12/1/31	24,900	21,896	
Fannie Mae	2.125%, matures 4/24/26	48,434	49,094	
Fannie Mae	1.875%, matures 9/24/26	47,200	48,618	
Fannie Mae	0.87%, matures 9/28/28	49,970	45,093	
Federal Natl Mtg Assn	5%, matures 11/25/35	168,909	169,430	
Freddie Mac	4.5%, matures 9/25/54	145,711	135,354	
Freddie Mac	3.5%, matures 7/25/33	105,533	108,180	
Freddie Mac	4.125%, matures 2/27/29	49,709	49,602	
FHLMC REMIC	5%, matures 2/25/36	97,693	98,453	
FN FS3743	3%, matures 9/1/42	126,742	128,153	
Ginnie Mae	4.5%, matures 1/20/35	87,700	87,692	
United States Treasury Note	6.5%, matures 11/25/26	12,825	10,397	
United States Treasury Note	6.875%, matures 8/15/25	12,755	10,057	
United States Treasury Note	1.875%, matures 2/15/32	96,078	86,727	
United States Treasury Note	1.125%, matures 2/15/31	42,023	42,715	
United States Treasury Note	1.375%, matures 11/15/31	48,287	42,222	
United States Treasury Note	2%, matures 11/15/26	14,242	14,575	
United States Treasury Note	2.75%, matures 5/15/32	45,727	45,549	
United States Treasury Note	3.5%, matures 2/15/33	100,184	95,231	
United States Treasury Note	3.375%, matures 5/15/33	96,462	94,137	
United States Treasury Note	4%, matures 2/15/34	73,427	73,280	
United States Treasury Note	4.125%, matures 11/30/31	73,579	74,959	
United States Treasury Note	2.25%, matures 11/15/25	50,160	49,541	
United States Treasury Note	1.625%, matures 5/15/26	27,401	29,295	
United States Treasury Note	1.5%, matures 8/15/26	27,222	29,098	
United States Treasury Note	4.375%, matures 11/30/30	74,871	76,257	
Tennessee VY Auth	4.375%, matures 8/1/34	74,647	73,456	
TOTAL GOVERNMENT SECURITIES		2,269,367	2,226,060	
Altria Group Inc	4.8%, matures 2/14/29	12,331	12,043	
Allstate Corp	1.45%, matures 12/15/30	69,951	63,300	
Amazon Com Inc	3.15%, matures 8/22/27	23,867	24,493	
Amgen Inc	2.6%, matures 8/19/26	13,678	14,690	
Amgen Inc Sr Nt	5.25%, matures 3/2/33	24,919	25,229	
Anheuser-busch Inbev Worldwide	4.75%, matures 1/23/29	24,661	25,351	
Apple Inc	3.2%, matures 5/11/27	23,870	24,585	
Apple Inc Sr Nt	4.3%, matures 5/10/33	24,978	24,837	
AT&T Inc	4.25%, matures 3/1/27	20,155	19,941	
AT&T Inc	4.35%, matures 3/1/29	27,395	24,880	
Baker Hughes	3.337%, matures 12/15/27	67,327	68,472	
Bank Amer Corp Sr Nt Fxd/ftg	VAR%, matures 4/22/32	42,070	44,159	
Blackrock Inc	2.4%, matures 4/30/30	45,295	45,634	
Boeing Co Nt	3.2%, matures 3/1/29	20,727	18,922	
Cigna Corp New	4.375%, matures 10/15/28	67,985	59,665	
Cintas Corp No 2	4%, matures 5/1/32	23,993	23,880	
Coca Cola Co Sr Gbl Nt	3.45%, matures 3/25/30	46,627	48,354	
Commonwealth Edison Co 1m Gbl	3.7%, matures 8/15/28	102,596	98,387	
Conocophillips Co	5.05%, matures 9/15/33	49,228	50,006	
Dowdupont Inc	4.725%, matures 11/15/28	28,962	25,318	

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 34-0308380
Plan Number: 501
May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Ebay Inc	3.6%, matures 6/5/27	78,316	73,881
	Goldman Sachs Group Inc	VAR%, matures 2/24/33	43,174	44,159
	Goldman Sachs Group Inc	VAR%, matures 3/15/28	99,257	98,212
	Intel Corp	4.15%, matures 8/5/32	46,780	46,496
	International Business Machs	7%, matures 10/30/25	32,546	25,262
	JPMorgan Chase & Co	VAR%, matures 10/23/29	49,623	52,214
	JPMorgan Chase & Co	VAR%, matures 10/23/34	49,420	53,466
	JPMorgan Chase & Co	VAR%, matures 4/26/33	48,067	48,739
	Lowes Cos Inc	2.625%, matures 4/1/31	42,648	44,580
	Meta Platforms Inc	4.6%, matures 5/15/28	24,818	25,403
	Morgan Stanley	VAR%, matures 4/21/34	49,352	49,964
	Morgan Stanley Fr	3.125%, matures 7/27/26	46,958	49,236
	National Rural Utils Coop Fin	5%, matures 2/7/31	49,880	50,744
	Nextera Energy Cap Hldgs Inc	5.05%, matures 2/28/33	49,676	49,723
	Nextera Energy Cap Hldgs Inc	5.25%, matures 3/15/34	49,591	49,690
	Nisource Inc	5.35%, matures 4/1/34	49,879	50,163
	Northern Tr Corp Sub Nt	6.125%, matures 11/2/32	73,743	79,826
	Oracle Corp Sr Nt	2.65%, matures 7/15/26	15,136	14,686
	Oracle Corp Sr Nt	2.65%, matures 7/15/26	25,167	24,476
	Pnc Finl Svcs Group Inc Sr Nt	3.15%, matures 5/19/27	54,420	48,899
	Precision Castparts Corp Sr Nt	3.25%, matures 6/15/25	153,690	139,931
	Prudential Finl Inc Medium	2.1%, matures 3/10/30	43,956	45,130
	Qualcomm Inc	3.25%, matures 5/20/27	32,960	34,422
	Schwab Charles Corp	4%, matures 2/1/29	26,973	24,792
	Stryker Corp	3.375%, matures 11/1/25	69,380	64,665
	Time Warner Inc Sr Nt	3.8%, matures 2/15/27	84,471	81,838
	Virginia Elec & Pwr Sr Gbl Nt	3.5%, matures 3/15/27	47,923	49,392
	Wells Fargo & Co Medium Term	VAR%, matures 3/2/33	65,162	67,269
TOTAL CORPORATE BONDS			2,263,581	2,229,404
	Renaissancere Hldgs Ltd	Preferred Stock	22,642	19,488
	Affiliated Managers Group Inc	Preferred Stock	25,000	23,330
	Athene Hldg Ltd	Preferred Stock	37,440	37,050
	Carlyle Fin L L C	Preferred Stock	36,331	33,740
	Huntington Bancshares Inc	Preferred Stock	36,870	37,140
	M & T Bk Corp	Preferred Stock	25,050	25,980
TOTAL PREFERRED STOCK			183,333	176,728
	iShares	MSCI ACWI Index Fd	438,190	494,600
	iShares	Core S&P 500 Etf	727,681	1,132,191
	iShares	MSCI USA Min Vol Factor	288,598	397,417
	Vaneck	Morningstar Wide Moat Etf	260,933	259,927
	Vanguard	Dividend Appreciation Etf	464,261	633,376
	Ishares	Core S&P Mid-Cap Etf	157,624	195,130
	Janus Henderson	AAA CLO ETF	212,966	213,150
	PIMCO	Mortgage Opportunities and BdInstl	304,947	302,139
	iShares	Core S&P Small-Cap Etf	199,644	179,129
	iShares	Core MSCI EAFE	265,070	321,984
	iShares	Core MSCI Emk Etf	127,485	141,725
TOTAL MUTUAL FUNDS			3,447,399	4,270,768

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 34-0308380
 Plan Number: 501
 May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Federated	Government Obligations Premier	413,340	413,340
TOTAL MONEY MARKET			413,340	413,340
TOTAL INVESTMENTS			\$ 8,577,020	\$ 9,316,300

* Party-in-interest

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 34-0308380

Plan Number: 501

May 31, 2025

(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)
<u>Category (i) - Single Transaction Exceeds 5% of Value</u>						
Federated	Government Obligations Premier	\$ -	\$ 475,690	\$ 475,690	\$ 475,690	\$ -
<u>Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value</u>						
Federated	Government Obligations Premier	\$ 1,363,069	\$ 1,663,779	\$ 1,663,779	\$ 3,026,848	\$ -

There were no Category ii or iv transactions during the year.

* A party-in-interest as defined by ERISA



PACKER · THOMAS
Certified Public Accountants & Business Consultants

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 34-0308380
Plan Number: 501
May 31, 2025

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I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 34-0308380
Plan Number: 501
May 31, 2025

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	Prudential Finl Inc Medium	2.1%, matures 3/10/30	43,956	45,130
	Qualcomm Inc	3.25%, matures 5/20/27	32,960	34,422
	Schwab Charles Corp	4%, matures 2/1/29	26,973	24,792
	Stryker Corp	3.375%, matures 11/1/25	69,380	64,665
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	Affiliated Managers Group Inc	Preferred Stock	25,000	23,330
	Athene Hldg Ltd	Preferred Stock	37,440	37,050
	Carlyle Fin L L C	Preferred Stock	36,331	33,740
	Huntington Bancshares Inc	Preferred Stock	36,870	37,140
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	iShares	Core S&P 500 Etf	727,681	1,132,191
	iShares	MSCI USA Min Vol Factor	288,598	397,417
	Vaneck	Morningstar Wide Moat Etf	260,933	259,927
	Vanguard	Dividend Appreciation Etf	464,261	633,376
	Ishares	Core S&P Mid-Cap Etf	157,624	195,130
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	iShares	Core MSCI EAFE	265,070	321,984
	iShares	Core MSCI Emk Etf	127,485	141,725
TOTAL MUTUAL FUNDS			3,447,399	4,270,768

I.B.E.W. Local Union 306 Supplemental Health Benefit Fund
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 34-0308380
 Plan Number: 501
 May 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Federated	Government Obligations Premier	413,340	413,340
TOTAL MONEY MARKET			413,340	413,340
TOTAL INVESTMENTS			\$ 8,577,020	\$ 9,316,300

* Party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>06/01/2024</u> and ending <u>05/31/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information	
1a Name of plan IBEW LOCAL UNION 306 SUPPLEMENTAL HEALTH BENEFIT F	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 06/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IBEW LOCAL UNION 306 3660 STUTZ DRIVE CANFIELD OH 44406	2b Employer Identification Number (EIN) 34-0308380
	2c Plan Sponsor's telephone number 330-270-0453
	2d Business code (see instructions) 525100

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

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

SIGN HERE		3/5/2026	Charles J. Little Sr
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/9/2026	John C. Kellamis
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	2,204
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,204
a (2) Total number of active participants at the end of the plan year	6a(2)	2,508
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,508
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	68

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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I.B.E.W. Local Union 306 Supplemental Health Benefit Fund

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 34-0308380

Plan Number: 501

May 31, 2025

(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)
<u>Category (i) - Single Transaction Exceeds 5% of Value</u>						
Federated	Government Obligations Premier	\$ -	\$ 475,690	\$ 475,690	\$ 475,690	\$ -
<u>Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value</u>						
Federated	Government Obligations Premier	\$ 1,363,069	\$ 1,663,779	\$ 1,663,779	\$ 3,026,848	\$ -

There were no Category ii or iv transactions during the year.

* A party-in-interest as defined by ERISA