

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/30/2024

- 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... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: EXCAVATING AND BUILDING MATERIAL DRIVERS UNION LOCAL 436 WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/01/1952
2a Plan sponsor's name: BOARD OF TRUSTEES OF EXCAVATING UNION LOCAL 436 WELFARE FUND
2b Employer Identification Number (EIN): 34-0821253
2c Plan Sponsor's telephone number: 419-254-3322
2d Business code: 237990

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and 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	178
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)	120
	6a(2)	0
	6b	0
	6c	0
	6d	0
	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	0

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F

9a Plan funding arrangement (check all that apply)	9b 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)

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 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 **01/01/2024** and ending **09/30/2024**

<p>A Name of plan EXCAVATING AND BUILDING MATERIAL DRIVERS UNION LOCAL 436 WELFARE FUND</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 BOARD OF TRUSTEES OF EXCAVATING UNION LOCAL 436 WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 34-0821253</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
CLEVELAND BAKERS & TEAMSTERS H&W 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
34-0753693		NA		01/01/2024	01/10/2024

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.

(a) Total amount of commissions paid	(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) 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

(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

(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.
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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. Specify nature of costs ▶	6d	

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)	
	7c(6)	
(6) Total additions	7c(6)	
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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	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) ▶

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	38038
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.	10b	

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. ▶

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/30/2024	
A Name of plan EXCAVATING AND BUILDING MATERIAL DRIVERS UNION LOCAL 436 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF EXCAVATING UNION LOCAL 436 WELFARE FUND	D Employer Identification Number (EIN) 34-0821253

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	53018	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24492	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14105	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	525287	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	489200	
(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	3922	
f Total assets (add all amounts in lines 1a through 1e).....	1f	1110024	
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	4443	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	219099	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	223542	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	886482	0

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)	32824	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		32824
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	58	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		58
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	606
d Total income. Add all income amounts in column (b) and enter total	2d	33488

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	38038
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	38038
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)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	175
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	4039
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	4214
j Total expenses. Add all expense amounts in column (b) and enter total	2j	42252

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-8764
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	877718

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: YURCHYK & DAVIS CPA'S, INC.

(2) EIN: 34-1638235

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	
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.			

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 0.

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)
OHIO CONTRACTORS ASSOCIATION HEALTH & WELFARE PLAN	31-0894937	501

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 _____.

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Report on Audit of Financial Statements and
Supplementary Information

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, OH 44406
Telephone: (330) 533-5000

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

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Independent Auditor's Report

To the Board of Trustees of
Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund

Opinion

We have audited the financial statements of Excavating, Building Materials and Construction Drivers Union Local 436 Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits for the periods then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Excavating, Building Materials and Construction Drivers Union Local 436 Health and Welfare Fund as of September 30, 2024 and December 31, 2023, and the changes in its net assets available for benefits for the periods then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Excavating, Building Materials and Construction Drivers Union Local 436 Health and Welfare 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 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 Excavating, Building Materials and Construction Drivers Union Local 436 Health and Welfare 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 GAAS will always detect a material misstatement when

it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Excavating, Building Materials and Construction Drivers Union Local 436 Health and Welfare 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 Excavating, Building Materials and Construction Drivers Union Local 436 Health and Welfare 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.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative and reimbursed expenses as of September 30, 2024 and December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule reportable transactions as of September 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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.



Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
November 15, 2024

**Excavating, Building Material and Construction Drivers
Union Local 436 Health and Welfare Fund**

Statements of Net Assets Available for Benefits

September 30, 2024, and December 31, 2023

ASSETS

	<u>9/30/2024</u>	<u>12/31/2023</u>
Investments, at Fair Value:		
Money Market	\$ -	\$ 1,943
Mutual Funds	-	489,200
Total Investments, at Fair Value	<u>-</u>	<u>491,143</u>
Receivables and Prepaids:		
Contributions Receivable	-	24,492
Retiree Self-Pay Contributions	-	12,615
Prepaid Expenses	-	1,490
Total Receivables	<u>-</u>	<u>38,597</u>
Property and Equipment		
Office Equipment and Fixtures	-	25,936
Less: Accumulated Depreciation	<u>-</u>	<u>(22,014)</u>
Total Property and Equipment, net	<u>-</u>	<u>3,922</u>
Cash	<u>-</u>	<u>576,362</u>
Total Assets	<u>-</u>	<u>1,110,024</u>

LIABILITIES

Liabilities - Current:		
Accrued Expenses	<u>-</u>	<u>223,542</u>
Total Current Liabilities	<u>-</u>	<u>223,542</u>
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 886,482</u>

The accompanying notes are an integral part of these statements.

**Excavating, Building Material and Construction Drivers
Union Local 436 Health and Welfare Fund**

Statements of Changes in Net Assets Available for Benefits

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

	9/30/2024	12/31/2023
Additions to Net Assets Attributable to:		
Investment Income:		
Interest and Dividends	\$ 58	\$ 25,894
Net Appreciation in Fair Value of Investments	-	12,238
Total Investment Income	58	38,132
Contributions:		
Employers' Contributions	32,824	2,366,963
Participant Contributions	-	245,152
Total Contributions	32,824	2,612,115
Other Income	606	2,046
Total Additions	33,488	2,652,293
Deductions from Net Assets Attributable to:		
Medical Insurance Premiums	38,038	2,157,464
Health Care Claims Paid, Net of Reimbursement	-	700
Medicare Supplement Premiums	-	171,349
Life Insurance Premiums	-	366
Employer Withdrawal Liability Payment to Pension Fund	-	500,000
Administrative Expenses	4,214	326,473
Total Deductions	42,252	3,156,352
Net (Decrease) Before Transfer	(8,764)	(504,059)
Assets Transferred (out of) Plan	(877,718)	-
Net Assets Available for Benefits, Beginning of Year	886,482	1,390,541
Net Assets Available for Benefits, End of Year	\$ -	\$ 886,482

The accompanying notes are an integral part of these statements.

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Notes to Financial Statements

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

NOTE A – DESCRIPTION OF THE PLAN

The following brief description of the Excavating, Building Material and Construction Drivers Union Local 436 Health and Welfare Fund (the “Plan”) is provided for general informational purposes only. Participants should refer to the Fund Agreement for more complete information.

General – The Plan is a multiemployer employee welfare benefit plan in which contribution amounts are established by the Board of Trustees and by collective bargaining agreements between employers and the union. It is subject to the provisions of ERISA, as amended.

Plan Benefits – Effective January 1, 2020, the Plan joined in The Cleveland Bakers & Teamsters (CBT) Health and Welfare Fund. The CBT health plan provided better benefits to the Plan members at less cost which is beneficial to the Plan. A lump sum payment of \$569,891 was made to the CBT Plan on March 2, 2020 which will grant Plan participants the right to elect retiree coverage so long as they meet the requirements imposed by CBT. The Board of Trustees approved the payment to CBT and the switch to the CBT Health and Welfare Plan at their meeting on October 17, 2019.

During the periods ended September 30, 2024 and December 31, 2023, the Plan provides benefits to eligible participants, which are subject to periodic review by the Board of Trustees. During the periods ended September 30, 2024 and December 31, 2023, the Plan’s medical and prescription drug benefits were fully insured by Anthem Blue Cross and Blue Shield, which cover claims incurred on an annual renewable basis. Vision benefits, short-term disability and prescription drug benefits (for a specific group of prior retirees only) were funded from the Plan’s assets. Retired participants are eligible for benefits in excess of Medicare coverage provided they have attained age 62 and 15 years of credited service, and had contributions made to the Welfare Fund for eight of the ten years immediately prior to retirement. The costs of the postretirement benefit plan are shared by the Plan’s participating employers and retirees. Retired participants are eligible for Medicare Advantage benefits through Anthem Blue Cross and Blue Shield so long as they have achieved age 65 (or are otherwise eligible for Medicare benefits), have been participants in the Welfare Fund for fifteen years prior to retirement and have had contributions made to the Welfare Fund on their behalf for eight of the ten years immediately before retirement. Retirees who are not eligible for Medicare have the option to enroll in the CBT pre-Medicare retiree plan but must have twenty years participation in the Welfare Fund and/or the CBT Fund upon retirement. In addition to deductibles and copayments, retiree monthly self-pay contributions during the periods ended September 30, 2024 and December 31, 2023 were as follows:

	9/30/2024	12/31/2023
Non-Medicare Retirees HMO	\$ -	\$ 249
Non-Medicare Retirees POS	-	591
Medicare Retirees	-	250
Plan RC Retirees	-	115

The Plan also provides for health benefits to participants during periods of unemployment provided they have accumulated in the current year or in prior years credit amounts (expressed in weeks) in excess of the hours required for current coverage. Accumulated eligibility credits equal to twenty-four weeks of coverage would accumulate as long as the participants remains a participant plus one year after leaving 436 employment as long as certain conditions are met, effective January 1, 2020.

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Notes to Financial Statements

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

NOTE A – DESCRIPTION OF THE PLAN – CONTINUED

Plan Termination – While the Board of Trustees of the Plan has no expressed any intent to discontinue the Plan, it is free to do so at any time. In the event such discontinuance results in the termination of the Plan, assets are to be used for payment of benefits and administrative expenses until such assets are exhausted, subject to the provisions set forth in ERISA.

Merger – On August 18, 2023, the Board of Trustees, which is the controlling group of the Plan, approved the merger of this Plan into the Teamsters Ohio Contractors Association Health and Welfare Plan (“OCA”), effective January 1, 2024. As a result, all assets were transferred from the Plan into OCA.

Contributions – Employers contribute to the Plan based upon negotiated rates for hours worked by covered employees during the year subject to the provisions of a written document. The Plan includes postretirement benefits, the costs of which are shared by the Plan’s participating employers and retirees. Retired participants’ monthly contributions vary depending upon the plan terms applicable to their benefit.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates- The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash Equivalents – The Plan considers checking accounts to be cash equivalents. Other short-term liquid investments are considered to be investments.

Receivables – Receivables from employers are recorded at the amount the Plan expects to collect on balances outstanding at year-end.

Investment Valuation, Income Recognition and Fair Value Measurements – 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 the trade date. Dividends and interest income are recorded on the accrual basis of accounting. Net appreciation (depreciation) of the fair value of investments consists of unrealized appreciation (depreciation) of investments held during the year and the realized gain or loss on investments sold during the year.

Property and Equipment - Property and equipment, consisting of computer systems, office equipment and furniture and fixtures, is stated at cost. Expenditures for long-lived assets and significant improvements costing in excess of \$500 are capitalized. Depreciation is provided on the straight-line method over estimated useful lives ranging from 3 to 10 years. Depreciation expense for the periods ended September 30, 2024 and December 31, 2023 was \$0 and \$4,040, respectively.

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Notes to Financial Statements

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Payment of Benefits – Premiums paid by the Plan to Cleveland Bakers & Teamsters (CBT) Health and Welfare Fund are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Premiums paid by the Plan to The Guardian Life Insurance Company of America for long term disability coverage, as well as premiums paid by the Plan to Anthem for dental coverage, are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Estimated Future Benefits - The future benefits liability includes the amount of benefits that are attributable under the provisions of the Plan to employees' accumulated eligibility credits. This amount is estimated by averaging the annual cost of benefits per person and applying such average to eligible participants for the benefit period as specified in the Plan document. Eligibility credits accumulated for participants whose employers withdraw from the Plan are forfeited upon withdrawal, as are unused accumulated credits for retired participants retiring on or after January 1, 2007.

Administrative Expenses – The Plan's expenses are paid by the Plan as provided by the plan document. Expenses incurred in connection with the general administration of the Plan and investment related expenses that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits.

Subsequent Events – The Plan has evaluated subsequent events through November 15, 2024, the date the financial statements were available to be issued.

Postretirement Benefit Obligations - During the year ended December 31, 2020, the Plan started to participate in The Cleveland Bakers & Teamsters (CBT) Health and Welfare Fund to help save members cost and lessen the burden of benefits costs of the Plan, which in effect made the postretirement obligation for the Plan go to zero. The Plan paid to be in the CBT Health and Welfare Fund which changed the risk of loss for postretirement benefits to CBT welfare fund.

NOTE C – 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs in to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has 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 active markets;
- Inputs other than quoted prices that are observable for the asset or liability;

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Notes to Financial Statements

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

NOTE C – FAIR VALUE MEASUREMENTS - CONTINUED

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If an 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 measurement.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation of the method used for assets measured at fair value. There have been no changes on the methodologies used at September 30, 2024 and December 31, 2023.

Mutual Funds and Money Market Funds - Valued at the daily closing price reported by the Fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds are deemed to be actively traded.

The following table sets forth, by level within fair value hierarchy, the Plan’s investments at fair value at September 30, 2024 and December 31, 2023.

Assets at Fair Value as of September 30, 2024		
	Level 1	Total
Mutual Funds	\$ -	\$ -
Money Market Funds	-	-
Total assets in the Fair Value hierarchy	-	-
Investments measured at NAV	-	-
Total Investments, at Fair Value	\$ -	\$ -
Assets at Fair Value as of December 31, 2023		
	Level 1	Total
Mutual Funds	\$ 489,200	\$ 489,200
Money Market Funds	1,943	1,943
Total assets in the Fair Value hierarchy	491,143	491,143
Investments measured at NAV	-	-
Total Investments, at Fair Value	\$ 491,143	\$ 491,143

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Notes to Financial Statements

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

NOTE D – INVESTMENTS

The Plan's investments are held in a brokerage account.

NOTE E – BENEFIT OBLIGATIONS

Due to the Plan merging into OCA effective January 1, 2024, The Plan's benefit obligations for the periods ended September 30, 2024 and December 31, 2023 were \$0 and \$0, respectively.

NOTE F – TAX STATUS

The Plan was established in 1952 and did not require formal application and determination by the Internal Revenue Service of its tax-exempt status under provisions of Section 501(c)(9) of the Internal Revenue Code. The initial and subsequent annual filings of information tax return Form 990 serve as the Plan's formal declaration of exempt status. The Plan has been amended since its inception; however, the plan administrator and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G – RELATED PARTY TRANSACTIONS

The Plan has common trustees with, and provides, under a cost allocation agreement, facilities, office and administrative staff and their support, printing, computer and other services to the Building Material Drivers Local 436 Pension Fund (Pension Fund). The Plan charges the Pension Fund an administration fee based upon specific criteria as set forth in the cost allocation agreement as contained in the board minutes of the respective funds. These criteria include hours worked, square footage, actual usage and other allocation methods as deemed appropriate by the administrator with the concurrence and ratification by the trustees. Total net reimbursed expenses, for the periods ended September 30, 2024 and December 31, 2023 amounted to \$0 and \$279,816, respectively.

The Welfare and Pension Funds (the Funds) entered into an operating lease agreement with Excavating, Building Material, Construction Drivers, Race Track Employees, Public Employees, Manufacturing, Processing, Assembling and Installer Employees, Lake, Geauga, Cuyahoga Counties and Vicinity, Ohio Local Union No. 436 (Local Union 436) for rental of the Fund's current office space and shared common areas of the building occupied, cancellable after 180 days' notice. This lease, cancelable after 180 days' notice, provides for minimum annual rentals plus contingent annual rentals based on the Funds' pro-rata share of operating expenses allotted to common and shared areas. A three-year lease, cancelable after 180 days' notice, was signed on November 18, 2022 with a base rent of \$2,331 per month. Allocation of the rent expense between the Welfare and Pension Funds has been computed under the cost allocation agreement discussed above, resulting in \$0 charged to the Welfare Fund for the period from January 1, 2024 to September 30, 2024, and \$27,969 for the year ended December 31, 2023.

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Notes to Financial Statements

For the Nine Months Ended September 30, 2024, and
For the Year Ended December 31, 2023

NOTE H – CONCENTRATION OF CREDIT RISK

The Plan collects contributions under collective bargaining agreements negotiated with companies located throughout Ohio. Its reported revenues depend in part on the level of employment and economic conditions affecting its employer companies as well as fluctuations in the market value of its investments.

Checking accounts are maintained at local commercial banks. The Federal Deposit Insurance Corporation guarantees accounts against loss up to \$250,000. From time to time during the year, the balance in the Plan's checking accounts exceeds the FDIC limits.

NOTE I – RISKS AND UNCERTAINTIES

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

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

Supplementary Information

Schedule of Administrative and Reimbursed Expenses
Schedule of Reportable Transactions

**Excavating, Building Material and Construction Drivers
Union Local 436 Health and Welfare Fund**

Supplemental Schedule of Administrative and Reimbursed Expenses

September 30, 2024, and December 31, 2023

Net Expenses Reimbursed to the Welfare Fund	Administrative Expenses		Allocation to Pension Fund	
	9/30/2024	12/31/2023	9/30/2024	12/31/2023
Salaries	\$ -	\$ 221,461	\$ -	\$ 132,877
Payroll Taxes	-	17,610	-	10,565
Claims Administration Fees	-	6	-	-
Employee Benefits	-	47,132	-	28,279
Employee Welfare	-	36,243	-	21,746
Insurance - Fiduciary and Fidelity	1,391	4,701	-	4,231
Office Supplies	-	906	-	453
Postage and Mail Expense	-	6,009	-	3,005
Telephone	511	3,883	-	1,941
Printing	-	1,296	-	648
Depreciation	-	4,040	-	2,020
Insurance - Office and Cyber Liability	357	3,191	-	1,928
Loss on Litigation Receivable	-	2,451	-	2,451
Legal Fees	-	28,817	-	-
Audit Fees	-	14,400	-	-
Third Party Administration Fees	-	30,600	-	-
Employer Payroll Audit Fees	-	41,754	-	20,877
Accounting Fees	-	6,885	-	-
Trustees' Expense	-	3,741	-	1,871
Computer Expense	875	35,753	-	-
Consulting Fees	-	840	-	-
Bank Charges	175	1,398	-	-
Dues, Subscriptions and Publications	-	14,556	-	7,278
Copy Expense	259	4,823	-	2,411
Building Lease Expense:				
Office Rent	-	27,969	-	13,985
Real Estate Taxes	-	2,077	-	1,039
Cleaning and Supplies	-	3,646	-	1,822
Maintenance and Repairs	-	7,322	-	3,179
Exterminating	-	167	-	83
Utilities	-	3,871	-	1,936
Security	-	84	-	42
Outside Services:				
Payroll	646	8,199	-	4,919
Storage	-	7,704	-	3,852
Travel and Mileage	-	785	-	393
Miscellaneous Expense	-	11,969	-	5,985
Total Administrative Expenses	4,214	606,289	\$ -	\$ 279,816
Amounts Reimbursed by the Pension Fund	-	(279,816)		
Net Administrative Expenses	\$ 4,214	\$ 326,473		

**Excavating, Building Materials and Construction Drivers
Union Local 436 Health and Welfare Fund**

EIN: 34-0821253 PN: 501

Schedule of Reportable Transactions
(Schedule H, 4j)

September 30, 2024

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Sales:</u> Loomis Sayles Bond Fund Instl	\$ -	\$ 489,174	\$ -	\$ 545,282	\$ 489,174	\$ (56,108)
<u>Purchases:</u> None	-	-	-	-	-	-
	<u>\$ -</u>	<u>\$ 489,174</u>	<u>\$ -</u>	<u>\$ 545,282</u>	<u>\$ 489,174</u>	<u>\$ (56,108)</u>

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>01/01/2024</u> and ending <u>09/30/2024</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.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" 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"/> the DFVC program
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <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 EXCAVATING AND BUILDING MATERIAL DRIVERS UNION LOCAL 436 WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">11/01/1952</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan	11/01/1952		
1b Three-digit plan number (PN) ▶	501						
1c Effective date of plan	11/01/1952						
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) BOARD OF TRUSTEES OF EXCAVATING UNION LOCAL 436 WELFARE FUND 435 S HAWLEY STREET TOLEDO OH 43609	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">34-0821253</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">419-254-3322</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">237990</td> </tr> </table>	2b Employer Identification Number (EIN)	34-0821253	2c Plan Sponsor's telephone number	419-254-3322	2d Business code (see instructions)	237990
2b Employer Identification Number (EIN)	34-0821253						
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2d Business code (see instructions)	237990						

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

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

SIGN HERE	<i>Dennis M. Kashi, Sr.</i>	1-24-2025	<i>DENNIS M. KASHI, SR.</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>[Signature]</i>	1-24-25	<i>Michael Wilcher</i>
	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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">178</td> </tr> </table>	5	178
5	178		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">120</td> </tr> </table>	6a(1)	120
6a(1)	120		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="text-align: right;">0</td> </tr> </table>	6a(2)	0
6a(2)	0		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="text-align: right;">0</td> </tr> </table>	6b	0
6b	0		
c Other retired or separated participants entitled to future benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="text-align: right;">0</td> </tr> </table>	6c	0
6c	0		
d Subtotal. Add lines 6a(2) , 6b , and 6c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="text-align: right;">0</td> </tr> </table>	6d	0
6d	0		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td></td> </tr> </table>	6e	
6e			
f Total. Add lines 6d and 6e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td></td> </tr> </table>	6f	
6f			
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(1)</td> <td></td> </tr> </table>	6g(1)	
6g(1)			
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(2)</td> <td></td> </tr> </table>	6g(2)	
6g(2)			
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6h</td> <td></td> </tr> </table>	6h	
6h			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">0</td> </tr> </table>	7	0
7	0		

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

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

4A 4B 4D 4E 4F

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

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 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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