

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN</u></p> <p><u>7180 KOLL CENTER PKWY STE 200</u> <u>PLEASANTON, CA 94566</u></p>	<p>1c Effective date of plan <u>07/01/1964</u></p> <p>2b Employer Identification Number (EIN) <u>23-7034407</u></p> <p>2c Plan Sponsor's telephone number <u>925-208-9999</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	590
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)	561
	6a(2)	557
	6b	39
	6c	0
	6d	596
	6e	
	6f	596
	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	89

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

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

9a Plan funding arrangement (check all that apply)	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 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>8</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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407

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
KAISER FOUNDATION HEALTH PLAN INC.

(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
94-1340523	00000	7748	1163	07/01/2023	06/30/2024

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
---	--------------------------------------

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	

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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		0
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(2) Dividends and credits			
(3) Interest credited during the year			
(4) Transferred from separate account.....			
(5) Other (specify below)			
▶			
(6) Total additions	7c(6)		0
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		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	9102337
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407

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
UNITEDHEALTHCARE OF CALIFORNIA

(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
95-2931460	79413	149921	2	07/01/2023	06/30/2024

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	

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	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	0
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	14426
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND		D Employer Identification Number (EIN) 23-7034407

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
DELTA DENTAL OF CALIFORNIA

(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
94-1461312	N/A	05381	1586	07/01/2023	06/30/2024

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
---	--------------------------------------

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

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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		0
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(6) Total additions	7c(6)		0
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)		
	(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)		666313
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	666313
(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)		61679
(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)	61679
(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	
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407

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
MUTUAL OF OMAHA LIFE INSURANCE COMPANY

(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
47-0322111	69868	GLUG09H86	529	09/01/2022	09/01/2023

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
---	--------------------------------------

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(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	17982
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. ▶

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

<p>A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN</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, B.A.C. LOCAL NO 3 HEALTH AND</p>	<p>D Employer Identification Number (EIN) 23-7034407</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
SYMETRA LIFE INSURANCE COMPANY

(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
91-0742147	68608	16-015770-000	229	07/01/2023	06/30/2024

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

<p>(a) Total amount of commissions paid 64837</p>	<p>(b) Total amount of fees paid 35691</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
STEALTH PARTNER GROUP LLC **18700 N HAYDEN RD STE 405**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
64837	35691	GROUP VOLUME BONUS	3

(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.

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	(5) Total deductions	
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	780584
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407

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

VISION SERVICE PLAN

(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
94-1632821	N/A	00811501	234	07/01/2023	06/30/2024

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
---	--------------------------------------

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.
----------------	--

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits		
(3) Interest credited during the year		
(4) Transferred from separate account.....		
(5) Other (specify below)		
▶		
(6) Total additions	7c(6)	0
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	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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input checked="" type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	29062
(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)	29062
b Benefit charges (1) Claims paid.....		9b(1)	20949
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	20949
(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)	8113	
(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)		8113
(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	
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407

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
UNITED HEALTHCARE INSURANCE COMPANY

(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
36-2739571	79413	SRSUP	6	07/01/2023	06/30/2024

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
---	--------------------------------------

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.
----------------	--

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)	
(6) Total additions	7c(6)	0
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)	
	(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	15725
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407

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
UNITED HEALTHCARE INSURANCE COMPANY

(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
11-3283886	60093	S5921	6	07/01/2023	06/30/2024

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
---	--------------------------------------

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.

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			7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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	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	17994
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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407	

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

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

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

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

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.

7180 KOLL CENTER PKWY
PLEASANTON, CA 94556

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	364633	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)

RAEL & LETSON

94-1701048

(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?
11 16 50	NONE	77285	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)

DELTA DENTAL

94-1461312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	56664	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)

KRAW LAW GROUP

77-0171216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	32180	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)

ATLANTA SOSNOFF CAPITAL LLC

13-3098640

(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 51	NONE	7394	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)

SEGALL BRYANT & HAMILL

41-1788385

(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 50	NONE	9330	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	13411	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NEYHART, ANDERSON, FLYNN & GRSBOLL

369 PINE ST STE 800
SAN FRANCISCO, CA 94104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN REALTY ADVISORS

33-0123114

(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 51	NONE	26745	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)

WITHUM SMITH & BROWN PC

22-2029790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	68651	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	43000	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)

SMART SOURCE LLC

515 N FLAGLER DR
WEST PALM BEACH, FL 33401

(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?
36 50	NONE	7083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND	D Employer Identification Number (EIN) 23-7034407	

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
Assets			
a Total noninterest-bearing cash	1a	1684953	2455843
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	979478	1019330
(2) Participant contributions	1b(2)	16993	13505
(3) Other	1b(3)	57079	89502
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	471623	116549
(2) U.S. Government securities	1c(2)	2687027	2790531
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1831398	2103411
(B) All other	1c(3)(B)	1098750	957121
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2702338	2259138
(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)	4332059	3999821
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	156115	0

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	16017813	15804751
Liabilities			
g Benefit claims payable	1g	5293708	5705167
h Operating payables	1h	43486	54869
i Acquisition indebtedness	1i		
j Other liabilities	1j	970343	1060079
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6307537	6820115
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9710276	8984636

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)	10660012	
(B) Participants	2a(1)(B)	324541	
(C) Others (including rollovers)	2a(1)(C)	25440	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11009993
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12596	
(B) U.S. Government securities	2b(1)(B)	103794	
(C) Corporate debt instruments	2b(1)(C)	117586	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	131201	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		365177
(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)	158896	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		158896
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	7348541	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7386966	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-38425
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-167556	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-167556

		(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)		192731
c Other income	2c		13339
d Total income. Add all income amounts in column (b) and enter total	2d		11534155

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2860687	
(2) To insurance carriers for the provision of benefits.....	2e(2)	8626759	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11487446
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)	364633	
(3) Recordkeeping fees.....	2i(3)	145972	
(4) IQPA audit fees.....	2i(4)	32000	
(5) Investment advisory and investment management fees	2i(5)	48479	
(6) Bank or trust company trustee/custodial fees	2i(6)	8358	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	32995	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	139912	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		772349
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12259795

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-725640
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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		2259138
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.)			
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 _____.

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 _____.

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
B.A.C. Local No. 3 Health and Welfare Plan
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Opinion

We have audited the accompanying financial statements of B.A.C. Local No. 3 Health and Welfare Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

February 17, 2025

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30, 2024	June 30, 2023
ASSETS		
CASH	\$ 2,455,843	\$ 1,684,953
INVESTMENTS, AT FAIR VALUE	12,226,571	13,279,310
TOTAL CASH AND INVESTMENTS	\$ 14,682,414	\$ 14,964,263
RECEIVABLES		
Employer Contributions	1,019,330	979,478
Participant Contributions	13,505	16,993
Interest and Dividends	88,521	47,711
Other	-	7,406
TOTAL RECEIVABLES	1,121,356	1,051,588
PREPAID EXPENSES	981	1,962
TOTAL ASSETS	15,804,751	16,017,813
LIABILITIES		
Accounts Payable	54,869	43,486
Outgoing Reciprocity Payable	82,942	115,637
Bond Deposits	-	211,323
Due to Other Trust Funds	962,431	628,677
Deferred Revenue	14,706	14,706
TOTAL LIABILITIES	1,114,948	1,013,829
NET ASSETS AVAILABLE FOR BENEFITS	14,689,803	15,003,984
MEMORANDUM:		
Benefit Obligations	5,705,167	5,293,708
Health Reimbursement Accounts	247,700	212,978
Excess of Net Assets Available for Benefits over Benefit Obligations	\$ 8,736,936	\$ 9,497,298

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	July 1, 2023 to June 30, 2024		July 1, 2022 to June 30, 2023	
ADDITIONS				
CONTRIBUTIONS				
Employers	\$ 10,660,012		\$ 9,920,517	
Retiree Self-Payments	324,541		311,121	
COBRA	25,440	\$ 11,009,993	56,241	\$ 10,287,879
NET INVESTMENT INCOME (LOSS)				
Interest and Dividends	524,073		413,916	
Net (Depreciation) of Investments	(13,250)		(325,428)	
Less: Investment Expenses	(48,479)	462,344	(56,950)	31,538
OTHER INCOME				
Liquidated Damages	5,146		55,176	
Litigation Settlements	8,193		57,327	
Miscellaneous	-	13,339	816	113,319
TOTAL ADDITIONS		11,485,676		10,432,736
DEDUCTIONS				
BENEFITS PAID				
Premiums Paid	8,361,340		8,007,939	
Claims Paid	2,832,489		2,873,465	
Less: Rebates and Reimbursements	(117,842)	11,075,987	(252,497)	10,628,907
EXPENSES				
Administration Fees	364,633		338,342	
Claims Administration Fees	66,321		66,378	
Bank Fees	8,358		1,675	
Insurance	15,949		17,107	
Conferences and Meetings	11,002		13,667	
Printing, Postage and Office Expenses	22,478		27,507	
Audit Fees	32,000		12,000	
Claims Audit Fees	11,000		-	
Payroll Compliance Fees	68,651		99,758	
Benefit Consultant Fees	77,285		75,027	
Collection Fees	13,198		25,293	
Legal Fees	32,995		34,744	
Miscellaneous	-	723,870	2,061	713,559
TOTAL DEDUCTIONS		11,799,857		11,342,466
NET (DECREASE) FOR THE YEAR		(314,181)		(909,730)
NET ASSETS AVAILABLE FOR BENEFITS				
Balance, Beginning of Year		15,003,984		15,913,714
Balance, End of Year		\$ 14,689,803		\$ 15,003,984

(Attached notes are an integral part of this statement)

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
STATEMENTS OF BENEFIT OBLIGATIONS

	<u>June 30, 2024</u>	<u>June 30, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable	\$ 1,629,928	\$ 1,364,509
Claims Payable	<u>547,239</u>	<u>597,199</u>
	<u>2,177,167</u>	<u>1,961,708</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Reported	128,000	142,000
Hour Bank Liability	<u>3,400,000</u>	<u>3,190,000</u>
	<u>3,528,000</u>	<u>3,332,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 5,705,167</u></u>	<u><u>\$ 5,293,708</u></u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	<u>July 1, 2023 to June 30, 2024</u>	<u>July 1, 2022 to June 30, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable, Beginning of Year	\$ 1,364,509	\$ 1,210,173
Premiums for Participants Eligible for Coverage During the Year	(8,095,921)	(7,853,603)
Premiums Paid	<u>8,361,340</u>	<u>8,007,939</u>
Premiums Payable, End of Year	<u>1,629,928</u>	<u>1,364,509</u>
Claims Payable, Beginning of Year	597,199	537,967
Claims Reported and Approved for Payment	(2,764,607)	(2,561,736)
Claims Paid, Net	<u>2,714,647</u>	<u>2,620,968</u>
Claims Payable, End of Year	<u>547,239</u>	<u>597,199</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance, Beginning of Year	3,332,000	2,323,000
Net Change During the Year:		
Claims Incurred But Not Reported	(14,000)	19,000
Hour Bank Liability	<u>210,000</u>	<u>990,000</u>
Balance at end of year	<u>3,528,000</u>	<u>3,332,000</u>
PLAN'S TOTAL BENEFIT OBLIGATION AT YEAR END	<u><u>\$ 5,705,167</u></u>	<u><u>\$ 5,293,708</u></u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The B.A.C. Local No. 3 Health and Welfare Plan (the "Plan") was established as a multiemployer welfare benefit plan in June 1957 for the purpose of providing health care benefits to eligible participants covered by collective bargaining agreements between the B.A.C. Local Union No. 3, the International Union of B.A.C., and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

B. Use of Estimates

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

C. Contributions and Eligibility

Employer contributions as reported are contributions made by employers on behalf of employees for hours worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

The Plan has various reciprocal agreements in place with other collectively bargained benefit plans. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home benefit plans in a subsequent month.

Initial or returning eligibility is earned on the first day of the second month following any three or fewer consecutive calendar months in which a participant is credited with a minimum of 360 total hours of work. Eligibility will continue as long as the total credited work hours in a participant's hour bank reserve equal at least 120. If a participant works more than 120 hours of covered employment in any month, the excess hours are added to the participant's hour bank reserve and can be used when a participant does not work 120 hours in a month. A participant may accumulate an hour bank reserve of up to 480 hours.

Under certain conditions, participants are permitted to maintain Plan coverage by making self-payments.

Retired participants are provided benefit coverage in accordance with the eligibility provisions of the Plan. Retiree benefits are fully funded by retiree contributions, therefore, the Plan has no post-retirement benefit obligations. Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Contributions and Eligibility (Continued)

The Plan may provide eligibility to non-bargained employees at employers who are signatory to a collective bargaining agreement based on eligibility rules outlined in the Plan document.

D. Employer Payroll Examination Program

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

E. Benefits

The Plan provides health and welfare benefits including medical, dental, vision, prescription drug, disability, and life insurance for active participants and medical, dental and vision for retirees. Dental, vision, prescription and certain medical claims are self-funded by the Plan. Life, vision, dental, and certain medical benefits are fully insured with premiums paid by the Plan.

The Plan has stop-loss insurance in an effort to limit the Plan's exposure for self-funded medical claims (individual claims over a specific amount). Under the terms of the contract, individual participant claims incurred in excess of \$150,000 are reimbursed to the Plan.

The Plan uses a pharmacy benefits manager that periodically makes refunds to the Plan based on the utilization pattern of specific drugs.

Benefits paid and reimbursements for the Plan years are as follows:

	July 1, 2023 to June 30, 2024	July 1, 2022 to June 30, 2023
Premiums:		
Medical	\$ 7,412,100	\$ 7,102,860
Dental	71,988	70,845
Vision	8,756	7,303
Life	18,195	19,387
Stop Loss	850,301	807,544
	<u>8,361,340</u>	<u>8,007,939</u>
Claims:		
Medical	1,960,362	2,064,462
Dental	632,605	601,713
Vision	19,603	16,954
Prescription	219,919	190,336
	<u>2,832,489</u>	<u>2,873,465</u>
Rebates and Reimbursements:		
Prescription	(37,550)	(22,770)
Stop Loss Medical	(80,292)	(229,727)
	<u>(117,842)</u>	<u>(252,497)</u>
	<u>\$ 11,075,987</u>	<u>\$ 10,628,907</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Tax-Exempt Status

The Plan received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i. Therefore, no provision for federal or state income tax is made.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. Risks and Uncertainties

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

NOTE 3 - HEALTH REIMBURSEMENT ACCOUNT

The Plan implemented a Health Reimbursement Account (HRA) during the Plan year 2019, which is funded solely by employer contributions, and is not a vested benefit. The HRA may be terminated by the Board of Trustees at any time, in which event the HRA shall be reverted to the general assets of the Plan. Any unused amounts at the end of the Plan year are rolled over to the next Plan year. The HRAs can be used by participants for themselves or eligible dependents to pay for eligible health care expenses, including deductibles, coinsurance, and copayments, after submitting a reimbursement form with supporting documentation to the Plan Administrator within one year of the date the expense was incurred. HRAs are contributed monthly, equal to the current hourly contribution rate under the applicable collective bargaining agreement multiplied by the number of hours worked in the month over 250 hours. During the years ended June 30, 2024 and 2023, HRA contributions were \$34,721 and \$41,138, respectively, which are included in employer contributions reported on the statements of changes in net assets available for benefits.

NOTE 4 - INVESTMENT VALUATION AND INCOME RECOGNITION

FASB ASC 820 provides the 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 under FASB ASC 820 are described as follows:

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

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 2 – Inputs to the valuation methodology include:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Level 1 investments consist of short term investment funds, an exchange traded fund, a mutual fund, and U.S. treasury notes and bonds valued recorded at fair value based on quoted market prices. Level 2 investments consist of government debt securities which are not U.S. treasury notes and bonds and corporate debt securities recorded at fair value based on closing prices provided by third party pricing sources.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables summarize the Plan's investments at June 30 based on the inputs used to value them:

	2024			
	Level 1	Level 2	Level 3	Total
Short Term Investment Funds	\$ 116,549	\$ -	\$ -	\$ 116,549
Government Debt Securities	167,730	2,622,801	-	2,790,531
Corporate Debt Securities	-	3,060,532	-	3,060,532
Exchange Traded Fund	1,145,583	-	-	1,145,583
Mutual Fund	2,854,238	-	-	2,854,238
Total Assets in the Fair Value Hierarchy	<u>\$ 4,284,100</u>	<u>\$ 5,683,333</u>	<u>\$ -</u>	9,967,433
Investment Measured at Net Asset Value ^A				<u>2,259,138</u>
				<u>\$ 12,226,571</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

	2023			Total
	Level 1	Level 2	Level 3	
Short Term Investment Funds	\$ 471,623	\$ -	\$ -	\$ 471,623
Government Debt Securities	1,230,161	1,612,981	-	2,843,142
Corporate Debt Securities	-	2,930,148	-	2,930,148
Exchange Traded Fund	1,035,714	-	-	1,035,714
Mutual Fund	3,296,345	-	-	3,296,345
Total Assets in the Fair Value Hierarchy	<u>\$ 6,033,843</u>	<u>\$ 4,543,129</u>	<u>\$ -</u>	10,576,972
Investment Measured at Net Asset Value ^A				<u>2,702,338</u>
				<u>\$ 13,279,310</u>

^A In accordance with ASC 820, the investment measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The unfunded commitments and significant terms of redemption for the Plan's investment measured at net asset value are as follows:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	June 30, 2024	June 30, 2023			
ARA Core Property Fund	\$ 2,259,138	\$ 2,702,338	\$ -	Quarterly	10 Days

The investment strategy for the investment valued at net asset value is as follows:

ARA Core Property Fund is a limited partnership formed to invest primarily in core, stable, institutional quality industrial, residential, office and retail properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Board of Trustees has the right under the Plan to modify the benefits provided to participants, and contributions required, and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, any monies remaining in the Plan after the payment of all expenses and obligations of the Plan, shall be paid or used for the continuance of one or more benefits in accordance with the provisions of this Plan until such Plan is exhausted. No assets of the Plan may revert to the signatory employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 6 - RELATED PARTY TRANSACTIONS

The Plan receives contributions on behalf of other B.A.C. Local 3 Trust Funds. These contributions are allocated based on each Trust Funds contribution rate and are transferred monthly to the respective Trust Funds. As of June 30, 2024 and 2023, \$962,431 and \$628,677, respectively, was due to the Trust Funds for contributions not yet transferred.

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	June 30, 2024	June 30, 2023
Net assets available for benefits per the financial statements	\$ 14,689,803	\$ 15,003,984
Less: Benefits obligations	(5,705,167)	(5,293,708)
Net assets per the Form 5500	\$ 8,984,636	\$ 9,710,276

The following is a reconciliation of net benefits paid per the financial statements to the Form 5500:

	July 1, 2023 to June 30, 2024
Benefits paid per the financial statements	\$ 11,075,987
Add: Benefits obligations at June 30, 2024	5,705,167
Less: Benefits obligations at June 30, 2023	(5,293,708)
Benefits paid per the Form 5500	\$ 11,487,446

NOTE 8 - CONCENTRATION OF CREDIT RISK

At times during the year, the Plan had cash on deposit with various banks which exceeded the Federal Deposit Insurance Corporation insurance limit of \$250,000 per bank. The Board believes the banks are creditworthy and to date has not incurred any losses.

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through February 17, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that require recognition or additional disclosures in these financial statements.

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H - LINE 4
E.I.N. 23-7034407; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
B.A.C. Local No. 3 Health and Welfare Plan
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Our audits were 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) as of June 30, 2024 and reportable transactions for the year ended June 30, 2024 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

February 17, 2025

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

No. of Shares	<u>Short Term Investment Funds</u>	Fair Value	Cost
28,898	FIRST AM TREAS OB FD CL Z	\$ 28,898	\$ 28,898
87,651	FIRST AM GOVT OB FD CL Z	87,651	87,651
<u>TOTALS - SHORT TERM INVESTMENT FUNDS</u>		<u>\$ 116,549</u>	<u>\$ 116,549</u>
Par Value	<u>Government Debt Securities</u>		
\$ 20,000	COLORADO HSG 4.515% 11/01/27	\$ 19,789	\$ 20,000
20,000	DALLAS FORT WORTH TX 2.256% 11/01/26	18,736	20,000
50,000	F F C B DEB 6.080% 6/03/39	49,809	50,050
50,000	F F C B DEB 6.150% 12/21/38	50,000	50,000
50,000	F F C B DEB 6.300% 5/08/36	49,839	50,030
40,000	F F C B DEB 6.450% 10/03/33	40,002	39,972
30,000	F H L B DEB 5.250% 2/13/34	30,181	30,000
50,000	F H L B DEB 5.920% 5/23/34	49,551	50,025
36,000	F H L M C M T N 6.000% 2/18/39	35,943	36,018
15,000	F H L M C M T N 6.250% 7/15/32	16,787	17,372
22,845	F H L M C #SB0661 2.500% 4/01/37	20,723	21,164
15,093	F H L M C #SB8184 4.000% 10/01/37	14,513	15,082
18,265	F H L M C #SB8186 4.500% 9/01/37	17,869	18,405
33,278	F H L M C #SB8191 4.500% 10/01/37	32,556	33,257
3,984	F H L M C #SB8216 4.500% 3/01/38	3,901	3,913
23,209	F H L M C #SB8217 5.000% 3/01/38	23,030	23,202
26,512	F H L M C #SB8220 5.500% 2/01/38	26,584	26,255
14,255	F H L M C #SB8293 5.000% 4/01/39	14,134	14,159
26,561	F H L M C #SD2200 6.000% 1/01/53	27,106	27,167
94,616	F H L M C #SD2737 5.500% 4/01/53	94,188	96,479
29,469	F H L M C #SD5034 6.000% 3/01/54	29,885	30,040
14,101	F H L M C GD G03499 5.000% 9/01/35	13,931	14,923
9,323	F H L M C GD G15144 2.500% 7/01/29	8,915	9,454
10,224	F H L M C GD G18527 3.000% 10/01/29	9,794	10,626
10,600	F H L M C GD G18578 3.000% 12/01/30	10,090	11,035
21,447	F H L M C MLTCL MT 3.064% 8/25/24	21,330	21,477
18,623	F H L M C MLTCL MT 3.750% 8/25/25	18,281	20,109
25,000	F H L M C MLTCL MTG 2.673% 3/25/26	24,016	25,504
20,000	F H L M C MLTCL MTG 2.920% 6/25/32	17,551	17,995
15,000	F H L M C MLTCL MTG 2.995% 12/25/25	14,546	14,733
3,658	F H L M C MLTCL MTG 3.303% 7/25/24	3,644	3,567
25,000	F N M A 0.375% 8/25/25	23,703	24,915
60,000	F N M A 0.875% 8/05/30	48,608	56,941
5,394	F N M A #890790 3.000% 8/01/32	5,091	5,582
27,619	F N M A #AB1343 4.500% 8/01/40	26,828	29,893
68,728	F N M A #FS5752 6.000% 9/01/53	69,459	69,200
27,426	F N M A #AL7306 4.500% 9/01/42	26,371	29,565
<u>Forward</u>		<u>\$ 1,007,284</u>	<u>\$ 1,038,109</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,007,284	\$ 1,038,109
\$ 24,671	F N M A #AZ9215 4.000% 10/01/45	22,919	25,724
194,195	F N M A #FS6616 6.000% 6/01/53	195,325	197,957
73,339	F N M A #FS7744 6.500% 4/01/54	76,190	76,502
11,569	F N M A #MA4667 3.500% 7/01/37	10,938	11,648
18,602	F N M A #MA4713 4.000% 7/01/37	17,888	18,744
11,974	F N M A #MA4797 4.000% 11/01/37	11,514	11,812
10,825	F N M A #MA4825 5.000% 10/01/37	10,733	10,895
12,007	F N M A #MA4991 5.500% 4/01/38	12,033	12,056
11,612	F N M A #MA5014 5.000% 5/01/38	11,513	11,684
24,079	F N M A #MA5145 6.000% 9/01/38	24,331	24,207
51,058	F N M A #MA5166 6.000% 9/01/53	51,210	51,920
30,000	F N M A DEB 6.625 11/15/2030	33,531	37,165
15,000	HONOLULU CITY HI 2.316% 7/01/25	14,556	15,000
20,000	METRO WSTWTR CO 2.363% 4/01/27	18,801	20,000
10,000	NEBRASKA ST PUBLIC 2.421% 1/01/26	9,602	10,000
20,000	NEW YORK ST URBAN 3.270% 3/15/28	18,962	19,574
10,000	PRINCE GEORGES CNTY 0.844% 9/15/24	9,906	10,000
84,000	U S TREASURY BILL 7/11/24	83,877	82,125
85,000	U S TREASURY BILL 10/03/24	83,852	82,288
80,000	U S TREASURY NT 0.625% 8/15/30	64,113	77,419
70,000	U S TREASURY NT 1.125% 2/15/31	57,244	67,619
80,000	U S TREASURY NT 1.250% 8/15/31	64,925	71,327
60,000	U S TREASURY NT 1.500% 2/15/30	51,497	57,471
34,000	U S TREASURY NT 1.500% 2/15/30	29,182	36,591
10,000	U S TREASURY NT 1.500% 8/15/26	9,358	9,424
45,000	U S TREASURY NT 2.000% 11/15/26	42,346	43,423
60,000	U S TREASURY NT 2.375% 5/15/29	54,792	60,974
75,000	U S TREASURY NT 2.750% 2/15/28	70,714	78,869
65,000	U S TREASURY NT 2.750% 8/15/32	57,842	58,295
32,000	U S TREASURY NT 2.750% 8/15/32	28,476	31,795
35,000	U S TREASURY NT 3.125% 11/15/28	33,235	34,233
75,000	U S TREASURY NT 3.375% 5/15/33	69,507	72,739
25,000	U S TREASURY NT 3.875% 12/31/27	24,521	25,084
20,000	U S TREASURY NT 4.000% 2/15/26	19,730	20,060
35,000	U S TREASURY NT 4.000% 2/15/34	33,972	33,852
50,000	U S TREASURY NT 4.000% 2/29/28	49,239	50,055
75,000	U S TREASURY NT 4.125% 8/31/30	74,045	75,023
45,000	U S TREASURY NT 4.125% 11/15/32	44,242	46,047
130,000	U S TREASURY NT 4.125% 11/15/32	127,811	131,153
45,000	UNITED STATES TREAS 4.375% 11/30/30	45,037	45,802
15,000	VIRGINIA ST 2.530% 11/01/28	13,738	15,000
	TOTALS - GOVERNMENT DEBT SECURITIES	\$ 2,790,531	\$ 2,909,665

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	<u>Corporate Debt Securities</u>	Fair Value	Cost
\$ 25,000	ABBOTT LABORATORIES 3.750% 11/30/26	\$ 24,384	\$ 28,534
50,000	ABBVIE INC 4.800% 3/15/29	49,807	49,897
20,000	ABBVIE INC 4.950% 3/15/31	19,948	20,046
5,000	ADOBE INC 2.150% 2/01/27	4,663	5,270
20,000	ADOBE INC SR GLBL 4.800% 4/04/29	20,021	19,871
5,000	AIR PRODUCTS AND 4.800% 3/03/33	4,919	5,060
10,000	AIR PRODUCTS AND 4.850% 2/08/34	9,816	9,973
15,000	ALLSTATE CORP 0.750% 12/15/25	14,024	14,990
15,000	AMAZON COM INC 3.150% 8/22/27	14,243	15,893
5,000	AMERICAN WATER 3.400% 3/01/25	4,927	5,346
25,000	AMPHENOL CORP 4.750% 3/30/26	24,792	24,932
10,000	ANALOG DEVICES INC 2.950% 4/01/25	9,819	10,862
20,000	ANHEUSER BUSCH INBEV 4.750% 1/23/29	19,887	21,637
15,000	ANTHEM INC 2.250% 5/15/30	12,853	14,955
15,000	APPLE INC 2.050% 9/11/26	14,101	15,440
50,000	APPLE INC 2.200% 9/11/29	44,366	49,804
10,000	APPLIED MATLS INC 4.800% 6/15/29	9,985	9,971
25,000	AT T INC GLBL NT 2.300% 6/01/27	23,126	23,924
15,000	AUTOMATIC DATA 1.700% 5/15/28	13,398	15,087
25,000	AVERY DENNISON CORP 4.875% 12/06/28	24,618	27,099
5,000	BANK OF AMERICA 4.980% 11/15/28	4,996	4,999
10,000	BANK OF AMERICA MTN 3.824% 1/20/28	9,638	11,453
30,000	BANKUNITED INC 5.125% 6/11/30	26,975	29,744
20,000	BRISTOL MYERS SQUIBB 5.750% 2/01/31	20,765	20,221
15,000	BRISTOL MYERS SQUIBB 5.750% 2/01/31	15,573	14,985
15,000	BROWN FORMAN CORP 4.750% 4/15/33	14,678	15,097
25,000	CANADIAN NATL RAIL 6.900% 7/15/28	26,859	33,174
35,000	CAPITAL ONE FINL 5.817% 2/01/34	34,641	35,000
20,000	CAPITAL ONE MULTI 2.800% 3/15/27	19,622	19,998
25,000	CATERPILLAR FINL MTN 4.350% 5/15/26	24,664	24,796
20,000	CBOE GLOBAL MKTS INC 1.625% 12/15/30	16,339	19,879
45,000	CIGNA CORP NEW GLBL 3.400% 3/01/27	43,023	46,884
10,000	CINCINNATI GAS ELEC 6.900% 6/01/25	10,096	12,565
25,000	CINTAS CORPORATION 3.700% 4/01/27	24,064	26,455
15,000	CITIGROUP INC 3.200% 10/21/26	14,305	14,257
45,000	CITIGROUP INC 4.450% 9/29/27	43,863	51,810
15,000	CNH INDUSTRIAL 5.500% 1/12/29	15,159	14,910
45,000	COLGATE PALMOLIVE 4.600% 3/01/33	44,140	44,915
25,000	COMCAST CORP 4.250% 10/15/30	23,974	24,425
30,000	COMCAST CORP NEW NT 4.650% 2/15/33	28,963	29,971
20,000	CONNECTICUT LT PWR 0.750% 12/01/25	18,778	19,523
20,000	CONOCO INC 6.950% 4/15/29	21,678	21,860
11,947	CONTL AIRLINES 2012 4.000% 4/29/26	11,945	12,813
10,000	DICKS SPORTING GOODS 3.150% 1/15/32	8,500	10,001
15,000	CUMMINS INC 5.150% 2/20/34	15,016	15,088
	<u>Forward</u>	\$ 901,951	\$ 963,414

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 901,951	\$ 963,414
\$ 20,000	DAIMLER TRUCKS 5.900% 3/15/27	20,104	20,000
15,000	DUKE ENERGY 4.850% 1/15/34	14,516	14,741
125,000	DUKE ENERGY LLC 4.950% 1/15/33	122,860	123,643
45,000	DUKE ENERGY MTN 6.750% 2/01/28	47,079	47,136
20,000	EATON CORP OHIO SR 4.150% 3/15/33	18,729	19,046
36,000	EBAY INC 2.700% 3/11/30	31,728	35,460
15,000	ECOLAB INC 5.250% 1/15/28	15,143	15,148
20,000	ELI LILLY CO SR NT 4.500% 2/09/27	19,826	19,989
15,000	EMERSON ELEC CO SR 1.800% 10/15/27	13,649	15,221
36,000	ERP OPERATING LP 4.150% 12/01/28	34,749	41,036
25,000	EVERGY INC 2.450% 9/15/24	24,824	25,740
25,000	EXXON MOBIL 2.440% 8/16/29	22,349	25,198
45,000	F F C B DEB 6.040% 4/17/34	44,954	45,014
50,000	FEDERAL FARM CR BKS 6.220% 4/25/39	50,000	50,080
25,000	FLORIDA PWR LT CO 5.050% 4/01/28	25,092	25,053
25,000	GENERAL MTRS FINL 1.250% 1/08/26	23,403	24,889
20,000	GEORGIA PACIFIC CORP 7.375% 12/01/25	20,535	24,044
20,000	GEORGIA PWR CO 4.650% 5/16/28	19,691	20,020
40,000	GLOBE LIFE INC 2.150% 8/15/30	32,115	40,000
20,000	HCA INC 5.875% 2/15/26	20,027	20,051
30,000	HERSHEY COMPANY 3.200% 8/21/25	29,354	32,827
15,000	HOME DEPOT INC 4.950% 9/30/26	14,979	15,009
10,000	HOME DEPOT INC 5.150% 6/25/26	10,008	9,998
40,000	HUNTINGTON 4.443% 8/04/28	38,746	40,060
25,000	ILLINOIS TOOL WORK 2.650% 11/15/26	23,775	24,352
20,000	INTEL CORP 3.750% 8/05/27	19,286	19,873
10,000	JACOBS SOLUTIONS INC 6.350% 8/18/28	10,315	10,021
16,000	JM SMUCKER CO 3.500% 3/15/25	15,756	15,313
40,000	JOHN DEERE MTN 4.950% 7/14/28	40,042	39,940
5,000	JOHN DEERE OWNER 5.060% 11/15/28	4,980	5,000
25,000	KENVUE INC 5.350% 3/22/26	25,063	25,014
20,000	KEURIG DR PEPPER INC 5.200% 3/15/31	19,960	19,776
25,000	KEYSPAN GAS EAST 5.994% 3/06/33	25,169	25,000
25,000	KIMBERLY CLARK CORP 3.950% 11/01/28	24,114	27,125
15,000	KLA TENCOR CORP 4.650% 11/01/24	14,954	15,768
80,000	L3HARRIS 3.850% 12/15/26	77,313	78,964
10,000	LAUDER ESTEE CONS 4.650% 5/15/33	9,653	9,831
20,000	LOCKHEED MARTIN CORP 4.500% 2/15/29	19,694	19,979
30,000	LOWES COS INC 3.125% 9/15/24	29,836	32,036
4,000	MARKEL CORP 3.350% 9/17/29	3,670	4,074
25,000	MARTIN MARIETTA 4.250% 7/02/24	24,999	26,378
25,000	MONDELEZ INTL INC 2.625% 3/17/27	23,432	23,322
	<u>Forward</u>	\$ 2,028,422	\$ 2,134,583

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value	Cost
	<u>Forwarded</u>	\$ 2,028,422	\$ 2,134,583
\$	20,000 MORGAN STANLEY MTN 3.772% 1/24/29	19,038	18,540
	37,000 NATIONAL RURAL UTI 8.58336% 4/30/43	37,000	37,759
	15,000 NATIONAL RURAL UTIL 2.400% 3/15/30	12,969	15,042
	15,000 NATIONAL RURAL UTIL 3.900% 11/01/28	14,297	14,849
	40,000 NEW YORK LIFE 5.450% 9/18/26	40,190	40,032
	25,000 NEXTERA ENERGY 4.625% 7/15/27	24,591	24,990
	70,000 NORTHERN STS PWR 6.250% 6/01/36	74,675	76,714
	10,000 NVENT FINANCE SARL 4.550% 4/15/28	9,710	11,235
	15,000 O REILLY AUTOMOTIVE 3.900% 6/01/29	14,193	14,211
	15,000 OGE ENERGY CORP 5.450% 5/15/29	15,115	15,062
	10,000 OKLAHOMA GAS 6.500% 4/15/28	10,380	10,678
	15,000 ORACLE CORP 6.150% 11/09/29	15,689	15,459
	10,000 PACCAR FINANCIAL MTN 5.200% 11/09/26	10,037	9,987
	5,000 PACIFIC GAS ELEC CO 5.900% 6/15/32	5,004	5,081
	20,000 PACIFIC LIFE GF MTN 4.900% 4/04/28	19,815	19,923
	25,000 PEPSICO INC 2.750% 3/19/30	22,394	25,459
	40,000 PERKINELMER INC 1.900% 9/15/28	34,992	40,003
	35,000 PFIZER INVT 4.650% 5/19/30	34,498	34,938
	11,659 PG E ENERGY 1.460% 7/15/33	10,335	11,090
	40,000 PHARMACIA CORP 6.600% 12/01/28	42,405	44,638
	15,000 PROGRESSIVE CORP 3.000% 3/15/32	13,012	13,085
	70,000 PROTECTIVE LIFE 1.737% 9/21/30	57,247	69,931
	10,000 PUBLIC SERVICE MTN 3.050% 11/15/24	9,901	10,507
	10,000 PUBLIC STORAGE GLBL 5.100% 8/01/33	9,918	9,890
	15,000 PUBLIC SVC ELEC GAS 5.200% 3/01/34	15,006	15,059
	15,000 QUALCOMM INC 3.250% 5/20/27	14,324	15,097
	15,000 QUANTA SVCS INC 0.950% 10/01/24	14,807	14,020
	25,000 REPUBLIC SERVICES 3.950% 5/15/28	24,034	23,814
	15,000 RTX CORPORATION 6.000% 3/15/31	15,625	14,990
	50,000 STATE STREET CORP 3.031% 11/01/34	44,260	50,320
	50,000 SYNCHRONY FINANCIAL 2.875% 10/28/31	40,096	49,944
	15,000 T MOBILE USA INC 3.500% 4/15/25	14,747	16,341
	15,000 TEXAS INSTRS INC 4.600% 2/08/27	14,902	14,984
	10,000 TRANSCONT GAS PIPE 4.000% 3/15/28	9,585	10,751
	29,520 UNION PACIFIC RR CO 3.227% 5/14/26	28,495	30,170
	15,000 UNITED PARCEL SVCS 4.875% 3/03/33	14,769	15,245
	45,000 US BANCORP 4.839% 2/01/34	42,662	45,045
	75,000 V F CORPORATION 2.950% 4/23/30	62,255	75,503
	20,000 VERIZON MASTER TR 0.990% 4/20/28	19,715	19,997
	15,000 VISA INC 3.150% 12/14/25	14,588	16,182
	40,000 WELLS FARGO CO MTN 3.000% 6/12/35	31,069	41,600
	15,000 WELLS FARGO COMPANY 3.000% 4/22/26	14,381	13,844
	10,000 WISCONSIN ELEC 5.000% 5/15/29	10,018	9,976
	15,000 WISCONSIN ELECTRIC 3.100% 6/01/25	14,713	15,553
	15,000 WW GRAINGER INC 1.850% 2/15/25	14,654	15,193
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 3,060,532</u>	<u>\$ 3,247,314</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
 FORM 5500
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 E.I.N. 23-7034407; PLAN NO. 501
 JUNE 30, 2024

No. of Shares	Exchange Traded Fund	Fair Value	Cost
2,105	SPDR S P 500 ETF	\$ 1,145,583	\$ 620,859
	<u>Mutual Fund</u>		
301,398	CARILLON CHARTWELL SHORT DURATION HIGH YIELD FUND	\$ 2,854,238	\$ 2,988,056
	<u>Limited Partnership</u>		
	ARA CORE PROPERTY FUND LP	\$ 2,259,138	\$ 2,013,298
	<u>TOTALS - INVESTMENTS, AT FAIR VALUE</u>	<u>\$ 12,226,571</u>	<u>\$ 11,895,741</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 23-7034407; PLAN NO. 501
JULY 1, 2023 TO JUNE 30, 2024

<u>Description</u>	<u>Transaction</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Net Gain or (Loss)</u>
First Am Treas Ob Fd Cl Z	Purchases	Var.	-	\$ 2,792,137	\$ -	\$ 2,792,137	\$ -
	Sales	Var.	-	-	3,160,304	3,160,304	-

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

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

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

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

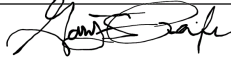
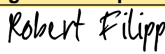
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, B.A.C. LOCAL NO 3 HEALTH AND WELFARE PLAN</p> <p>7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566</p>	<p>1c Effective date of plan <u>07/01/1964</u></p> <p>2b Employer Identification Number (EIN) <u>23-7034407</u></p> <p>2c Plan Sponsor's telephone number <u>925-208-9999</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE		4/2/2025 11:17	GARY Eifer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/3/2025 4:30	Robert Filippi
	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.

Form 5500 (2023)
v. 230728

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 23-7034407; PLAN NO. 501
JULY 1, 2023 TO JUNE 30, 2024

<u>Description</u>	<u>Transaction</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Net Gain or (Loss)</u>
First Am Treas Ob Fd Cl Z	Purchases	Var.	-	\$ 2,792,137	\$ -	\$ 2,792,137	\$ -
	Sales	Var.	-	-	3,160,304	3,160,304	-

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

No. of Shares	<u>Short Term Investment Funds</u>	Fair Value	Cost
28,898	FIRST AM TREAS OB FD CL Z	\$ 28,898	\$ 28,898
87,651	FIRST AM GOVT OB FD CL Z	87,651	87,651
<u>TOTALS - SHORT TERM INVESTMENT FUNDS</u>		<u>\$ 116,549</u>	<u>\$ 116,549</u>
Par Value	<u>Government Debt Securities</u>		
\$ 20,000	COLORADO HSG 4.515% 11/01/27	\$ 19,789	\$ 20,000
20,000	DALLAS FORT WORTH TX 2.256% 11/01/26	18,736	20,000
50,000	F F C B DEB 6.080% 6/03/39	49,809	50,050
50,000	F F C B DEB 6.150% 12/21/38	50,000	50,000
50,000	F F C B DEB 6.300% 5/08/36	49,839	50,030
40,000	F F C B DEB 6.450% 10/03/33	40,002	39,972
30,000	F H L B DEB 5.250% 2/13/34	30,181	30,000
50,000	F H L B DEB 5.920% 5/23/34	49,551	50,025
36,000	F H L M C M T N 6.000% 2/18/39	35,943	36,018
15,000	F H L M C M T N 6.250% 7/15/32	16,787	17,372
22,845	F H L M C #SB0661 2.500% 4/01/37	20,723	21,164
15,093	F H L M C #SB8184 4.000% 10/01/37	14,513	15,082
18,265	F H L M C #SB8186 4.500% 9/01/37	17,869	18,405
33,278	F H L M C #SB8191 4.500% 10/01/37	32,556	33,257
3,984	F H L M C #SB8216 4.500% 3/01/38	3,901	3,913
23,209	F H L M C #SB8217 5.000% 3/01/38	23,030	23,202
26,512	F H L M C #SB8220 5.500% 2/01/38	26,584	26,255
14,255	F H L M C #SB8293 5.000% 4/01/39	14,134	14,159
26,561	F H L M C #SD2200 6.000% 1/01/53	27,106	27,167
94,616	F H L M C #SD2737 5.500% 4/01/53	94,188	96,479
29,469	F H L M C #SD5034 6.000% 3/01/54	29,885	30,040
14,101	F H L M C GD G03499 5.000% 9/01/35	13,931	14,923
9,323	F H L M C GD G15144 2.500% 7/01/29	8,915	9,454
10,224	F H L M C GD G18527 3.000% 10/01/29	9,794	10,626
10,600	F H L M C GD G18578 3.000% 12/01/30	10,090	11,035
21,447	F H L M C MLTCL MT 3.064% 8/25/24	21,330	21,477
18,623	F H L M C MLTCL MT 3.750% 8/25/25	18,281	20,109
25,000	F H L M C MLTCL MTG 2.673% 3/25/26	24,016	25,504
20,000	F H L M C MLTCL MTG 2.920% 6/25/32	17,551	17,995
15,000	F H L M C MLTCL MTG 2.995% 12/25/25	14,546	14,733
3,658	F H L M C MLTCL MTG 3.303% 7/25/24	3,644	3,567
25,000	F N M A 0.375% 8/25/25	23,703	24,915
60,000	F N M A 0.875% 8/05/30	48,608	56,941
5,394	F N M A #890790 3.000% 8/01/32	5,091	5,582
27,619	F N M A #AB1343 4.500% 8/01/40	26,828	29,893
68,728	F N M A #FS5752 6.000% 9/01/53	69,459	69,200
27,426	F N M A #AL7306 4.500% 9/01/42	26,371	29,565
<u>Forward</u>		<u>\$ 1,007,284</u>	<u>\$ 1,038,109</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,007,284	\$ 1,038,109
\$ 24,671	F N M A #AZ9215 4.000% 10/01/45	22,919	25,724
194,195	F N M A #FS6616 6.000% 6/01/53	195,325	197,957
73,339	F N M A #FS7744 6.500% 4/01/54	76,190	76,502
11,569	F N M A #MA4667 3.500% 7/01/37	10,938	11,648
18,602	F N M A #MA4713 4.000% 7/01/37	17,888	18,744
11,974	F N M A #MA4797 4.000% 11/01/37	11,514	11,812
10,825	F N M A #MA4825 5.000% 10/01/37	10,733	10,895
12,007	F N M A #MA4991 5.500% 4/01/38	12,033	12,056
11,612	F N M A #MA5014 5.000% 5/01/38	11,513	11,684
24,079	F N M A #MA5145 6.000% 9/01/38	24,331	24,207
51,058	F N M A #MA5166 6.000% 9/01/53	51,210	51,920
30,000	F N M A DEB 6.625 11/15/2030	33,531	37,165
15,000	HONOLULU CITY HI 2.316% 7/01/25	14,556	15,000
20,000	METRO WSTWTR CO 2.363% 4/01/27	18,801	20,000
10,000	NEBRASKA ST PUBLIC 2.421% 1/01/26	9,602	10,000
20,000	NEW YORK ST URBAN 3.270% 3/15/28	18,962	19,574
10,000	PRINCE GEORGES CNTY 0.844% 9/15/24	9,906	10,000
84,000	U S TREASURY BILL 7/11/24	83,877	82,125
85,000	U S TREASURY BILL 10/03/24	83,852	82,288
80,000	U S TREASURY NT 0.625% 8/15/30	64,113	77,419
70,000	U S TREASURY NT 1.125% 2/15/31	57,244	67,619
80,000	U S TREASURY NT 1.250% 8/15/31	64,925	71,327
60,000	U S TREASURY NT 1.500% 2/15/30	51,497	57,471
34,000	U S TREASURY NT 1.500% 2/15/30	29,182	36,591
10,000	U S TREASURY NT 1.500% 8/15/26	9,358	9,424
45,000	U S TREASURY NT 2.000% 11/15/26	42,346	43,423
60,000	U S TREASURY NT 2.375% 5/15/29	54,792	60,974
75,000	U S TREASURY NT 2.750% 2/15/28	70,714	78,869
65,000	U S TREASURY NT 2.750% 8/15/32	57,842	58,295
32,000	U S TREASURY NT 2.750% 8/15/32	28,476	31,795
35,000	U S TREASURY NT 3.125% 11/15/28	33,235	34,233
75,000	U S TREASURY NT 3.375% 5/15/33	69,507	72,739
25,000	U S TREASURY NT 3.875% 12/31/27	24,521	25,084
20,000	U S TREASURY NT 4.000% 2/15/26	19,730	20,060
35,000	U S TREASURY NT 4.000% 2/15/34	33,972	33,852
50,000	U S TREASURY NT 4.000% 2/29/28	49,239	50,055
75,000	U S TREASURY NT 4.125% 8/31/30	74,045	75,023
45,000	U S TREASURY NT 4.125% 11/15/32	44,242	46,047
130,000	U S TREASURY NT 4.125% 11/15/32	127,811	131,153
45,000	UNITED STATES TREAS 4.375% 11/30/30	45,037	45,802
15,000	VIRGINIA ST 2.530% 11/01/28	13,738	15,000
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 2,790,531</u>	<u>\$ 2,909,665</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	<u>Corporate Debt Securities</u>	Fair Value	Cost
\$ 25,000	ABBOTT LABORATORIES 3.750% 11/30/26	\$ 24,384	\$ 28,534
50,000	ABBVIE INC 4.800% 3/15/29	49,807	49,897
20,000	ABBVIE INC 4.950% 3/15/31	19,948	20,046
5,000	ADOBE INC 2.150% 2/01/27	4,663	5,270
20,000	ADOBE INC SR GLBL 4.800% 4/04/29	20,021	19,871
5,000	AIR PRODUCTS AND 4.800% 3/03/33	4,919	5,060
10,000	AIR PRODUCTS AND 4.850% 2/08/34	9,816	9,973
15,000	ALLSTATE CORP 0.750% 12/15/25	14,024	14,990
15,000	AMAZON COM INC 3.150% 8/22/27	14,243	15,893
5,000	AMERICAN WATER 3.400% 3/01/25	4,927	5,346
25,000	AMPHENOL CORP 4.750% 3/30/26	24,792	24,932
10,000	ANALOG DEVICES INC 2.950% 4/01/25	9,819	10,862
20,000	ANHEUSER BUSCH INBEV 4.750% 1/23/29	19,887	21,637
15,000	ANTHEM INC 2.250% 5/15/30	12,853	14,955
15,000	APPLE INC 2.050% 9/11/26	14,101	15,440
50,000	APPLE INC 2.200% 9/11/29	44,366	49,804
10,000	APPLIED MATLS INC 4.800% 6/15/29	9,985	9,971
25,000	AT T INC GLBL NT 2.300% 6/01/27	23,126	23,924
15,000	AUTOMATIC DATA 1.700% 5/15/28	13,398	15,087
25,000	AVERY DENNISON CORP 4.875% 12/06/28	24,618	27,099
5,000	BANK OF AMERICA 4.980% 11/15/28	4,996	4,999
10,000	BANK OF AMERICA MTN 3.824% 1/20/28	9,638	11,453
30,000	BANKUNITED INC 5.125% 6/11/30	26,975	29,744
20,000	BRISTOL MYERS SQUIBB 5.750% 2/01/31	20,765	20,221
15,000	BRISTOL MYERS SQUIBB 5.750% 2/01/31	15,573	14,985
15,000	BROWN FORMAN CORP 4.750% 4/15/33	14,678	15,097
25,000	CANADIAN NATL RAIL 6.900% 7/15/28	26,859	33,174
35,000	CAPITAL ONE FINL 5.817% 2/01/34	34,641	35,000
20,000	CAPITAL ONE MULTI 2.800% 3/15/27	19,622	19,998
25,000	CATERPILLAR FINL MTN 4.350% 5/15/26	24,664	24,796
20,000	CBOE GLOBAL MKTS INC 1.625% 12/15/30	16,339	19,879
45,000	CIGNA CORP NEW GLBL 3.400% 3/01/27	43,023	46,884
10,000	CINCINNATI GAS ELEC 6.900% 6/01/25	10,096	12,565
25,000	CINTAS CORPORATION 3.700% 4/01/27	24,064	26,455
15,000	CITIGROUP INC 3.200% 10/21/26	14,305	14,257
45,000	CITIGROUP INC 4.450% 9/29/27	43,863	51,810
15,000	CNH INDUSTRIAL 5.500% 1/12/29	15,159	14,910
45,000	COLGATE PALMOLIVE 4.600% 3/01/33	44,140	44,915
25,000	COMCAST CORP 4.250% 10/15/30	23,974	24,425
30,000	COMCAST CORP NEW NT 4.650% 2/15/33	28,963	29,971
20,000	CONNECTICUT LT PWR 0.750% 12/01/25	18,778	19,523
20,000	CONOCO INC 6.950% 4/15/29	21,678	21,860
11,947	CONTL AIRLINES 2012 4.000% 4/29/26	11,945	12,813
10,000	DICKS SPORTING GOODS 3.150% 1/15/32	8,500	10,001
15,000	CUMMINS INC 5.150% 2/20/34	15,016	15,088
	<u>Forward</u>	\$ 901,951	\$ 963,414

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 901,951	\$ 963,414
\$ 20,000	DAIMLER TRUCKS 5.900% 3/15/27	20,104	20,000
15,000	DUKE ENERGY 4.850% 1/15/34	14,516	14,741
125,000	DUKE ENERGY LLC 4.950% 1/15/33	122,860	123,643
45,000	DUKE ENERGY MTN 6.750% 2/01/28	47,079	47,136
20,000	EATON CORP OHIO SR 4.150% 3/15/33	18,729	19,046
36,000	EBAY INC 2.700% 3/11/30	31,728	35,460
15,000	ECOLAB INC 5.250% 1/15/28	15,143	15,148
20,000	ELI LILLY CO SR NT 4.500% 2/09/27	19,826	19,989
15,000	EMERSON ELEC CO SR 1.800% 10/15/27	13,649	15,221
36,000	ERP OPERATING LP 4.150% 12/01/28	34,749	41,036
25,000	EVERGY INC 2.450% 9/15/24	24,824	25,740
25,000	EXXON MOBIL 2.440% 8/16/29	22,349	25,198
45,000	F F C B DEB 6.040% 4/17/34	44,954	45,014
50,000	FEDERAL FARM CR BKS 6.220% 4/25/39	50,000	50,080
25,000	FLORIDA PWR LT CO 5.050% 4/01/28	25,092	25,053
25,000	GENERAL MTRS FINL 1.250% 1/08/26	23,403	24,889
20,000	GEORGIA PACIFIC CORP 7.375% 12/01/25	20,535	24,044
20,000	GEORGIA PWR CO 4.650% 5/16/28	19,691	20,020
40,000	GLOBE LIFE INC 2.150% 8/15/30	32,115	40,000
20,000	HCA INC 5.875% 2/15/26	20,027	20,051
30,000	HERSHEY COMPANY 3.200% 8/21/25	29,354	32,827
15,000	HOME DEPOT INC 4.950% 9/30/26	14,979	15,009
10,000	HOME DEPOT INC 5.150% 6/25/26	10,008	9,998
40,000	HUNTINGTON 4.443% 8/04/28	38,746	40,060
25,000	ILLINOIS TOOL WORK 2.650% 11/15/26	23,775	24,352
20,000	INTEL CORP 3.750% 8/05/27	19,286	19,873
10,000	JACOBS SOLUTIONS INC 6.350% 8/18/28	10,315	10,021
16,000	JM SMUCKER CO 3.500% 3/15/25	15,756	15,313
40,000	JOHN DEERE MTN 4.950% 7/14/28	40,042	39,940
5,000	JOHN DEERE OWNER 5.060% 11/15/28	4,980	5,000
25,000	KENVUE INC 5.350% 3/22/26	25,063	25,014
20,000	KEURIG DR PEPPER INC 5.200% 3/15/31	19,960	19,776
25,000	KEYSPAN GAS EAST 5.994% 3/06/33	25,169	25,000
25,000	KIMBERLY CLARK CORP 3.950% 11/01/28	24,114	27,125
15,000	KLA TENCOR CORP 4.650% 11/01/24	14,954	15,768
80,000	L3HARRIS 3.850% 12/15/26	77,313	78,964
10,000	LAUDER ESTEE CONS 4.650% 5/15/33	9,653	9,831
20,000	LOCKHEED MARTIN CORP 4.500% 2/15/29	19,694	19,979
30,000	LOWES COS INC 3.125% 9/15/24	29,836	32,036
4,000	MARKEL CORP 3.350% 9/17/29	3,670	4,074
25,000	MARTIN MARIETTA 4.250% 7/02/24	24,999	26,378
25,000	MONDELEZ INTL INC 2.625% 3/17/27	23,432	23,322
	<u>Forward</u>	\$ 2,028,422	\$ 2,134,583

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7034407; PLAN NO. 501
JUNE 30, 2024

Par Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value	Cost
	<u>Forwarded</u>	\$ 2,028,422	\$ 2,134,583
\$	20,000 MORGAN STANLEY MTN 3.772% 1/24/29	19,038	18,540
	37,000 NATIONAL RURAL UTI 8.58336% 4/30/43	37,000	37,759
	15,000 NATIONAL RURAL UTIL 2.400% 3/15/30	12,969	15,042
	15,000 NATIONAL RURAL UTIL 3.900% 11/01/28	14,297	14,849
	40,000 NEW YORK LIFE 5.450% 9/18/26	40,190	40,032
	25,000 NEXTERA ENERGY 4.625% 7/15/27	24,591	24,990
	70,000 NORTHERN STS PWR 6.250% 6/01/36	74,675	76,714
	10,000 NVENT FINANCE SARL 4.550% 4/15/28	9,710	11,235
	15,000 O REILLY AUTOMOTIVE 3.900% 6/01/29	14,193	14,211
	15,000 OGE ENERGY CORP 5.450% 5/15/29	15,115	15,062
	10,000 OKLAHOMA GAS 6.500% 4/15/28	10,380	10,678
	15,000 ORACLE CORP 6.150% 11/09/29	15,689	15,459
	10,000 PACCAR FINANCIAL MTN 5.200% 11/09/26	10,037	9,987
	5,000 PACIFIC GAS ELEC CO 5.900% 6/15/32	5,004	5,081
	20,000 PACIFIC LIFE GF MTN 4.900% 4/04/28	19,815	19,923
	25,000 PEPSICO INC 2.750% 3/19/30	22,394	25,459
	40,000 PERKINELMER INC 1.900% 9/15/28	34,992	40,003
	35,000 PFIZER INVT 4.650% 5/19/30	34,498	34,938
	11,659 PG E ENERGY 1.460% 7/15/33	10,335	11,090
	40,000 PHARMACIA CORP 6.600% 12/01/28	42,405	44,638
	15,000 PROGRESSIVE CORP 3.000% 3/15/32	13,012	13,085
	70,000 PROTECTIVE LIFE 1.737% 9/21/30	57,247	69,931
	10,000 PUBLIC SERVICE MTN 3.050% 11/15/24	9,901	10,507
	10,000 PUBLIC STORAGE GLBL 5.100% 8/01/33	9,918	9,890
	15,000 PUBLIC SVC ELEC GAS 5.200% 3/01/34	15,006	15,059
	15,000 QUALCOMM INC 3.250% 5/20/27	14,324	15,097
	15,000 QUANTA SVCS INC 0.950% 10/01/24	14,807	14,020
	25,000 REPUBLIC SERVICES 3.950% 5/15/28	24,034	23,814
	15,000 RTX CORPORATION 6.000% 3/15/31	15,625	14,990
	50,000 STATE STREET CORP 3.031% 11/01/34	44,260	50,320
	50,000 SYNCHRONY FINANCIAL 2.875% 10/28/31	40,096	49,944
	15,000 T MOBILE USA INC 3.500% 4/15/25	14,747	16,341
	15,000 TEXAS INSTRS INC 4.600% 2/08/27	14,902	14,984
	10,000 TRANSCONT GAS PIPE 4.000% 3/15/28	9,585	10,751
	29,520 UNION PACIFIC RR CO 3.227% 5/14/26	28,495	30,170
	15,000 UNITED PARCEL SVCS 4.875% 3/03/33	14,769	15,245
	45,000 US BANCORP 4.839% 2/01/34	42,662	45,045
	75,000 V F CORPORATION 2.950% 4/23/30	62,255	75,503
	20,000 VERIZON MASTER TR 0.990% 4/20/28	19,715	19,997
	15,000 VISA INC 3.150% 12/14/25	14,588	16,182
	40,000 WELLS FARGO CO MTN 3.000% 6/12/35	31,069	41,600
	15,000 WELLS FARGO COMPANY 3.000% 4/22/26	14,381	13,844
	10,000 WISCONSIN ELEC 5.000% 5/15/29	10,018	9,976
	15,000 WISCONSIN ELECTRIC 3.100% 6/01/25	14,713	15,553
	15,000 WW GRAINGER INC 1.850% 2/15/25	14,654	15,193
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 3,060,532</u>	<u>\$ 3,247,314</u>

B.A.C. LOCAL NO. 3 HEALTH AND WELFARE PLAN
 FORM 5500
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 E.I.N. 23-7034407; PLAN NO. 501
 JUNE 30, 2024

No. of Shares	Exchange Traded Fund	Fair Value	Cost
2,105	SPDR S P 500 ETF	\$ 1,145,583	\$ 620,859
	<u>Mutual Fund</u>		
301,398	CARILLON CHARTWELL SHORT DURATION HIGH YIELD FUND	\$ 2,854,238	\$ 2,988,056
	<u>Limited Partnership</u>		
	ARA CORE PROPERTY FUND LP	\$ 2,259,138	\$ 2,013,298
	<u>TOTALS - INVESTMENTS, AT FAIR VALUE</u>	<u>\$ 12,226,571</u>	<u>\$ 11,895,741</u>