Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

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:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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

1a Name of plan
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/06/1953

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

C/O SAVASTA AND COMPANY, INC

655 3RD AVENUE, 12TH FLOOR
NEW YORK, NY 10017

2b Employer Identification Number (EIN) 51-0243781

2c Plan Sponsor's telephone number 212-308-4200

2d Business code (see instructions) 484110

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.	04/07/2025	LINDA KELLNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2025	LOUIS CALEMINE
	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 ☐ Same as Plan Sponsor

SAVASTA AND COMPANY, INC

655 3RD AVENUE, 12TH FLOOR
NEW YORK, NY 10017

3b Administrator's EIN: 13-3879959

3c Administrator's telephone number: 212-308-4200

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**	1844
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1296
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1249
b	Retired or separated participants receiving benefits	**6b**	541
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1790
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	8

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 4L

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

D Employer Identification Number (EIN)
51-0243781

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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	62057	10259581	1277	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
4233	8084

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

J N SAVASTA CORP
1350 BROADWAY, RM 410
NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4233	3234	FEES	3

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

DONALD C SAVOY INC
200 CONNELL DR. SUITE 1000
BERKELEY HEIGHTS, NJ 07932

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	4850	OVERRIDES	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	

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)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**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)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

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 [ ] paid in cash, or [ ] 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**	161679
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 [X] 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
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

D Employer Identification Number (EIN)
51-0243781

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
AETNA LIFE INSURANCE

(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	Policy or contract year (g) To
06-6033492	60054	E000671	519	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
309978	0

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

LABOR FIRST, LLC
1000 MIDLANTIC DRIVE, SUITE 100
MOUNT LAUREL, NJ 08054

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
309978			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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**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)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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 [ ] paid in cash, or [ ] 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**	2275467
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

D Employer Identification Number (EIN)
51-0243781

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).. . . . . [X] 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

VIRTUS SEIX

04-3541828

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

THE VANGUARD GROUP, INC

23-1945930

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

AMERICAN REALTY ADVISORS

33-0123114

(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

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

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

SAVASTA AND COMPANY, INC

13-3879959

(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 13 50	NONE	1788860	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTHEM BLUE CROSS

23-7391136

(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 13 15 49 62	NONE	540702	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(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 50	NONE	178505	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MORGAN, LEWIS AND BOCKIUS

23-0891050

(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	118410	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PITTA, LLP

26-3852082

(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	LEGAL COUNSEL	105315	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UPRISE HEALTH

2 PARK PLAZA
IRVINE, CA 92614

(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?
49 50	NONE	97818	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

HEARTSCAN SERVICES

3000 HEMPSTEAD TPKE
LEVITTOWN, NY 11756

(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?
49 50	NONE	73356	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP, PLLC

47-0900880

(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	AUDITOR	54202	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPIRX HEALTH

47-1226691

(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 13 50	NONE	49404	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PAYER MATRIX, LLC

407 ELMWOOD AVE.
SHARON HILL, PA 19079

(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?
49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	45210	Yes [ ] No [X]

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

DDS, INC

11-2705347

(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	41393	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTERN ASSET MANAGEMENT

95-2705767

(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	34629	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

TEAMSTER CENTER SERVICES FUND

13-1964856

(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?
16 50	NONE	33512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEDREVIEW, INC

13-3240352

(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?
49 50	NONE	32112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OPTUMRX, INC.

33-0441200

(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 99	NONE	29196	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

JENNISON ASSOCIATES

52-2069785

(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?
21 51 52 68	NONE	27588	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STACEY BRAUN ASSOCIATES, INC.

13-2889432

(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 52 68	NONE	27011	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(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	11946	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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 NATIONAL ASSOCIATION

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	7117	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

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
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

D Employer Identification Number (EIN)
51-0243781

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE BOND

b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4712392-001	E	26049690

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6753959-001	C	7866766

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

A Name of plan
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

D Employer Identification Number (EIN)
51-0243781

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1775430	3818179
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3827114	3592530
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	974852	474796
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	67389	685752
(2) U.S. Government securities	1c(2)	6146346	8184148
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	372883	562195
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2618118	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5786102	7866766
(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)	20349272	26049690
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19581449	26769590
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4748565	4213892

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	5559	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	66253079	82217538
	Liabilities			
g	Benefit claims payable	1g	5952000	5474000
h	Operating payables	1h	126385	116899
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6078385	5590899
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	60174694	76626639

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)	42001742	
	(B) Participants	2a(1)(B)	2460938	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		44462680
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48170	
	(B) U.S. Government securities	2b(1)(B)	193805	
	(C) Corporate debt instruments	2b(1)(C)	17174	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	131499	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		390648
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	8606	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	518846	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		527452
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3313040	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3341440	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-28400
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-706161	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-706161

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		2043164
(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)**		550418
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		3937487
c Other income	**2c**		
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		51177288
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	275250	
(2) To insurance carriers for the provision of benefits	**2e(2)**	2747125	
(3) Other	**2e(3)**	29300288	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		32322663
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)**	1768860	
(3) Recordkeeping fees	**2i(3)**	7509	
(4) IQPA audit fees	**2i(4)**	54202	
(5) Investment advisory and investment management fees	**2i(5)**	102831	
(6) Bank or trust company trustee/custodial fees	**2i(6)**		
(7) Actuarial fees	**2i(7)**	198505	
(8) Legal fees	**2i(8)**	193725	
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	77048	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		2402680
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		34725343
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		16451945
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) [X] 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)** [X] 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: CALIBRE CPA GROUP, PLLC **(2)** EIN: 47-0900880

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

FINANCIAL STATEMENTS

JUNE 30, 2024

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8
Supplemental Information	
Schedule of Assets (Held at End of Year)	21
Schedule of Reportable Transactions	57

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 295 I.B.T. Employer Group Welfare Fund

Opinion

We have audited the accompanying financial statements of Local 295 I.B.T. Employer Group Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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 supplemental 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 year ended June 30, 2024 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

New York, NY
March 10, 2025

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	$ 685,752	$ 67,389
U.S. Government securities	8,184,148	6,146,346
Corporate bonds	562,195	372,883
Common stock	-	2,618,118
Mutual funds	26,769,590	19,581,449
Collective trust fund	7,866,766	5,786,102
103-12 investment entity	26,049,690	20,349,272
Real estate LLC	4,213,777	4,748,450
Hedge fund of funds	115	115
Total investments, at fair value	74,332,033	59,670,124
Receivables		
Employer contributions	3,592,530	3,827,114
Interest and dividends	74,763	54,446
Prescription drug rebates	393,789	920,406
Total receivables	4,061,082	4,801,966
Cash	3,818,179	1,775,430
Prepaid expenses	6,244	5,559
Total assets	82,217,538	66,253,079
Liabilities		
Accounts payable and accrued expenses	116,899	126,385
Net assets available for benefits	$ 82,100,639	$ 66,126,694

See accompanying notes to financial statements.

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Additions		
Contributions		
Employers	$ 42,001,742	$ 40,714,856
Retirees	2,428,934	2,445,035
Participants (COBRA)	32,004	40,683
Total contributions	44,462,680	43,200,574
Investment income		
Net appreciation in fair value of investments	5,796,508	2,227,547
Interest and dividends	918,100	804,788
	6,714,608	3,032,335
Less: investment expenses	102,831	89,908
Net investment income	6,611,777	2,942,427
Total additions	51,074,457	46,143,001
Deductions		
Benefits paid	32,800,663	27,828,602
Administrative expenses	2,299,849	2,234,472
Total deductions	35,100,512	30,063,074
Net change	15,973,945	16,079,927
Net assets available for benefits		
Beginning of year	66,126,694	50,046,767
End of year	$ 82,100,639	$ 66,126,694

See accompanying notes to financial statements.

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

JUNE 30, 2024 AND 2023

	2024	2023
Obligations for current benefit coverage		
Claims incurred but not reported	$ 5,474,000	$ 5,952,000
Accumulated eligibility	6,983,000	7,226,000
Total obligations for current benefit coverage	12,457,000	13,178,000
Postretirement benefit obligations		
Current retirees	9,931,224	11,104,517
Other participants fully eligible for benefits	10,163,717	7,939,299
Other participants not fully eligible for benefits	9,692,842	11,874,223
Total postretirement benefit obligations	29,787,783	30,918,039
Total benefit obligations	$ 42,244,783	$ 44,096,039

See accompanying notes to financial statements.

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Obligations for current benefit coverage		
Balance - beginning of year	$ 13,178,000	$ 11,369,000
Net change during the year		
Claims incurred but not reported	(478,000)	2,047,000
Accumulated eligibility	(243,000)	(238,000)
Balance - end of year	12,457,000	13,178,000
Postretirement benefit obligations		
Balance - beginning of year	30,918,039	29,111,764
Change during year attributable to		
Assumption changes	(2,940,954)	24,602
Passage of time	1,576,653	1,343,514
Benefits accumulated during year	996,001	1,050,059
Expected net benefits paid during year	(761,956)	(611,900)
Balance - end of year	29,787,783	30,918,039
Total benefit obligations	$ 42,244,783	$ 44,096,039

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following brief description of Local 295 I.B.T. Employer Group Welfare Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit welfare plan established under the provisions of an Agreement and Declaration of Trust effective April 6, 1953, as amended, between Local 295 I.B.T. (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, and various employers, primarily in the trucking and delivery industries, who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a trust fund for the purpose of providing health and welfare benefits to employees of contributing employers who are represented by the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of Union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits - The Plan provides health and welfare benefits including medical, hospitalization, prescription drug, dental, optical, death benefits, and mental health and substance abuse services. Except for fully insured medical, hospitalization, and prescription drug benefits for Medicare eligible retirees, these benefits are self-insured and paid out of the general assets of the Plan. Insurance policies providing life insurance and accidental death and dismemberment benefits are fully insured. Retired members are entitled to continuing health coverage provided they meet certain eligibility requirements and pay the required monthly premium. The Plan continues to provide benefits to active participants and eligible dependents through the subsequent calendar quarter if a member has worked 36 days or more in covered employment in the current calendar quarter.

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating employers on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreements with the Union. Contributions are made by the Plan's sponsoring Union in its capacity as employer. Contributions are also made by retirees who continue coverage with the Plan after retirement and by participants who have left covered employment and who elect to continue coverage with the Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized as incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, including estimated amounts for claims incurred but not reported, accumulated eligibility credits, postretirement benefit obligations, and disclosure of contingent assets and liabilities, if any, at the date of financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by its investment managers and custodian. In addition, certain investment fees are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Payment of Benefits - Claim payments are recorded when paid to the third-party claim processors. Amounts due to claims processors that have yet to be paid by the Plan are reported as claims payable in the accompanying statements of benefit obligations. Premiums for insurance coverage are recognized when paid.

Prescription Drug Rebates - The Plan uses a pharmacy benefit manager (PBM) which periodically provides rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due from the Plan's PBM are reported when earned. Refunds due the Plan as of the financial statement dates have been reported as a receivable, with the offset being netted against benefits paid. Pharmacy rebates totaling $1,329,244 and $1,851,583 for the years ended June 30, 2024 and 2023, respectively, have been netted with benefits paid in the accompanying statements of changes in net assets available for benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits.

New Accounting Pronouncement Adopted - During the year ended June 30, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contribution receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective July 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

NOTE 3. PRIORITIES UPON TERMINATION OF THE PLAN

Although they have not expressed any intention to do so, the Plan's Trustees, as Plan Sponsor, have the right under the Plan to modify the benefits provided to active and retired participants and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 4. BENEFIT OBLIGATIONS

Postretirement Benefit Obligation - The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed under the terms of the Plan to certain eligible employees' service rendered through June 30, 2024 and 2023, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Postretirement benefits include future benefits expected to be paid on behalf of and to (1) currently retired employees and their spouses and (2) active employees and their spouses after retirement from service with participating employers.

The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service in the industry rendered to the valuation date.

NOTE 4. BENEFIT OBLIGATIONS (CONTINUED)

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annually incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following are the significant assumptions and plan provisions used in the valuations as of June 30, 2024 and 2023:

Interest Rate:	June 30, 2024 - 5.25% per annum. June 30, 2023 - 5.00% per annum.
Benefit Eligibility:	20 or more years of service and a combined age plus years of contributions equal to 75, and worked in covered employment for which contributions were paid for at least 16 weeks in each of the two 12-month periods immediately preceding termination of covered employment, or 25 or more years of service and worked in covered employment for which contributions were paid for at least 16 weeks in each of the two 12-month periods immediately preceding termination of covered employment, and in the 12 months preceding that.
Mortality:	Non-Disabled Mortality: 110% of the sex-distinct PRI-2012 Blue Collar Mortality Tables for employees and annuitants, projected generationally with Scale MP-2021. Disabled Mortality: 110% of the sex-distinct Pri-2012 Disabled Mortality Tables projected generationally with Scale MP 2021.
Retirement Age:	Active participants: 100% retirement is assumed at the earlier of age 65 with 5 years of participation and age 58 with 30 years of benefit service.
Withdrawal:	The Sarason T-7 table was used. Withdrawal rates vary by age and are the same for males and females.

NOTE 4. BENEFIT OBLIGATIONS (CONTINUED)

Withdrawal (continued):

Age	Rate
20	9.94%
25	9.67%
30	9.30%
35	8.71%
40	7.75%
45	6.35%
50	4.22%
55	1.55%

Pre-Medicare Expenses: $976 per person per annum trended by 3.0% each year ($910 per person - June 30, 2023).

Pre-Medicare (Vision, Dental, and Prescription Claims Cost):

	June 30, 2024		
Age	Vision	Dental	Presciptions
50-54	$54	$498	$2,506
55-59	54	498	2,863
60-64	54	498	3,271
65+	-	-	-

	June 30, 2023		
Age	Vision	Dental	Presciptions
50-54	$52	$702	$2,342
55-59	52	702	2,676
60-64	52	702	3,057
65+	-	-	-

Medical Claims Cost:

June 30, 2024		June 30, 2023	
Age	Medical	Age	Medical
50-54	$9,875	50-54	$9,229
55-59	11,283	55-59	10,544
60-64	12,890	60-64	12,047
65+	4,944	65+	4,945

Expected Retiree Cost Sharing:

Pre-Medicare: $11,700 per person per annum trended by 3.00% each year.

Medicare: $4,200 per person per annum trended by 1.00% each year.

NOTE 4. BENEFIT OBLIGATIONS (CONTINUED)

Health Care Cost Trend (Medical, Prescription, and Dental):

The combined effect of price inflation and utilization on per capita claims cost is as follows:

	June 30, 2024	
Year	Pre-Medicare	Post-Medicare
2024-2025	7.00%	5.00%
2025-2026	6.50%	4.50%
2026-2027	6.00%	4.00%
2027-2028	5.50%	4.00%
2028-2029	5.00%	4.00%
2029-2030	4.50%	4.00%
2030+	4.00%	4.00%

	June 30, 2023	
Year	Pre-Medicare	Post-Medicare
2023-2024	7.00%	5.00%
2024-2025	6.50%	4.50%
2025-2026	6.00%	4.00%
2026-2027	5.50%	4.00%
2027-2028	5.00%	4.00%
2028-2029	4.50%	4.00%
2029+	4.00%	4.00%

The foregoing assumptions are based on the presumption that the Plan will continue. In the event the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations. The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of June 30, 2024 and 2023 by $4,643,457 and $4,975,296, respectively.

Claims Incurred But Not Reported - Plan obligations at June 30, 2024 and 2023, for claims incurred but not reported at those dates are estimated by the Plan's actuary in accordance with accepted actuarial principles that take into consideration prior claims experience and also include analyzing claim lag studies based on data provided by the Plan's third-party claims administrator. Such amounts are reported undiscounted as these obligations typically are payable within one year. Any differences in the amounts estimated and actual amounts will be reported in future years.

NOTE 4. BENEFIT OBLIGATIONS (CONTINUED)

Accumulated Eligibility - The Plan reported obligations from accumulated eligibility of $6,983,000 and $7,226,000 at June 30, 2024 and 2023, respectively. The obligation arising from accumulated eligibility is determined by applying the projected cost of benefits per eligible participant as of June 30, 2024, to the accumulated eligibility period of July 1, 2024 through September 30, 2024. The obligation arising from accumulated eligibility is determined by applying the projected cost of benefits per eligible participant as of June 30, 2023, to the accumulated eligibility period of July 1, 2023 through September 30, 2023. The actuary calculates the obligations as a termination liability to the Plan for work performed as of the end of the plan year.

NOTE 5. TAX STATUS

The Plan has received an exemption letter from the Internal Revenue Service (IRS) stating that the trust established under the Plan was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Trustees believe that the Plan, as amended, is operating in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

NOTE 6. 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's 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. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of investments in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions 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.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities or similar securities are traded.

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

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Common stock - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund - Valued at the NAV per share at year end as reported by the investment funds. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

103-12 investment entity - Valued at the NAV per share at year end as reported by the investment fund. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

Real estate LLC - Valued at the NAV per share at year end as reported by the limited liability company. The NAV, as provided by the LLC, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying properties.

Hedge fund of funds - Valued at the amount equal to the liquidation NAV per share.

The preceding methods 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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

	Assets at Fair Value as of June 30, 2024			
Description	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 685,752	$ 685,752	$ -	$ -
U.S. Government securities	8,184,148	8,005,408	178,740	-
Corporate bonds	562,195	-	562,195	-
Mutual funds	26,769,590	26,769,590	-	-
Total assets in the fair value hierarchy	36,201,685	$ 35,460,750	$ 740,935	$ -
Investments measured at NAV*	38,130,348			
Total assets at fair value	$ 74,332,033			

	Assets at Fair Value as of June 30, 2023			
Description	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 67,389	$ 67,389	$ -	$ -
U.S. Government securities	6,146,346	5,969,997	176,349	-
Corporate bonds	372,883	-	372,883	-
Common stock	2,618,118	2,618,118	-	-
Mutual funds	19,581,449	19,581,449	-	-
Total assets in the fair value hierarchy	28,786,185	$ 28,236,953	$ 549,232	$ -
Investments measured at NAV*	30,883,939			
Total assets at fair value	$ 59,670,124			

* In accordance with accounting standards, investments that were measured at NAV 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 amounts presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate NAV

The following table on the next page summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023. The investments in collective trust funds and the 103-12 investment entity are measured at fair value by using the NAV practical expedient and file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities are not required. There were no unfunded commitments towards any of these investment entities below as of June 30, 2024 and 2023.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Fair Value June 30, 2024	Fair Value June 30, 2023	Redemption Frequency	Redemption Notice Period
Collective Trust Fund				
Jennison Growth Equity NQ	$ 7,866,766	$ 5,786,102	Daily	1 day
103-12 Investment Entity				
Western Asset US Core Bond	26,049,690	20,349,272	Daily	1 day
Real Estate LLC				
American Core Realty Fund (a)	4,213,777	4,748,450	Quarterly	10 days
Hedge Fund of Funds				
Mezzacappa Diversified Opp Fund (b)	115	115	See (b)	See (b)
Total	$ 38,130,348	$ 30,883,939		

(a) This fund makes investments primarily in core, stable, institutional quality industrial, residential, office, and retail properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

(b) On September 30, 2009, the investment manager of the fund announced that it would liquidate the fund, in effect suspending all redemption rights of its investors. Periodically, as assets are disposed of, cash distributions are made to the Plan.

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA. Savasta and Company, Inc. (Savasta) serves as the Plan's third-party administrator. In this capacity, Savasta performs all administrative and operational services necessary to administer the Plan in accordance with generally accepted administrative practices in compliance with applicable laws including ERISA as well as the terms and conditions of the Plan Document and the policies and procedures adopted by the Trustees. In addition to the administrative services outlined above, Savasta performs limited actuarial services for the Plan. The total charges for Savasta's services for the years ended June 30, 2024 and 2023 were $1,788,860 and $1,791,128, respectively.

NOTE 8. UNINSURED CASH BALANCES

The Federal Deposit Insurance Corporation (FDIC) insurance limit is $250,000 per institution. Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash held in a high-quality financial institution. The balance at times may exceed FDIC insured amounts. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

NOTE 9. RISKS AND UNCERTAINTIES

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

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

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	$ 82,100,639	$ 66,126,694
Less: claims payable and claims incurred but not reported	5,474,000	5,952,000
Net assets available for benefits per the Form 5500	$ 76,626,639	$ 60,174,694

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the years ended June 30, 2024 and 2023:

	2024	2023
Benefits paid per the financial statements	$ 32,800,663	$ 27,828,602
Change in claims payable and claims incurred but not reported	(478,000)	2,047,000
Benefits paid per the Form 5500	$ 32,322,663	$ 29,875,602

Claims that have been processed and approved for payment at year end and claims incurred but not reported are not considered liabilities under U.S. generally accepted accounting principles (GAAP) on the statements of net assets available for benefits and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements but are reported on the Form 5500 under liabilities.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended June 30, 2024 and 2023:

	2024	2023
Total additions per the financial statements	$ 51,074,457	$ 46,143,001
Add: investment expenses	102,831	89,908
Total income per the Form 5500	$ 51,177,288	$ 46,232,909

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended June 30, 2024 and 2023:

	2024	2023
Total deductions per the financial statements	$ 35,100,512	$ 30,063,074
Add: investment expenses	102,831	89,908
Total expenses per the Form 5500	$ 35,203,343	$ 30,152,982

NOTE 11. SIGNIFICANT CONTRIBUTING EMPLOYER

Contributions from one contributing employer accounted for approximately 87% and 85% of total employer contributions for the years ended June 30, 2024 and 2023, respectively.

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through March 10, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

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61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 *ACCOUNT* [redacted]	365,047.110	365,047.11 1.0000	365,047.11	.00 .00	2,109.84	5.15
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 *ACCOUNT* [redacted]	1,658.760	1,658.76 1.0000	1,658.76	.00 .00	7.03	5.15
Total First Am US Treas Mm Cl Z	**366,705.870**	**366,705.87**	**366,705.87**	**.00** **.00**	**2,116.87**	**5.14**
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 *ACCOUNT* [redacted]	.510	.51 1.0000	.51	.00 .00	.00	5.88
Total Money Markets	**366,706.380**	**366,706.38**	**366,706.38**	**.00** **.00**	**2,116.87**	**5.14**
Cash						
Cash		319,045.50	319,045.50			
Total Cash	**.000**	**319,045.50**	**319,045.50**	**.00** **.00**	**.00**	**0.00**
Total Cash And Equivalents	**366,706.380**	**685,751.88**	**685,751.88**	**.00** **.00**	**2,116.87**	**2.75**
US Government Issues						

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LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #763539 4.500% 5/15/41 Standard & Poors Rating: N/A Moodys Rating: N/A 36176EBG5 Asset Minor Code 24 *ACCOUNT* [redacted]	918.520	883.11 96.1450	969.46	- 86.35 - 7.76	5.52	4.68
G N M A #598003 6.000% 12/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36200DKQ5 Asset Minor Code 24 *ACCOUNT* [redacted]	168.650	170.89 101.3310	173.61	- 2.72 .75	.84	5.92
G N M A #605460 4.500% 6/15/34 Standard & Poors Rating: N/A Moodys Rating: N/A 36200NTR2 Asset Minor Code 24 *ACCOUNT* [redacted]	616.770	597.35 96.8520	611.45	- 14.10 - 5.56	1.39	4.65
G N M A #569548 6.000% 1/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36200QWH3 Asset Minor Code 24 *ACCOUNT* [redacted]	147.970	152.23 102.8790	146.34	5.89 1.83	.74	5.83
G N M A #569709 6.000% 2/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36200Q3S1 Asset Minor Code 24 *ACCOUNT* [redacted]	201.150	203.76 101.2970	199.60	4.16 - .68	.98	5.92
G N M A #571300 6.000% 11/15/31 Standard & Poors Rating: N/A Moodys Rating: N/A 36200SUZ1 Asset Minor Code 24 *ACCOUNT* [redacted]	215.020	217.45 101.1310	213.70	3.75 - .36	1.08	5.93

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LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #579204 6.000% 3/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36201CNV2 Asset Minor Code 24 *ACCOUNT* [redacted]	915.420	929.24 101.5100	909.41	19.83 1.35	4.57	5.91
G N M A #581135 6.000% 3/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36201ESY7 Asset Minor Code 24 *ACCOUNT* [redacted]	345.130	348.63 101.0150	342.38	6.25 - 1.54	1.71	5.94
G N M A #581146 6.000% 3/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36201ETB6 Asset Minor Code 24 *ACCOUNT* [redacted]	134.710	135.87 100.8620	134.12	1.75 - .57	.68	5.95
G N M A #584411 6.500% 5/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36201JGU7 Asset Minor Code 24 *ACCOUNT* [redacted]	200.390	205.26 102.4290	203.70	1.56 .87	1.07	6.35
G N M A #605802 5.000% 12/15/34 Standard & Poors Rating: N/A Moodys Rating: N/A 36201XAB4 Asset Minor Code 24 *ACCOUNT* [redacted]	307.930	307.75 99.9400	310.40	- 2.65 - .11	1.28	5.00
G N M A I I #004398 5.000% 3/20/39 Standard & Poors Rating: N/A Moodys Rating: N/A 36202E3F4 Asset Minor Code 24 *ACCOUNT* [redacted]	585.730	585.52 99.9640	600.47	- 14.95 - 9.05	2.44	5.00

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LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #485607 6.500% 7/15/31 Standard & Poors Rating: N/A Moodys Rating: N/A 36209YNY0 Asset Minor Code 24 *ACCOUNT* [redacted]	67.540	68.57 101.5190	67.70	.87 - .63	.36	6.40
G N M A #485682 6.500% 8/15/31 Standard & Poors Rating: N/A Moodys Rating: N/A 36209YRB6 Asset Minor Code 24 *ACCOUNT* [redacted]	182.510	185.82 101.8130	184.27	1.55 - .84	.99	6.38
G N M A #501486 6.500% 3/15/29 Standard & Poors Rating: N/A Moodys Rating: N/A 36210TCX2 Asset Minor Code 24 *ACCOUNT* [redacted]	272.360	276.03 101.3480	253.55	22.48 - 7.77	1.49	6.41
G N M A #533788 6.500% 5/15/31 Standard & Poors Rating: N/A Moodys Rating: N/A 36212G6Z0 Asset Minor Code 24 *ACCOUNT* [redacted]	138.840	142.32 102.5060	139.33	2.99 .48	.74	6.34
G N M A #538300 6.500% 1/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36212M7M5 Asset Minor Code 24 *ACCOUNT* [redacted]	107.810	109.76 101.8120	108.16	1.60 - .78	.58	6.39
G N M A #538326 6.000% 3/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36212NA31 Asset Minor Code 24 *ACCOUNT* [redacted]	622.970	644.30 103.4240	620.58	23.72 1.56	3.07	5.80

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61- -12-C -78C-212-04
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LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #547566 6.500% 4/15/31 Standard & Poors Rating: N/A Moodys Rating: N/A 36212YJK0 Asset Minor Code 24 *ACCOUNT* [redacted]	313.890	319.24 101.7040	313.54	5.70 - 1.45	1.68	6.39
G N M A #550685 5.000% 10/15/35 Standard & Poors Rating: N/A Moodys Rating: N/A 36213CXN5 Asset Minor Code 24 *ACCOUNT* [redacted]	326.320	327.01 100.2100	320.98	6.03 - 3.99	1.36	4.99
G N M A #554790 6.500% 4/15/31 Standard & Poors Rating: N/A Moodys Rating: N/A 36213HKB4 Asset Minor Code 24 *ACCOUNT* [redacted]	631.860	643.45 101.8350	631.86	11.59 - 2.34	3.44	6.38
G N M A #565112 6.000% 11/15/32 Standard & Poors Rating: N/A Moodys Rating: N/A 36213UYH7 Asset Minor Code 24 *ACCOUNT* [redacted]	236.400	239.13 101.1560	243.53	- 4.40 .70	1.17	5.93
G N M A #620539 4.500% 8/15/33 Standard & Poors Rating: N/A Moodys Rating: N/A 36290XLU2 Asset Minor Code 24 *ACCOUNT* [redacted]	635.190	610.27 96.0770	608.98	1.29 - 8.95	2.38	4.68
G N M A #648526 5.000% 12/15/35 Standard & Poors Rating: N/A Moodys Rating: N/A 36292GPK5 Asset Minor Code 24 *ACCOUNT* [redacted]	350.060	345.60 98.7250	344.02	1.58 - 3.60	1.49	5.06

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #677176 5.500% 6/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36295QJV3 Asset Minor Code 24 *ACCOUNT* [redacted]	434.100	441.97 101.8130	431.29	10.68 - 4.53	1.97	5.40
G N M A #679384 5.000% 5/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36295SXM3 Asset Minor Code 24 *ACCOUNT* [redacted]	379.470	380.74 100.3340	378.77	1.97 1.07	1.58	4.98
G N M A #690950 5.000% 6/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36296GTF8 Asset Minor Code 24 *ACCOUNT* [redacted]	702.780	694.19 98.7780	677.97	16.22 - 6.15	2.55	5.06
G N M A #697452 5.000% 9/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36296PZR5 Asset Minor Code 24 *ACCOUNT* [redacted]	492.150	489.63 99.4880	498.59	- 8.96 .89	2.05	5.03
G N M A #700913 5.000% 11/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36296TVE0 Asset Minor Code 24 *ACCOUNT* [redacted]	430.370	425.15 98.7880	457.54	- 32.39 - .69	1.78	5.06
G N M A #700950 5.500% 11/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36296TWK5 Asset Minor Code 24 *ACCOUNT* [redacted]	146.680	148.44 101.1980	153.50	- 5.06 1.13	.65	5.44

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #701501 5.000% 12/15/38 Standard & Poors Rating: N/A Moodys Rating: N/A 36296UKN9 Asset Minor Code 24 *ACCOUNT* [redacted]	1,011.260	1,014.22 100.2930	1,037.64	- 23.42 - .65	4.19	4.99
G N M A #705381 5.000% 1/15/39 Standard & Poors Rating: N/A Moodys Rating: N/A 36296YUE0 Asset Minor Code 24 *ACCOUNT* [redacted]	633.500	628.89 99.2720	662.17	- 33.28 - 1.01	2.64	5.04
U S Treasury Bd 5.375% 2/15/31 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810FP8 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	53,176.00 106.3520	63,753.13	- 10,577.13 - 1,566.00	1,011.50	5.05
U S Treasury Bd 4.750% 2/15/37 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810PT9 Asset Minor Code 21 *ACCOUNT* [redacted]	10,000.000	10,378.90 103.7890	12,963.75	- 2,584.85 - 683.60	178.78	4.58
U S Treasury Bd 3.500% 2/15/39 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QA9 Asset Minor Code 21 *ACCOUNT* [redacted]	80,000.000	71,984.80 89.9810	83,606.53	- 11,621.73 - 4,652.80	1,053.85	3.89
U S Treasury Bd 4.250% 5/15/39 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QB7 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	24,431.75 97.7270	25,167.19	- 735.44 - 735.44	135.70	4.35

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
US Treasury Bd 3.875% 8/15/40 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QK7 Asset Minor Code 21 *ACCOUNT* [redacted]	160,000.000	148,380.80 92.7380	172,578.91	- 24,198.11 - 10,491.34	2,333.52	4.18
U S Treasury Nt 4.250% 11/15/40 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QL5 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	48,437.50 96.8750	48,167.19	270.31 270.31	271.40	4.39
U S Treasury Bd 4.375% 5/15/41 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QQ4 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	24,516.50 98.0660	24,573.44	- 56.94 - 1,793.00	139.69	4.46
U S Treasury Bd 3.125% 11/15/41 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QT8 Asset Minor Code 21 *ACCOUNT* [redacted]	20,000.000	16,477.40 82.3870	23,037.19	- 6,559.79 - 1,134.40	79.82	3.79
U S Treasury Bd 3.000% 5/15/42 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QW1 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	120,409.50 80.2730	152,996.10	- 32,586.60 - 8,520.00	574.73	3.74
U S Treasury Nt 2.750% 8/15/42 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QX9 Asset Minor Code 21 *ACCOUNT* [redacted]	70,000.000	53,839.80 76.9140	67,398.44	- 13,558.64 - 3,838.80	724.52	3.58

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Bd 2.750% 11/15/42 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810QY7 Asset Minor Code 21 *ACCOUNT* [redacted]	30,000.000	22,991.10 76.6370	29,879.11	- 6,888.01 - 1,685.10	105.37	3.59
U S Treasury Bd 2.875% 5/15/43 912810RB6 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	19,414.00 77.6560	24,910.22	- 5,496.22 - 1,497.25	91.80	3.70
U S Treasury Bd 3.750% 11/15/43 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RD2 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	22,095.75 88.3830	22,489.25	- 393.50 - 1,796.75	119.74	4.24
U S Treasury Bd 3.625% 2/15/44 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RE0 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	43,308.50 86.6170	44,471.88	- 1,163.38 - 3,535.50	682.18	4.19
U S Treasury Bd 3.125% 8/15/44 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RH3 Asset Minor Code 21 *ACCOUNT* [redacted]	35,000.000	27,971.30 79.9180	29,023.44	- 1,052.14 - 2,315.95	411.66	3.91
U S Treasury Nt 2.500% 2/15/45 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RK6 Asset Minor Code 21 *ACCOUNT* [redacted]	70,000.000	49,932.40 71.3320	66,730.67	- 16,798.27 - 4,263.00	658.65	3.50

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Bd 3.000% 11/15/45 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RP5 Asset Minor Code 21 *ACCOUNT* [redacted]	20,000.000	15,486.00 77.4300	14,918.75	567.25 567.25	76.63	3.87
U S Treasury Bd 2.500% 5/15/46 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RS9 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	17,568.25 70.2730	32,081.25	- 14,513.00 - 1,655.50	79.82	3.56
U S Treasury Bd 2.250% 8/15/46 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RT7 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	66,660.00 66.6600	107,895.16	- 41,235.16 - 6,399.00	846.84	3.38
U S Treasury Bd 3.000% 5/15/47 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RX8 Asset Minor Code 21 *ACCOUNT* [redacted]	35,000.000	26,772.20 76.4920	26,256.25	515.95 515.95	134.10	3.92
U S Treasury Bd 2.750% 8/15/47 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810RY6 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	36,422.00 72.8440	51,159.38	- 14,737.38 - 3,797.00	517.51	3.78
U S Treasury Bd 3.125% 5/15/48 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SC3 Asset Minor Code 21 *ACCOUNT* [redacted]	90,000.000	69,989.40 77.7660	84,006.26	- 14,016.86 - 7,646.40	359.21	4.02

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 3.000% 8/15/48 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SD1 Asset Minor Code 21 *ACCOUNT* [redacted]	35,000.000	26,554.85 75.8710	34,672.66	- 8,117.81 - 2,973.60	395.19	3.95
U S Treasury Bd 3.375% 11/15/48 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SE9 Asset Minor Code 21 *ACCOUNT* [redacted]	430,000.000	349,224.50 81.2150	396,410.16	- 47,185.66 - 26,638.50	1,853.50	4.16
U S Treasury Bd 3.000% 2/15/49 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SF6 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	113,619.00 75.7460	111,521.88	2,097.12 2,097.12	1,693.68	3.96
U S Treasury Nt 1.375% 8/15/50 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SP4 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	12,794.00 51.1760	24,089.06	- 11,295.06 - 1,732.50	128.60	2.69
U S Treasury Bd 1.125% 8/15/40 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SQ2 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	30,445.50 60.8910	48,768.75	- 18,323.25 - 1,703.00	211.71	1.85
U S Treasury Bd 1.125% 5/15/40 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SR0 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	15,383.75 61.5350	24,878.13	- 9,494.38 - 822.25	35.92	1.83

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 1.875% 2/15/41 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810SW9 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	34,213.00 68.4260	48,659.38	- 14,446.38 - 2,097.50	352.85	2.74
U S Treasury Bd 4.000% 11/15/52 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810TL2 Asset Minor Code 21 *ACCOUNT* [redacted]	75,000.000	68,326.50 91.1020	70,620.31	- 2,293.81 - 2,293.81	383.15	4.39
U S Treasury Bd 4.500% 8/15/43 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810TU2 Asset Minor Code 21 *ACCOUNT* [redacted]	85,000.000	82,044.55 96.5230	80,721.88	1,322.67 1,322.67	1,439.63	4.66
U S Treasury Bd 4.500% 2/15/44 Standard & Poors Rating: N/A Moodys Rating: Aaa 912810TZ1 Asset Minor Code 21 *ACCOUNT* [redacted]	75,000.000	73,570.50 98.0940	71,557.81	2,012.69 2,012.69	1,140.45	4.59
U S Treasury Nt 0.250% 7/31/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CAB7 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	47,482.50 94.9650	50,018.75	- 2,536.25 1,984.50	52.20	0.26
U S Treasury Nt 0.625% 8/15/30 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CAE1 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	40,070.50 80.1410	49,590.63	- 9,520.13 236.50	117.62	0.78

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 0.250% 8/31/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CAJ0 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	94,613.00 94.6130	100,029.69	- 5,416.69 3,886.00	83.56	0.26
U S Treasury Nt 0.250% 9/30/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CAM3 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	47,144.50 94.2890	50,003.13	- 2,858.63 1,857.50	31.42	0.27
U S Treasury Nt 0.875% 11/15/30 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CAV3 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	20,221.75 80.8870	24,132.03	- 3,910.28 - 8.75	27.94	1.08
U S Treasury Nt 1.125% 2/15/31 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CBL4 Asset Minor Code 21 *ACCOUNT* [redacted]	75,000.000	61,332.75 81.7770	73,860.94	- 12,528.19 - 342.75	317.57	1.38
U S Treasury Nt 0.500% 2/28/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CBQ3 Asset Minor Code 21 *ACCOUNT* [redacted]	30,000.000	27,935.10 93.1170	29,853.13	- 1,918.03 986.70	50.14	0.54
U S Treasury I P S 0.125% 7/15/31 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CCM1 Asset Minor Code 30 *ACCOUNT* [redacted]	81,879.700	71,897.75 87.8090	86,677.03	- 14,779.28 - 991.62	47.24	0.14

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 1.250% 8/15/31 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CCS8 Asset Minor Code 21 *ACCOUNT* [redacted]	40,000.000	32,462.40 81.1560	39,957.81	- 7,495.41 - 362.80	188.19	1.54
U S Treasury Nt 0.750% 8/31/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CCW9 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	91,969.00 91.9690	99,982.82	- 8,013.82 2,781.00	252.04	0.82
U S Treasury I P S 0.125% 1/15/32 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CDX6 Asset Minor Code 30 *ACCOUNT* [redacted]	56,548.500	48,954.04 86.5700	115,979.06	- 67,025.02 - 1,033.70	32.80	0.14
U S Treasury Nt 2.375% 3/31/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CEE7 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	22,870.25 91.4810	24,940.63	- 2,070.38 46.00	149.25	2.60
U S Treasury Nt 2.625% 4/15/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CEH0 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,013.00 98.0260	49,917.19	- 904.19 1,052.00	276.13	2.68
U S Treasury Nt 2.750% 4/30/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CEN7 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	95,273.00 95.2730	96,175.00	- 902.00 808.00	463.32	2.89

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.875% 5/15/32 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CEP2 Asset Minor Code 21 *ACCOUNT* [redacted]	345,000.000	310,838.10 90.0980	333,354.68	- 22,516.58 - 9,042.45	1,266.80	3.19
U S Treasury Nt 2.750% 5/31/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CES6 Asset Minor Code 21 *ACCOUNT* [redacted]	75,000.000	69,673.50 92.8980	74,553.13	- 4,879.63 - 153.00	174.69	2.96
U S Treasury Nt 3.250% 6/30/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CEW7 Asset Minor Code 21 *ACCOUNT* [redacted]	125,000.000	120,610.00 96.4880	123,539.46	- 2,929.46 395.00	11.04	3.37
U S Treasury Nt 3.000% 6/30/24 Standard & Poors Rating: N/A Moodys Rating: WR 91282CEX5 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	50,000.00 100.0000	50,010.94	- 10.94 1,179.50	.00	3.00
U S Treasury Nt 3.000% 7/15/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CEY3 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	146,848.50 97.8990	147,331.25	- 482.75 2,280.00	2,076.92	3.06
U S Treasury Nt 3.125% 8/15/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFE6 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	48,951.00 97.9020	49,589.06	- 638.06 660.00	588.08	3.19

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.750% 8/15/32 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFF3 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	44,494.00 88.9880	49,932.81	- 5,438.81 - 1,344.00	515.94	3.09
U S Treasury Nt 3.250% 8/31/24 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFG1 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	99,619.00 99.6190	99,721.88	- 102.88 2,021.00	1,086.28	3.26
U S Treasury Nt 3.125% 8/31/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFH9 Asset Minor Code 21 *ACCOUNT* [redacted]	245,000.000	235,048.10 95.9380	242,981.26	- 7,933.16 737.45	2,559.02	3.26
U S Treasury Nt 3.875% 9/30/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFL0 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	48,857.50 97.7150	49,300.00	- 442.50 - 650.50	487.02	3.97
U S Treasury Nt 4.125% 9/30/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFM8 Asset Minor Code 21 *ACCOUNT* [redacted]	170,000.000	168,073.90 98.8670	169,243.76	- 1,169.86 - 746.98	1,762.70	4.17
U S Treasury Nt 4.250% 10/15/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFP1 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	148,594.50 99.0630	149,256.25	- 661.75 270.00	1,341.19	4.29

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 4.125% 10/31/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFU0 Asset Minor Code 21 *ACCOUNT* [redacted]	275,000.000	271,917.25 98.8790	272,607.03	- 689.78 - 689.78	1,911.18	4.17
U S Treasury Nt 4.125% 11/15/32 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CFV8 Asset Minor Code 21 *ACCOUNT* [redacted]	185,000.000	181,884.60 98.3160	183,488.87	- 1,604.27 - 1,476.27	974.64	4.20
U S Treasury Nt 4.500% 11/15/25 Standard & Poors Rating: N/A Moodys Rating: N/A 91282CFW6 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,697.50 99.3950	50,097.50	- 400.00 - 43.00	287.36	4.53
U S Treasury Nt 3.875% 12/31/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGC9 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,041.00 98.0820	50,065.63	- 1,024.63 - 1,024.63	5.26	3.95
U S Treasury Nt 3.875% 1/15/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGE5 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	98,496.00 98.4960	100,112.50	- 1,616.50 363.00	1,788.46	3.93
U S Treasury Nt 3.500% 1/31/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGH8 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	145,272.00 96.8480	148,529.69	- 3,257.69 - 387.00	2,192.31	3.61

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 3.500% 1/31/30 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGJ4 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	95,766.00 95.7660	100,081.25	- 4,315.25 - 1,269.00	1,461.54	3.65
U S Treasury Nt 4.000% 2/15/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGL9 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,324.00 98.6480	49,393.75	- 69.75 91.50	752.75	4.05
U S Treasury Nt 3.500% 2/15/33 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGM7 Asset Minor Code 21 *ACCOUNT* [redacted]	205,000.000	192,140.35 93.7270	203,426.96	- 11,286.61 - 7,541.95	2,700.48	3.73
U S Treasury Nt 4.000% 2/29/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGP0 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,238.50 98.4770	49,565.63	- 327.13 - 327.13	668.48	4.06
U S Treasury Nt 3.750% 4/15/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CGV7 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,105.50 98.2110	49,768.75	- 663.25 168.00	394.47	3.82
U S Treasury Nt 4.000% 6/30/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CHK0 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	147,721.50 98.4810	148,771.88	- 1,050.38 - 1,050.38	16.30	4.06

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 4.125% 7/31/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CHQ7 Asset Minor Code 21 *ACCOUNT* [redacted]	160,000.000	158,305.60 98.9410	159,217.19	- 911.59 - 911.59	2,756.04	4.17
U S Treasury Nt 4.375% 8/31/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CHX2 Asset Minor Code 21 *ACCOUNT* [redacted]	30,000.000	29,964.90 99.8830	29,993.75	- 28.85 - 28.85	438.69	4.38
U S Treasury Nt 4.500% 11/15/33 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CJJ1 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	100,922.00 100.9220	100,108.59	813.41 813.41	574.73	4.46
U S Treasury Nt 4.375% 11/30/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CJN2 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	99,984.00 99.9840	99,518.75	465.25 465.25	376.74	4.38
U S Treasury Nt 4.375% 12/15/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CJP7 Asset Minor Code 21 *ACCOUNT* [redacted]	175,000.000	173,995.50 99.4260	173,389.06	606.44 606.44	334.70	4.40
U S Treasury Nt 4.000% 1/31/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CJW2 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	98,461.00 98.4610	99,581.25	- 1,120.25 - 1,120.25	1,670.33	4.06

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 4.000% 2/15/34 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CJZ5 Asset Minor Code 21 *ACCOUNT* [redacted]	160,000.000	155,300.80 97.0630	156,471.49	- 1,170.69 - 1,170.69	2,408.79	4.12
U S Treasury Nt 4.250% 2/28/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CKD2 Asset Minor Code 21 *ACCOUNT* [redacted]	200,000.000	199,102.00 99.5510	197,693.75	1,408.25 1,408.25	2,841.03	4.27
U S Treasury Nt 4.125% 3/31/31 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CKF7 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,342.00 98.6840	49,198.44	143.56 143.56	517.53	4.18
U S Treasury Nt 4.500% 5/15/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 91282CKR1 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,933.50 99.8670	49,792.19	141.31 141.31	287.36	4.51
U S Treasury Nt 2.250% 11/15/24 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828G38 Asset Minor Code 21 *ACCOUNT* [redacted]	20,000.000	19,768.80 98.8440	20,088.43	- 319.63 562.60	57.25	2.28
U S Treasury Nt 2.000% 2/15/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828J27 Asset Minor Code 21 *ACCOUNT* [redacted]	100,000.000	97,956.00 97.9560	99,441.03	- 1,485.03 2,768.00	752.75	2.04

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.250% 11/15/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828M56 Asset Minor Code 21 *ACCOUNT* [redacted]	45,000.000	43,391.70 96.4260	44,814.54	- 1,422.84 877.05	129.04	2.33
U S Treasury Nt 1.625% 10/31/23 Standard & Poors Rating: N/A Moodys Rating: WR 912828T91 Asset Minor Code 21 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 - 157.75	.00	0.00
U S Treasury Nt 2.000% 11/15/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828U24 Asset Minor Code 21 *ACCOUNT* [redacted]	365,000.000	343,472.30 94.1020	353,186.76	- 9,714.46 5,861.90	932.34	2.13
U S Treasury Nt 2.250% 12/31/23 Standard & Poors Rating: N/A Moodys Rating: WR 912828V23 Asset Minor Code 21 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 246.92	.00	0.00
U S Treasury Nt 2.250% 1/31/24 912828V80 Asset Minor Code 21 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 1,310.03	.00	0.00
U S Treasury Nt 2.250% 2/15/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828V98 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	47,138.50 94.2770	50,156.84	- 3,018.34 644.50	423.42	2.39

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.375% 5/15/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828X88 Asset Minor Code 21 *ACCOUNT* [redacted]	150,000.000	141,270.00 94.1800	144,696.68	- 3,426.68 1,594.50	454.99	2.52
U S Treasury Nt 1.625% 8/15/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828YB0 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	43,814.50 87.6290	50,236.72	- 6,422.22 215.00	305.80	1.85
U S Treasury Nt 1.250% 8/31/24 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828YE4 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	49,651.00 99.3020	51,018.75	- 1,367.75 1,961.50	208.90	1.26
U S Treasury Nt 2.875% 7/31/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828Y79 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	48,847.50 97.6950	49,978.91	- 1,131.41 779.00	600.27	2.94
U S Treasury Nt 0.500% 4/30/27 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828ZN3 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	44,685.50 89.3710	50,214.06	- 5,528.56 1,349.50	42.12	0.56
U S Treasury Nt 0.625% 5/15/30 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828ZQ6 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	40,416.00 80.8320	49,862.50	- 9,446.50 361.50	39.91	0.77

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 1.500% 2/15/30 Standard & Poors Rating: N/A Moodys Rating: Aaa 912828Z94 Asset Minor Code 21 *ACCOUNT* [redacted]	35,000.000	30,039.80 85.8280	35,148.44	- 5,108.64 63.00	197.26	1.75
U S Treasury Nt 1.500% 8/15/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128282A7 Asset Minor Code 21 *ACCOUNT* [redacted]	45,000.000	42,110.10 93.5780	43,302.50	- 1,192.40 979.20	254.05	1.60
U S Treasury Nt 1.375% 8/31/23 Standard & Poors Rating: N/A Moodys Rating: WR 9128282D1 Asset Minor Code 21 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 58.18	.00	0.00
U S Treasury Nt 1.875% 8/31/24 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128282U3 Asset Minor Code 21 *ACCOUNT* [redacted]	65,000.000	64,605.45 99.3930	64,891.21	- 285.76 2,154.75	411.76	1.89
U S Treasury Nt 2.750% 2/15/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128283W8 Asset Minor Code 21 *ACCOUNT* [redacted]	175,000.000	164,998.75 94.2850	171,610.94	- 6,612.19 532.00	1,811.30	2.92
U S Treasury Nt 2.750% 2/28/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128283Z1 Asset Minor Code 21 *ACCOUNT* [redacted]	25,000.000	24,594.00 98.3760	25,007.03	- 413.03 509.00	229.79	2.80

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.875% 5/15/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128284N7 Asset Minor Code 21 *ACCOUNT* [redacted]	20,000.000	18,894.60 94.4730	19,975.00	- 1,080.40 23.40	73.44	3.04
U S Treasury Nt 2.750% 8/31/25 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128284Z0 Asset Minor Code 21 *ACCOUNT* [redacted]	20,000.000	19,482.00 97.4100	19,921.88	- 439.88 324.20	183.83	2.82
U S Treasury Nt 3.125% 11/15/28 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128285M8 Asset Minor Code 21 *ACCOUNT* [redacted]	200,000.000	189,914.00 94.9570	194,107.81	- 4,193.81 - 1,954.50	798.23	3.29
U S Treasury Nt 2.500% 1/31/24 Standard & Poors Rating: N/A Moodys Rating: WR 9128285Z9 Asset Minor Code 21 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 1,585.00	.00	0.00
U S Treasury Nt 2.500% 2/28/26 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128286F2 Asset Minor Code 21 *ACCOUNT* [redacted]	50,000.000	48,136.50 96.2730	49,721.88	- 1,585.38 744.00	417.80	2.60
U S Treasury Nt 2.375% 2/29/24 Standard & Poors Rating: N/A Moodys Rating: WR 9128286G0 Asset Minor Code 21 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 3,059.15	.00	0.00

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.375% 5/15/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128286T2 Asset Minor Code 21 *ACCOUNT* [redacted]	75,000.000	68,490.00 91.3200	74,916.41	- 6,426.41 111.00	227.50	2.60
U S Treasury I P S 0.250% 7/15/29 Standard & Poors Rating: N/A Moodys Rating: Aaa 9128287D6 Asset Minor Code 30 *ACCOUNT* [redacted]	49,025.200	45,016.41 91.8230	57,311.20	- 12,294.79 120.06	56.57	0.27
Total US Government Issues	**8,880,326.850**	**8,184,148.34**	**8,803,327.86**	**- 619,179.52** **- 79,192.89**	**66,206.75**	**3.31**

Corporate Issues

Abbott Laboratories 2.950% 3/15/25 Standard & Poors Rating: AA- Moodys Rating: Aa3 002824BB5 Asset Minor Code 28 *ACCOUNT* [redacted]	25,000.000	24,595.75 98.3830	25,005.00	- 409.25 404.25	217.15	3.00
Amazon Com Inc 4.700% 12/01/32 Standard & Poors Rating: AA Moodys Rating: A1 023135CR5 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	49,553.50 99.1070	48,825.00	728.50 728.50	195.83	4.74
Meta Platforms Inc 4.600% 5/15/28 Standard & Poors Rating: AA- Moodys Rating: Aa3 30303M8L9 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	49,791.00 99.5820	49,315.00	476.00 476.00	293.89	4.62

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Fedex Corp 3.900% 2/01/35 Standard & Poors Rating: BBB Moodys Rating: Baa2 31428XBA3 Asset Minor Code 28 *ACCOUNT* [redacted]	25,000.000	22,249.75 88.9990	24,157.50	- 1,907.75 235.75	406.25	4.38
Fifth Third Bancorp 4.300% 1/16/24 Standard & Poors Rating: N/R Moodys Rating: WR 316773CP3 Asset Minor Code 28 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 139.25	.00	0.00
IBM Corp 3.625% 2/12/24 Standard & Poors Rating: N/R Moodys Rating: WR 459200HU8 Asset Minor Code 28 *ACCOUNT* [redacted]	.000	.00 100.0000	.00	.00 669.00	.00	0.00
Lehman Bros 0.00001% 7/19/17 524ESCR36 Asset Minor Code 28 Date Last Priced: 09/18/20 *ACCOUNT* [redacted]	10,000.000	.00 .0000 @	9,272.70	- 9,272.70 .00	.00	0.00
Lehman Bros Hldg 0.00001% 12/28/17 524ESC7M6 Asset Minor Code 28 Date Last Priced: 09/23/20 *ACCOUNT* [redacted]	20,000.000	.00 .0000 @	18,404.00	- 18,404.00 .00	.00	0.00
Lockheed Martin 3.900% 6/15/32 Standard & Poors Rating: A- Moodys Rating: A2 539830BR9 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	46,635.50 93.2710	50,100.00	- 3,464.50 - 453.50	86.67	4.18

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Lowes Cos Inc 4.500% 4/15/30 Standard & Poors Rating: BBB+ Moodys Rating: Baa1 548661DU8 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	48,521.50 97.0430	49,187.50	- 666.00 - 85.00	475.00	4.64
McKesson Corp 4.900% 7/15/28 Standard & Poors Rating: BBB+ Moodys Rating: A3 581557BT1 Asset Minor Code 28 *ACCOUNT* [redacted]	100,000.000	99,770.00 99.7700	99,850.00	- 80.00 - 80.00	2,259.44	4.91
Metlife Inc 4.550% 3/23/30 Standard & Poors Rating: A- Moodys Rating: A3 59156RBZ0 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	49,108.00 98.2160	47,425.00	1,683.00 249.50	619.31	4.63
Microsoft Corp 3.500% 2/12/35 Standard & Poors Rating: AAA Moodys Rating: Aaa 594918BC7 Asset Minor Code 28 *ACCOUNT* [redacted]	10,000.000	9,058.30 90.5830	9,848.90	- 790.60 - 296.60	135.14	3.86
Oreilly Automotive 4.700% 6/15/32 Standard & Poors Rating: BBB Moodys Rating: Baa1 67103HAL1 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	48,256.50 96.5130	50,392.50	- 2,136.00 97.50	104.44	4.87
Omnicom Group Inc Sr 4.200% 6/01/30 Standard & Poors Rating: BBB+ Moodys Rating: Baa1 681919BC9 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	47,615.00 95.2300	48,142.50	- 527.50 771.50	175.00	4.41

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Stryker Corp 4.625% 3/15/46 Standard & Poors Rating: BBB+ Moodys Rating: Baa1 863667AJ0 Asset Minor Code 28 *ACCOUNT* [redacted]	20,000.000	17,573.40 87.8670	20,980.00	- 3,406.60 - 1,017.60	272.36	5.26
T Mobile USA Inc 5.200% 1/15/33 Standard & Poors Rating: BBB Moodys Rating: Baa2 87264ACV5 Asset Minor Code 28 *ACCOUNT* [redacted]	50,000.000	49,467.00 98.9340	48,795.00	672.00 672.00	1,198.89	5.26
Total Corporate Issues	**610,000.000**	**562,195.20**	**599,700.60**	**- 37,505.40** **2,510.55**	**6,439.37**	**4.63**

Domestic Common Stocks

Api Group Corp 00187Y100 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 37.6300	.00	.00 - 36,416.90	.00	0.00
Artisan Partners Asset Manag 04316A108 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 41.2700	.00	.00 - 840.36	.00	0.00
Cadence Bank Com 12740C103 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 28.2800	.00	.00 16,041.98	.00	0.00
Topgolf Callaway Brands Corp 131193104 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 15.3000	.00	.00 - 2,527.04	.00	0.00

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Enovis Corp 194014502 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 45.2000	.00	.00 - 5,670.04	.00	0.00
Encore Capital Group Inc 292554102 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 41.7300	.00	.00 - 4,342.77	.00	0.00
Encompass Health Corporation 29261A100 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 85.7900	.00	.00 - 20,886.62	.00	0.00
Evercore Inc 29977A105 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 208.4300	.00	.00 - 15,771.12	.00	0.00
Gentex Corp 371901109 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 33.7100	.00	.00 - 18,159.08	.00	0.00
Golden Entertainment Inc 381013101 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 31.1100	.00	.00 1,117.59	.00	0.00
Granite Construction Inc 387328107 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 61.9700	.00	.00 - 8,268.25	.00	0.00
Hci Group Inc 40416E103 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 92.1700	.00	.00 - 8,525.45	.00	0.00
Halozyme Therapeutics Inc 40637H109 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 52.3600	.00	.00 10,189.04	.00	0.00

00001604
61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Hillenbrand Inc 431571108 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 40.0200	.00	.00 - 17,394.30	.00	0.00
Hillman Solutions Corp 431636109 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 8.8500	.00	.00 - 9,525.76	.00	0.00
Hostess Brands Inc 44109J106 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 33.3000	.00	.00 - 10,291.97	.00	0.00
Howard Hughes Corp 44267D107 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 78.1700	.00	.00 - 222.40	.00	0.00
Howard Hughes Holdings Inc 44267T102 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 64.8200	.00	.00 10,363.67	.00	0.00
Janus Intl Group Inc 47103N106 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 12.6300	.00	.00 7,171.57	.00	0.00
Mp Matls Corp 553368101 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 12.7300	.00	.00 26,527.41	.00	0.00
Mr Cooper Group Inc 62482R107 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 81.2300	.00	.00 - 8,357.21	.00	0.00

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61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Chord Energy Corporation 674215207 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 167.6800	.00	.00 - 6,079.95	.00	0.00
Open Lending Corporation 68373J104 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 5.5800	.00	.00 18,431.58	.00	0.00
Patterson U T I Energy Inc 703481101 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 10.3600	.00	.00 8,292.63	.00	0.00
Plexus Corp 729132100 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 103.1800	.00	.00 - 4,869.66	.00	0.00
Sp Plus Corp 78469C103 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 53.9900	.00	.00 - 30,686.35	.00	0.00
Spirit Realty Captial Inc 84860W300 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 42.3100	.00	.00 4,846.40	.00	0.00
Terreno Realty Corp 88146M101 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 59.1800	.00	.00 2,216.27	.00	0.00
Texas Capital Bancshares Inc 88224Q107 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 61.1400	.00	.00 11,255.08	.00	0.00

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61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Viper Energy Partners LP 92763M105 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 35.7200	.00	.00 - 10,007.53	.00	0.00
World Kinect Corporation 981475106 Asset Minor Code 42 *ACCOUNT* [redacted]	.000	.00 25.8000	.00	.00 23,958.85	.00	0.00
Total Domestic Common Stocks	**.000**	**.00**	**.00**	**.00** **- 78,430.69**	**.00**	**0.00**

Foreign Stocks

James River Group Holdings L G5005R107 Asset Minor Code 53 *ACCOUNT* [redacted]	.000	.00 7.7300	.00	.00 36,469.87	.00	0.00
Total Foreign Stocks	**.000**	**.00**	**.00**	**.00** **36,469.87**	**.00**	**0.00**

Mutual Funds

Mutual Funds-Equity

Vanguard International Index Fund *** 8AMMF06G1 Asset Minor Code 94 *ACCOUNT* [redacted]	25,456.313	3,293,792.34 129.3900	3,539,677.33	- 245,884.99 227,413.80	.00	0.00
Total Mutual Funds-Equity	**25,456.313**	**3,293,792.34**	**3,539,677.33**	**- 245,884.99** **227,413.80**	**.00**	**0.00**

Mutual Funds-Fixed Income

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61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Virtus Seix High Yield R6 *** 92837F664 Asset Minor Code 99 *ACCOUNT* [redacted]	430,565.867	3,379,942.06 7.8500	3,560,584.62	- 180,642.56 - 29,481.32	.00	6.73
Virtus Seix High Yield I 92837F672 Asset Minor Code 99 *ACCOUNT* [redacted]	.000	.00 7.8800	.00	.00 117,124.88	.00	0.00
Total Mutual Funds-Fixed Income	**430,565.867**	**3,379,942.06**	**3,560,584.62**	**- 180,642.56** **87,643.56**	**.00**	**6.72**
Total Mutual Funds	**456,022.180**	**6,673,734.40**	**7,100,261.95**	**- 426,527.55** **315,057.36**	**.00**	**3.40**

Miscellaneous

Partnerships/Joint Ventures

American Core Realty Fund *** 9SPMTHDL7 Asset Minor Code 77 *ACCOUNT* [redacted]	34.958	4,213,777.40 120,535.8724	4,408,073.63	- 194,296.23 - 666,172.55	.00	0.00
Vanguard Value Index Fund Adm *** 95MSC6XL7 Asset Minor Code 77 Date Last Priced: 03/31/24 *ACCOUNT* [redacted]	53,054.447	3,226,771.47 60.8200 @	2,855,082.35	371,689.12 284,817.26	.00	0.00
Vanguard Stock Index Inst Fund *** 95MSD7725 Asset Minor Code 77 *ACCOUNT* [redacted]	125,581.329	15,914,921.82 126.7300	12,925,201.59	2,989,720.23 455,907.60	.00	0.00

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61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Jennison Growth Equity Fund *** 96MSCGXU3 Asset Minor Code 77 *ACCOUNT* [redacted]	474,399.310	7,866,766.41 16.5826	5,185,615.39	2,681,151.02 2,043,163.78	.00	0.00
Wa US Core Bond LLC *** 97MSCGP55 Asset Minor Code 77 *ACCOUNT* [redacted]	1,153,610.980	26,049,689.54 22.5810	26,464,056.30	- 414,366.76 550,417.77	.00	0.00
Mezzacappa Diversified Opp. Fund LLC *** 98MSCR3P9 Asset Minor Code 77 Date Last Priced: 06/01/24 *ACCOUNT* [redacted]	1.000	115.00 115.0000 @	47,525.00	- 47,410.00 .00	.00	0.00
Total Partnerships/Joint Ventures	**1,806,682.024**	**57,272,041.64**	**51,885,554.26**	**5,386,487.38** **2,668,133.86**	**.00**	**0.00**
Collective Investment Funds						
Vanguard Stock Index Inst Fund 9SPMTK3V9 Asset Minor Code 17 *ACCOUNT* [redacted]	.000	.00 130.2700	.00	.00 1,927,543.02	.00	0.00
Total Collective Investment Funds	**.000**	**.00**	**.00**	**.00** **1,927,543.02**	**.00**	**0.00**
Miscellaneous Assets						
Lehman Broth Hld Esc 11/30/56 524ESCXA3 Asset Minor Code 91 *ACCOUNT* [redacted]	10,000.000	.00 .0000	9,037.50	- 9,037.50 .00	.00	0.00
Total Miscellaneous Assets	**10,000.000**	**.00**	**9,037.50**	**- 9,037.50** **.00**	**.00**	**0.00**

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61- -12-C -78C-212-04
0401 -91-04117-04

LOCAL 295 - WELFARE CONSOLIDATED
ACCOUNT [redacted]

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Miscellaneous	**1,816,682.024**	**57,272,041.64**	**51,894,591.76**	**5,377,449.88**	**.00**	**0.00**
				4,595,676.88		
Total Assets	**12,129,737.434**	**73,377,871.46**	**69,083,634.05**	**4,294,237.41**	**74,762.99**	**0.74**
				4,792,091.08		
Accrued Income	**.000**	**74,762.99**	**74,762.99**			
Grand Total	**12,129,737.434**	**73,452,634.45**	**69,158,397.04**			

ASSET DETAIL MESSAGES

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Publicly traded assets are valued in accordance with market quotations or valuation methodologies from financial industry services believed by us to be reliable. Assets that are not publicly traded may be reflected at values from other external sources. Assets for which a current value is not available may be reflected at a previous value or as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could be bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

For further information, please contact your account manager or relationship manager.

We provide a cash management administrative service for the temporary investment of principal and income balances in your account. The fee for providing this service will not exceed $0.42 per month for each $1,000 of the average daily balance invested under the cash management administrative service. The charge for this service has been deducted from your account.

Yield on Market and Accrued Income are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. The estimates may not represent the actual value earned by your investments and they provide no guarantee of what your investments may earn in the future.

LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JUNE 30, 2024

Schedule H (Form 5500) 2023, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

Per US Bank custodian report	$	73,377,871
Updated Market Values Adjustments to US Bank report:		
Seix High Yield		318,664
Vanguard Index Fund		135,672
Vanguard Total Stock Market Index		499,826
Total Investments	**$**	**74,332,033**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

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: [X] 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 ▶ [X]

D Check box if filing under: [X] 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

1a Name of plan
LOCAL 295 I.B.T. EMPLOYER GROUP WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/06/1953

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF LOCAL 295 I.B.T. EMPLOYER GROU

C/O SAVASTA AND COMPANY, INC
655 3RD AVENUE

NEW YORK NY 10017

2b Employer Identification Number (EIN) 51-0243781

2c Plan Sponsor's telephone number (212) 308-4200

2d Business code (see instructions) 484110

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	Signature of plan administrator	04/07/2025 Date	LINDA KELLNER Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	04/07/2025 Date	LOUIS CALEMINE 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

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE				**59,724,569.81**		
	COMPARATIVE VALUE (5%)				**2,986,228.49**		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

Issue: 92837F672 - Virtus Seix High Yield I							
07/31/2023 001050985900	B	1,953.152	7.7100		- 15,059	15,059	
Issue: 92837F672 - Virtus Seix High Yield I							
08/31/2023 001050985900	B	2,184.656	7.6800		- 16,778	16,778	
Issue: 8AMMF06G1 - Vanguard International Index Fund							
09/29/2023 001050985897	B	130.967	118.9102		- 15,573	15,573	
Issue: 92837F672 - Virtus Seix High Yield I							
09/29/2023 001050985900	B	2,218.447	7.5600		- 16,771	16,771	
Issue: 9SPMTHDL7 - American Core Realty Fund							
09/29/2023 001050985905	B	.256	135,502.1468		- 34,716	34,716	
Issue: 9SPMTK3V9 - Vanguard Stock Index Inst Fund							
09/29/2023 001050985906	B	452.235	105.9701		- 47,923	47,923	
Issue: 95MSC6XL7 - Vanguard Value Index Fund Adm							
09/29/2023 001050985907	B	329.467	55.3801		- 18,246	18,246	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 92837F672 - Virtus Seix High Yield I							
10/31/2023 001050985900	B	2,361.565	7.4500		- 17,594	17,594	
Issue: 92837F672 - Virtus Seix High Yield I							
11/30/2023 001050985900	B	2,269.856	7.7200		- 17,523	17,523	
Issue: 8AMMF06G1 - Vanguard International Index Fund							
12/29/2023 001050985897	B	371.747	121.2499		- 45,074	45,074	
Issue: 92837F672 - Virtus Seix High Yield I							
12/29/2023 001050985900	B	2,367.927	7.9100		- 18,730	18,730	
Issue: 97MSCGP55 - Wa US Core Bond LLC							
12/29/2023 001050985902	B	43,823.130	22.8190		- 1,000,000	1,000,000	
Issue: 9SPMTHDL7 - American Core Realty Fund							
12/29/2023 001050985905	B	.272	126,039.0235		- 34,333	34,333	
Issue: 9SPMTK3V9 - Vanguard Stock Index Inst Fund							
12/29/2023 001050985906	B	531.716	113.6401		- 60,424	60,424	
Issue: 95MSC6XL7 - Vanguard Value Index Fund Adm							
12/30/2023 001050985907	B	369.422	57.1600		- 21,116	21,116	
Issue: 92837F672 - Virtus Seix High Yield I							
01/31/2024 001050985900	B	2,213.591	7.9200		- 17,532	17,532	
Issue: 92837F664 - Virtus Seix High Yield R6							
02/29/2024 001050985900	B	12,642.225	7.9100		- 100,000	100,000	
Issue: 92837F664 - Virtus Seix High Yield R6							
02/29/2024 001050985900	B	2,274.338	7.8900		- 17,945	17,945	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 8AMMF06G1 - Vanguard International Index Fund							
03/29/2024 001050985897	B	93.901	127.8599		- 12,006	12,006	
Issue: 92837F664 - Virtus Seix High Yield R6							
03/29/2024 001050985900	B	2,500.337	7.9200		- 19,803	19,803	
Issue: 97MSCGP55 - Wa US Core Bond LLC							
03/29/2024 001050985902	B	31,282.120	22.3770		- 700,000	700,000	
Issue: 97MSCGP55 - Wa US Core Bond LLC							
03/29/2024 001050985902	B	33,453.767	22.4190		- 750,000	750,000	
Issue: 97MSCGP55 - Wa US Core Bond LLC							
03/29/2024 001050985902	B	44,428.648	22.5080		- 1,000,000	1,000,000	
Issue: 9SPMTHDL7 - American Core Realty Fund							
03/29/2024 001050985905	B	.260	121,982.7056		- 31,740	31,740	
Issue: 95MSD7725 - Vanguard Stock Index Inst Fund							
03/29/2024 001050985906	B	437.828	125.8501		- 55,101	55,101	
Issue: 92837F664 - Virtus Seix High Yield R6							
04/29/2024 001050985900	B	2,446.628	7.8300		- 19,157	19,157	
Issue: 92837F664 - Virtus Seix High Yield R6							
05/30/2024 001050985900	B	2,704.959	7.8300		- 21,180	21,180	
Issue: 8AMMF06G1 - Vanguard International Index Fund							
06/28/2024 001050985897	B	202.784	129.5229		- 26,265	26,265	
Issue: 97MSCGP55 - Wa US Core Bond LLC							
06/28/2024 001050985902	B	74,856.891	22.7100		- 1,700,000	1,700,000	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 9SPMTHDL7 - American Core Realty Fund							
06/28/2024 001050985905	B	.255	120,529.6311		- 30,711	30,711	
Total For Direct From Issuer				**0**	**5,881,300**	**5,881,300**	**0**
GRAND TOTAL				**0**	**5,881,300**	**5,881,300**	**0**

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V450 - First Am US Treas Mm Cl Z

07/05/2023 001050985901	B	127.330	1.0000		- 127	127
07/05/2023 001050985902	B	56.440	1.0000		- 56	56
07/17/2023 001050985901	B	5,143.690	1.0000		- 5,144	5,144
07/17/2023 001050985901	B	143.190	1.0000		- 143	143
07/31/2023 001050985901	B	7,475.000	1.0000		- 7,475	7,475
08/01/2023 001050985901	B	487.500	1.0000		- 488	488
08/02/2023 001050985901	B	56.400	1.0000		- 56	56
08/02/2023 001050985902	B	3.410	1.0000		- 3	3
08/14/2023 001050985901	B	628.130	1.0000		- 628	628

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/15/2023 001050985901	B	24,653.770	1.0000		- 24,654	24,654	
08/21/2023 001050985901	B	10.260	1.0000		- 10	10	
08/30/2023 001050985901	B	74,032.880	1.0000		- 74,033	74,033	
09/05/2023 001050985901	B	125.960	1.0000		- 126	126	
09/05/2023 001050985902	B	3.560	1.0000		- 4	4	
09/15/2023 001050985901	B	1,043.610	1.0000		- 1,044	1,044	
09/20/2023 001050985901	B	7.620	1.0000		- 8	8	
09/25/2023 001050985901	B	1,137.500	1.0000		- 1,138	1,138	
10/02/2023 001050985901	B	4,421.880	1.0000		- 4,422	4,422	
10/03/2023 001050985901	B	62.530	1.0000		- 63	63	
10/03/2023 001050985902	B	3.480	1.0000		- 3	3	
10/12/2023 001050985901	B	59,943.820	1.0000		- 59,944	59,944	
10/16/2023 001050985901	B	6,096.540	1.0000		- 6,097	6,097	
10/20/2023 001050985901	B	5.660	1.0000		- 6	6	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2023 001050985901	B	3,046.880	1.0000		- 3,047	3,047	
11/02/2023 001050985901	B	93.040	1.0000		- 93	93	
11/02/2023 001050985902	B	3.630	1.0000		- 4	4	
11/15/2023 001050985901	B	26,827.650	1.0000		- 26,828	26,828	
11/21/2023 001050985901	B	75,033.560	1.0000		- 75,034	75,034	
11/29/2023 001050985901	B	49,774.860	1.0000		- 49,775	49,775	
12/04/2023 001050985901	B	102.050	1.0000		- 102	102	
12/04/2023 001050985902	B	3.540	1.0000		- 4	4	
12/15/2023 001050985901	B	2,326.760	1.0000		- 2,327	2,327	
12/20/2023 001050985902	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
12/21/2023 001050985901	B	9.160	1.0000		- 9	9	
01/02/2024 001050985901	B	3,781.250	1.0000		- 3,781	3,781	
01/03/2024 001050985901	B	57.840	1.0000		- 58	58	
01/03/2024 001050985902	B	146.280	1.0000		- 146	146	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/16/2024 001050985901	B	40,100.120	1.0000		- 40,100	40,100	
01/16/2024 001050985901	B	144.920	1.0000		- 145	145	
01/22/2024 001050985901	B	9.750	1.0000		- 10	10	
01/31/2024 001050985901	B	31,190.630	1.0000		- 31,191	31,191	
02/01/2024 001050985901	B	487.500	1.0000		- 488	488	
02/01/2024 001050985902	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
02/02/2024 001050985901	B	174.260	1.0000		- 174	174	
02/02/2024 001050985902	B	4.230	1.0000		- 4	4	
02/05/2024 001050985901	B	700,000.000	1.0000		- 700,000	700,000	
02/12/2024 001050985901	B	25,628.130	1.0000		- 25,628	25,628	
02/15/2024 001050985901	B	25,782.930	1.0000		- 25,783	25,783	
02/20/2024 001050985901	B	5.820	1.0000		- 6	6	
02/29/2024 001050985901	B	334,740.640	1.0000		- 334,741	334,741	
02/29/2024 001050985902	B	750,000.000	1.0000		- 750,000	750,000	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/04/2024 001050985901	B	1,323.160	1.0000		- 1,323	1,323	
03/04/2024 001050985902	B	661.400	1.0000		- 661	661	
03/15/2024 001050985901	B	992.300	1.0000		- 992	992	
03/20/2024 001050985901	B	7.220	1.0000		- 7	7	
03/22/2024 001050985902	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
03/25/2024 001050985901	B	1,137.500	1.0000		- 1,138	1,138	
04/01/2024 001050985901	B	4,834.380	1.0000		- 4,834	4,834	
04/02/2024 001050985901	B	1,897.700	1.0000		- 1,898	1,898	
04/02/2024 001050985902	B	6.890	1.0000		- 7	7	
04/15/2024 001050985901	B	6,063.960	1.0000		- 6,064	6,064	
04/22/2024 001050985901	B	7.860	1.0000		- 8	8	
04/30/2024 001050985901	B	3,046.880	1.0000		- 3,047	3,047	
05/01/2024 001050985901	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
05/02/2024 001050985902	B	6.960	1.0000		- 7	7	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/15/2024 001050985901	B	40,747.690	1.0000		- 40,748	40,748	
05/20/2024 001050985901	B	7.730	1.0000		- 8	8	
05/31/2024 001050985901	B	3,218.750	1.0000		- 3,219	3,219	
06/03/2024 001050985901	B	2,225.000	1.0000		- 2,225	2,225	
06/04/2024 001050985901	B	4,187.650	1.0000		- 4,188	4,188	
06/04/2024 001050985902	B	7.250	1.0000		- 7	7	
06/17/2024 001050985901	B	6,145.320	1.0000		- 6,145	6,145	
06/20/2024 001050985901	B	7.770	1.0000		- 8	8	
06/20/2024 001050985902	B	1,700,000.000	1.0000		- 1,700,000	1,700,000	
06/26/2024 001050985902	B	1,600,675.490	1.0000		- 1,600,675	1,600,675	
Total For Buys				**0**	**10,632,359**	**10,632,359**	**0**
07/20/2023 001050985901	S	- 15,374.130	1.0000		15,374	15,374	
08/30/2023 001050985901	S	- 34,746.610	1.0000		34,747	34,747	
08/31/2023 001050985901	S	- 65,190.480	1.0000		65,190	65,190	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/12/2023 001050985901	S	- 19,686.430	1.0000		19,686	19,686	
10/13/2023 001050985901	S	- 46,744.460	1.0000		46,744	46,744	
11/07/2023 001050985901	S	- 15,205.710	1.0000		15,206	15,206	
11/20/2023 001050985901	S	- 30,275.400	1.0000		30,275	30,275	
11/22/2023 001050985901	S	- 39,636.890	1.0000		39,637	39,637	
11/24/2023 001050985901	S	- 26,282.210	1.0000		26,282	26,282	
11/30/2023 001050985901	S	- 28,270.190	1.0000		28,270	28,270	
12/01/2023 001050985901	S	- 23,569.510	1.0000		23,570	23,570	
12/21/2023 001050985902	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
02/02/2024 001050985902	S	- 700,000.000	1.0000		700,000	700,000	
02/05/2024 001050985901	S	- 50,257.250	1.0000		50,257	50,257	
02/05/2024 001050985902	S	- 800,000.000	1.0000		800,000	800,000	
02/06/2024 001050985901	S	- 99,647.180	1.0000		99,647	99,647	
02/07/2024 001050985901	S	- 171,342.700	1.0000		171,343	171,343	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/08/2024 001050985901	S	- 170,747.410	1.0000		170,747	170,747	
02/13/2024 001050985901	S	- 35,221.030	1.0000		35,221	35,221	
02/15/2024 001050985901	S	- 31.250	1.0000		31	31	
03/01/2024 001050985901	S	- 143,622.650	1.0000		143,623	143,623	
03/01/2024 001050985902	S	- 750,000.000	1.0000		750,000	750,000	
03/05/2024 001050985901	S	- 49,592.800	1.0000		49,593	49,593	
03/13/2024 001050985901	S	- 50,268.450	1.0000		50,268	50,268	
03/22/2024 001050985902	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
05/02/2024 001050985901	S	- 344,859.210	1.0000		344,859	344,859	
05/03/2024 001050985901	S	- 149,780.550	1.0000		149,781	149,781	
05/08/2024 001050985901	S	- 561,348.190	1.0000		561,348	561,348	
05/13/2024 001050985901	S	- 137,926.640	1.0000		137,927	137,927	
06/03/2024 001050985901	S	- 49,908.360	1.0000		49,908	49,908	
06/05/2024 001050985901	S	- 49,417.700	1.0000		49,418	49,418	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/07/2024 001050985901	S	- 123,662.750	1.0000		123,663	123,663	
06/14/2024 001050985901	S	- 124,581.890	1.0000		124,582	124,582	
06/20/2024 001050985901	S	- 74,834.220	1.0000		74,834	74,834	
06/20/2024 001050985902	S	- 1,700,000.000	1.0000		1,700,000	1,700,000	
06/27/2024 001050985902	S	- 1,600,675.490	1.0000		1,600,675	1,600,675	
Total For Sells				**0**	**10,282,706**	**10,282,706**	**0**
Total First Am US Treas Mm Cl Z				**0**	**20,915,065**	**20,915,065**	**0**
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
07/03/2023 001050985898	B	1,039.280	1.0000		- 1,039	1,039	
07/05/2023 001050985898	B	310.580	1.0000		- 311	311	
07/10/2023 001050985898	B	444.360	1.0000		- 444	444	
07/11/2023 001050985898	B	31,246.400	1.0000		- 31,246	31,246	
07/14/2023 001050985898	B	2,376.870	1.0000		- 2,377	2,377	
07/17/2023 001050985898	B	226.500	1.0000		- 227	227	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/19/2023 001050985898	B	363.600	1.0000		- 364	364	
07/19/2023 001050985898	B	5,317.980	1.0000		- 5,318	5,318	
07/20/2023 001050985898	B	25,589.940	1.0000		- 25,590	25,590	
07/21/2023 001050985898	B	353.870	1.0000		- 354	354	
07/24/2023 001050985898	B	5,681.350	1.0000		- 5,681	5,681	
07/25/2023 001050985898	B	9,785.660	1.0000		- 9,786	9,786	
07/26/2023 001050985898	B	13,801.390	1.0000		- 13,801	13,801	
08/03/2023 001050985898	B	5,971.440	1.0000		- 5,971	5,971	
08/17/2023 001050985898	B	895.050	1.0000		- 895	895	
08/17/2023 001050985898	B	298.350	1.0000		- 298	298	
08/24/2023 001050985898	B	2,362,550.990	1.0000		- 2,362,551	2,362,551	
08/24/2023 001050985898	B	102,747.830	1.0000		- 102,748	102,748	
08/25/2023 001050985898	B	114,738.960	1.0000		- 114,739	114,739	
08/29/2023 001050985898	B	768.750	1.0000		- 769	769	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/29/2023 001050985898	B	67.650	1.0000		- 68	68	
08/31/2023 001050985898	B	832.650	1.0000		- 833	833	
09/05/2023 001050985898	B	2,564.030	1.0000		- 2,564	2,564	
09/15/2023 001050985898	B	590.000	1.0000		- 590	590	
10/03/2023 001050985898	B	6.300	1.0000		- 6	6	
11/02/2023 001050985898	B	2.640	1.0000		- 3	3	
12/04/2023 001050985898	B	.510	1.0000		- 1	1	
Total For Buys				**0**	**2,688,574**	**2,688,574**	**0**
07/18/2023 001050985898	S	- 2,690.040	1.0000		2,690	2,690	
08/02/2023 001050985898	S	- 13,370.550	1.0000		13,371	13,371	
08/11/2023 001050985898	S	- 71,799.080	1.0000		71,799	71,799	
08/30/2023 001050985898	S	- 2,646,789.730	1.0000		2,646,790	2,646,790	
09/14/2023 001050985898	S	- 3,464.330	1.0000		3,464	3,464	
11/07/2023 001050985898	S	- 598.940	1.0000		599	599	

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				**0**	**2,738,713**	**2,738,713**	**0**
Total First Am Govt Ob Fd Cl Z				**0**	**5,427,287**	**5,427,287**	**0**
Issue: 97MSCGP55 - Wa US Core Bond LLC							
12/29/2023 001050985902	B	43,823.130	22.8190		- 1,000,000	1,000,000	
03/29/2024 001050985902	B	31,282.120	22.3770		- 700,000	700,000	
03/29/2024 001050985902	B	33,453.767	22.4190		- 750,000	750,000	
03/29/2024 001050985902	B	44,428.648	22.5080		- 1,000,000	1,000,000	
06/28/2024 001050985902	B	74,856.891	22.7100		- 1,700,000	1,700,000	
Total For Buys				**0**	**5,150,000**	**5,150,000**	**0**
Total Wa US Core Bond LLC				**0**	**5,150,000**	**5,150,000**	**0**
GRAND TOTAL				**0**	**31,492,352**	**31,492,352**	**0**

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION