

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

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES MISCELLANEOUS WAREHOUSEMEN'S 781 HEALTH & WELFARE FU</u></p> <p><u>747 CHURCH ROAD, BUILDING D</u> <u>ELMHURST, IL 60126</u></p>	<p>1c Effective date of plan <u>07/01/1960</u></p> <p>2b Employer Identification Number (EIN) <u>36-6117757</u></p> <p>2c Plan Sponsor's telephone number <u>847-298-9999</u></p> <p>2d Business code (see instructions) <u>493100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2025	PAUL STRIPLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/14/2025	BARBARA BRIDGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	610
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	608
	6a(2)	585
	6b	5
	6c	
	6d	590
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	23

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND 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 MISCELLANEOUS WAREHOUSEMEN'S 781 HEALTH & WELFARE FU		D Employer Identification Number (EIN) 36-6117757	

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
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	62478-1	582	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 0	(b) Total amount of fees paid 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	25748
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND 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 MISCELLANEOUS WAREHOUSEMEN'S 781 HEALTH & WELFARE FU	D Employer Identification Number (EIN) 36-6117757

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

AMALGAMATED LIFE

(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
13-5501223	60216	SL1102	587	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 0	(b) Total amount of fees paid 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	411750
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND 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 MISCELLANEOUS WAREHOUSEMEN'S 781 HEALTH & WELFARE FU	D Employer Identification Number (EIN) 36-6117757	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP	PO BOX 1110 VALLEY FORGE, PA 19482
---------------------------	---

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

BAIRD INVESTMENTS	777 E WISCONSIN AVE MILWAUKEE, WI 53202
--------------------------	--

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

JOHN HANCOCK INVESTMENTS	PO BOX 219909 KANSAS CITY, MO 64121
---------------------------------	--

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

HARTFORD INVESTMENT MGMT	ONE HARTFORD PLAZA HARTFORD, CT 06155
---------------------------------	--

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE RD
AUSTIN, TX 78746

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

INTERCONTINENTAL REAL ESTATE CORP

322 E ILLINOIS ST
CHICAGO, IL 60611

(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

(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

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

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

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

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

BLUE CROSS BLUE SHIELD OF IL

36-1236610

(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?
99	NONE	163634	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GROUP ADMINISTRATORS

36-3381052

(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	NONE	152266	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SEGAL CONSULTING

13-1975125

(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	NONE	50417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BAUM SIGMAN AUERBACH & NEWMAN, LTD

36-2744057

(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	NONE	43995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP

230 WEST MONROE STREET, STE 310
CHICAGO, IL 60606

(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	NONE	41894	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MISC. WAREHOUSEMEN'S LOCAL 781

36-1757753

(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	RELATED LOCAL UNION	32165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGALL BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	17113	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL MARCO ADVISORS

550 W WASHINGTON BLVD SUITE 900
CHICAGO, IL 60661

(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?
27	NONE	15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF AMERICA/US TRUST

94-1687665

(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 72	NONE	14939	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

MEDICAL COST MANAGEMENT CORP.

36-3445315

(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	12657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASB CAPITAL MANAGEMENT, LLC

744 COWPER STREET
PALO ALTO, CA 94301

(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	NONE	10154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERACTIVE HEALTH BENEFITS LLC

46-4238992

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	5246	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OPTUM RX

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 62 99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUM RX	12 62 99	0
(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.	
OPTUM RX 33-0441200	\$.12/CLAIM IS THE AMOUNT REPRESENTING THE CLAIMS PROCESSING FEE THAT IS COLLECTED FROM THE NETWORK.OPTUM RX BILLS DRUG MANUFACTURERS FOR REBATES BASED UPON ITS AGREEMENTS WITH THESE MANUFACTURERS. FROM THE TIME THAT OPTUM RX RECEIVES REBATES UNTIL IT	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND WELFARE FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES MISCELLANEOUS WAREHOUSEMEN'S 781 HEALTH & WELFARE FU</u>	D Employer Identification Number (EIN) <u>36-6117757</u>	

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:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST</u>	
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)
<u>52-6257033-006</u>	<u>C</u>	<u>855027</u>
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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

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

A Name of plan MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND 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 MISCELLANEOUS WAREHOUSEMEN'S 781 HEALTH & WELFARE FU	D Employer Identification Number (EIN) 36-6117757	

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3671630	2417939
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	236132	174654
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	353558	708625
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1221323	1663496
(2) U.S. Government securities	1c(2)	2372340	2281643
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2884815	3134296
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1227031	1071797
(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)	1147285	855027
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10940138	11780140
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24054252	24087617
Liabilities			
g Benefit claims payable	1g	927453	1205961
h Operating payables	1h	11442	15475
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	938895	1221436
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23115357	22866181

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)	7600948	
(B) Participants	2a(1)(B)	40882	
(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)		7641830
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	109484	
(B) U.S. Government securities	2b(1)(B)	35547	
(C) Corporate debt instruments	2b(1)(C)	142113	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		287144
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	356982	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		356982
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1428899	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1481469	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-52570
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-53088	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-292258
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		820604
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8708644

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7940418	
(2) To insurance carriers for the provision of benefits.....	2e(2)	438105	
(3) Other.....	2e(3)	333803	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8712326
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	14394	
(4) IQPA audit fees.....	2i(4)	27500	
(5) Investment advisory and investment management fees	2i(5)	47245	
(6) Bank or trust company trustee/custodial fees	2i(6)	9961	
(7) Actuarial fees	2i(7)	50417	
(8) Legal fees	2i(8)	43995	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	51982	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		245494
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8957820

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-249176
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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


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



**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

FINANCIAL STATEMENTS

JUNE 30, 2024





**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

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	
Schedules of General and Administrative Expenses	17
Schedule of Assets (Held at End of Year)	18





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Miscellaneous Warehousemen's
Local 781 Health & Welfare Fund
Elmhurst, Illinois

Opinion

We have audited the accompanying financial statements of the Miscellaneous Warehousemen's Local 781 Health & 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 benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and 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 changes in benefits 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.


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



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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of general and administrative expenses are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Chicago, IL
December 3, 2024

**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	2024	2023
Assets		
Investments at fair value		
Mutual funds	\$ 11,780,140	\$ 10,940,138
Money market funds	1,663,496	1,221,323
U.S. Government and agency securities	2,281,643	2,372,340
Corporate bonds and notes	3,134,296	2,884,815
Collective trusts	855,027	1,147,285
Limited partnerships	<u>1,071,797</u>	<u>1,227,031</u>
Total investments at fair value	<u>20,786,399</u>	<u>19,792,932</u>
Receivables		
Employer contributions, net	174,654	236,132
Prescription rebates receivable	440,501	305,645
Stop loss receivable	208,792	-
Accrued investment income	<u>57,687</u>	<u>46,092</u>
Total receivables	<u>881,634</u>	<u>587,869</u>
Cash (non-interest bearing)	<u>2,417,939</u>	<u>3,671,630</u>
Other assets		
Office equipment	1,180	1,180
Less: accumulated depreciation	(1,180)	(1,180)
Prepaid expenses	<u>1,645</u>	<u>1,821</u>
Total other assets	<u>1,645</u>	<u>1,821</u>
Total assets	<u>24,087,617</u>	<u>24,054,252</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable for administrative expenses	<u>15,475</u>	<u>11,442</u>
Total liabilities	<u>15,475</u>	<u>11,442</u>
Net assets available for benefits	<u>\$ 24,072,142</u>	<u>\$ 24,042,810</u>

See accompanying notes to financial statements.

**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 422,688	\$ (45,278)
Interest and dividends	644,126	477,882
	<u>1,066,814</u>	<u>432,604</u>
Less: investment expenses	<u>(47,245)</u>	<u>(55,653)</u>
Net investment income	<u>1,019,569</u>	<u>376,951</u>
Contributions		
Employer contributions	7,600,948	8,067,598
Participants' COBRA	<u>40,882</u>	<u>82,373</u>
Net contributions	<u>7,641,830</u>	<u>8,149,971</u>
Total additions	<u>8,661,399</u>	<u>8,526,922</u>
Deductions		
Benefits paid on behalf of participants		
Medical, Dental, Vision, Rx Drug Benefits (net of refunds)	7,650,296	6,796,112
Disability	11,614	27,665
Stop-loss premiums	412,357	445,416
Life insurance premiums	25,748	26,143
Eligibility maintenance and claims processing	143,866	126,664
Insurance coverage reporting	5,246	5,972
Preferred provider expense - dental	8,400	8,573
Pre-administrative services - utilization review	12,657	12,986
Blue Cross Blue Shield access fees	<u>163,634</u>	<u>243,422</u>
Total cost of benefits	8,433,818	7,692,953
General and administrative expenses	<u>198,249</u>	<u>159,363</u>
Total deductions	<u>8,632,067</u>	<u>7,852,316</u>
Net change	29,332	674,606
Net assets available for benefits		
Beginning of year	<u>24,042,810</u>	<u>23,368,204</u>
End of year	<u>\$ 24,072,142</u>	<u>\$ 24,042,810</u>

See accompanying notes to financial statements.



**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Obligations for current benefit coverage, at present value of estimated amounts		
Claims payable and claims incurred but not reported	\$ <u>1,205,961</u>	\$ <u>927,453</u>
Total benefit obligations	\$ <u>1,205,961</u>	\$ <u>927,453</u>

See accompanying notes to financial statements.



**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	\$ 927,453	\$ 601,843
Claims reported and approved for payment, including benefits reclassified from benefit obligations	(8,155,310)	(7,367,343)
Claims paid	<u>8,433,818</u>	<u>7,692,953</u>
Total benefit obligations at end of year	<u>\$ 1,205,961</u>	<u>\$ 927,453</u>

See accompanying notes to financial statements.



**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Miscellaneous Warehousemen's Local 781 Health & Welfare Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan provides health and death benefits for eligible participants. The Plan was established in 1960 as a result of collective bargaining agreements between the Miscellaneous Warehousemen's Local No. 781 Union (the Union) and various employers. Under current provisions, an employee is eligible to participate in the Plan when the employee is covered by a labor agreement between the Union and an employer is required to make contribution payments to the Plan or is voted eligible by the Board of Trustees (the Trustees). The Plan was last amended in January 1, 1976 to comply with the provisions and requirements of the Employee Retirement Income Security Act of 1974.

Benefits - The Plan provides self-insured health benefits (medical, hospital, surgical, major medical, weekly disability, prescription, dental, vision, and mental health) to eligible participants and covered dependents for whom contributions have been made from contributing employers. The Plan provides life insurance and death benefits that are fully insured.

The Plan utilizes the Blue Cross Blue Shield of Illinois PPO network to provide benefits. Health and disability claims incurred by active participants and their dependents are processed by Group Administrators, Ltd., but the responsibility for payments to participants and providers is retained by the Plan. The Plan has specific stop loss insurance coverage with Amalgamated Life Insurance Company. The Plan has an obligation to pay up to \$225,000 for each individual claim. The stop loss coverage limits are reviewed annually. Death benefits are covered by a group term policy with Voya Life Insurance Company.

Funding - The Plan is financed by employer contributions, contributions from participants electing COBRA coverage, and investment income. The Plan offers three types of health plans to employers. The monthly premiums paid by employers for each eligible employee range from \$685 to \$1,619 per month.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Priorities Upon Termination - It is the intent of the Trustees to continue the Plan in full force and effect. However, in the unlikely event of termination, and in order to safeguard against any unforeseen contingencies, the right wholly or partially to discontinue the Plan is reserved by the Trustees. Discontinuance or termination prohibits any part of the Plan to be diverted to or used for purposes other than for the exclusive benefit of the participants.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

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

Contributions Receivable and Payroll Audits - Employer contributions due, but not paid at year-end, are recorded as employer contributions receivable. The Trustees provide for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual employers. Balances still outstanding after the Trustees have used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to employers' contributions receivable.

Employer payroll records are subject to audit and additional contributions that may arise as a result of these audits and are recognized when collection is considered probable.

Valuation of Investments 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. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are reported on a trade-date basis. Investment income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Depreciation - Property and equipment are stated at cost less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the assets.

Maintenance, repairs, and renewals, which neither materially add to the value of property nor appreciably prolong its useful life, are expensed as incurred.

There was no depreciation expense for the years ended June 30, 2024 and 2023.

Benefit Obligations - Claims payable and incurred but not reported were estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of benefit obligations.

Stop-Loss Insurance Reimbursements - The Plan holds stop loss insurance coverage with a deductible of \$225,000 with BCS Insurance. Reimbursements due from the Plan's specific stop-loss insurance company as of the financial statement date have been reported as a receivable. Stop-loss reimbursements of \$477,947 and \$207 have been reported as a reduction to health care benefits paid for the years ended June 30, 2024 and 2023, respectively.

Prescription Drug Rebates - The Plan utilizes a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due from the Plan's PBM are recorded when earned. Rebate dues as of the financial statement date have been reported as a receivable. Prescription drug rebates of \$769,091 and \$544,055 have been reported as a reduction to health care benefits paid for the years ended June 30, 2024 and 2023, respectively.

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 contributions receivable due from employers. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the standard effective July 1, 2023. The impact of the adoption was not considered material to the financial statements.

NOTE 3. 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:



NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

- quoted prices for similar assets in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable; 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 measurements.

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 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.

Mutual funds: Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are deemed to be valued based on quoted market prices in active markets.

U.S. Government and agency securities: Valued using pricing models maximizing the use of observable inputs for similar securities. U.S. treasury securities are based on quoted market prices in active markets. U.S. agency securities are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities.

Money market funds: The fair value is based on the total value of all of the securities held using the amortized cost method. Generally, the amortized cost approximates the current fair value. The funds seek to maintain a net asset value of \$1.00.

Corporate bonds and notes: 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 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Common collective trust funds: Valued at the net asset value (NAV) of units of commingled collective investment funds. The NAV, as provided by the trustee or administrator, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Limited partnerships: Fair value for the Plan's share of limited partnerships is determined by the general partner's valuation of the underlying investments at estimated fair value.

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

	Fair Value Measurements at June 30, 2024 the End of the Reporting Period Using:			
	Fair Value	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 11,780,140	\$ 11,780,140	\$ -	\$ -
U.S. Government and agency securities	2,281,643	-	2,281,643	-
Money market funds	1,663,496	-	1,663,496	-
Corporate bonds and notes	3,134,296	-	3,134,296	-
	18,859,575	\$ 11,780,140	\$ 7,079,435	\$ -
Investments measured at NAV *	1,926,824			
Total investments at fair value	\$ 20,786,399			

	Fair Value Measurements at June 30, 2023 the End of the Reporting Period Using:			
	Fair Value	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 10,940,138	\$ 10,940,138	\$ -	\$ -
U.S. Government and agency securities	2,372,340	-	2,372,340	-
Money market funds	1,221,323	-	1,221,323	-
Corporate bonds and notes	2,884,815	-	2,884,815	-
	17,418,616	\$ 10,940,138	\$ 6,478,478	\$ -
Investments measured at NAV *	2,374,316			
Total investments at fair value	\$ 19,792,932			

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

* In accordance with Accounting Standards Codification, 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 the tables on the preceding page intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

For the years ended June 30, 2024 and 2023, there were no transfers between Levels 1 and 2, and no transfers in or out of Level 3.

Investments Measured Using the Net Asset Value per Share Practical Expedient - The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2024 and 2023.

Description	2024 Fair Value	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Common collective trust funds				
ASB Allegiance RE Fund	\$ 855,027	30 days	Quarterly	\$ -
Limited partnerships				
U.S. Real Estate Investment Fund, LLC	1,071,797	Quarterly	Quarterly	-
	\$ 1,926,824			
Description	2023 Fair Value	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Common collective trust funds				
ASB Allegiance RE Fund	\$ 1,147,285	30 days	Quarterly	\$ -
Limited partnerships				
U.S. Real Estate Investment Fund, LLC	1,227,031	Quarterly	Quarterly	-
	\$ 2,374,316			

ASB Allegiance RE Fund - The objective of this fund is to invest in real estate assets in major metropolitan markets and achieve long-term NOI growth. Participation in the fund is limited to funds of retirement, pension, profit sharing, and other organizations that are exempt from federal income taxes. Repurchase requests may generally be made quarterly by the investors with 30 days' written notice. The amount and timing of any distributions shall be made by the Trustee in its sole discretion.

U.S. Real Estate Investment Fund, LLC - The investment objective of this fund is to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investment.



NOTE 4. TAX STATUS

The Trust established under the Plan to hold the Plan's net assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS), and the Plan sponsor believes that the Trust, as amended, continues to qualify and operate in accordance with applicable provisions of the IRC.

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 the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, there are 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. The Plan believes it is no longer subject to income tax examinations for years prior to the year ended June 30, 2021.

NOTE 5. AGREEMENT AND TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST

In conjunction with agreements concerning equitable allocation of expenses, use, and occupancy arrangements, the Plan has entered into transactions with its related organization, the Union.

The Plan incurred expenses for union employees' administration of the Plan of \$32,165 and \$20,058 for the years ended June 30, 2024 and 2023, respectively.

Effective January 1, 2021, the Plan reimbursed the Union \$1,240 per month for administrative expenses. Effective January 1, 2022, this amount was increased to \$1,450 per month. Effective January 1, 2023, this amount was increased to \$1,600 per month. At the end of the calendar year the Union reconciles the annual expenses to determine the amount due to/from the Plan.

the Plan pays certain administrative, investment and professional fees to various service providers. In addition, Bank of America, the investment custodian and recordkeeper for the Plan. These transactions are party-in-interest transactions under ERISA.

NOTE 6. RISKS AND UNCERTAINTIES

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



NOTE 6. RISKS AND UNCERTAINTIES (CONTINUED)

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and health care inflation rates, both 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 7. CONCENTRATIONS OF CREDIT RISK

The Plan maintains cash balances in various financial institutions located in the U.S., which are insured by the Federal Deposit Insurance Corporation (FDIC). The amount of the Plan's cash balances at financial institutions may, at times, exceed the federally insured limits. The Plan has not experienced any losses in such accounts.

NOTE 8. 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 for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 24,072,142	\$ 24,042,810
Claims payable and claims incurred but not reported	<u>(1,205,961)</u>	<u>(927,453)</u>
Net assets available for benefits per the Form 5500	<u>\$ 22,866,181</u>	<u>\$ 23,115,357</u>

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

Benefits paid to or on behalf of participants per the financial statements	\$ 8,433,818
Add: amounts payable at end of year	1,205,961
Less: amounts payable at beginning of year	<u>(927,453)</u>
Benefits paid to participants per the Form 5500	<u>\$ 8,712,326</u>

Claims and premiums that have been processed and approved for payment at year end, but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.



**NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500
(CONTINUED)**

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the year ended June 30, 2024.

Total additions per audited financial statements	\$ 8,661,399
Investment management expenses	<u>47,245</u>
Total additions per Form 5500	<u>\$ 8,708,644</u>
Total deductions per audited financial statements	\$ 8,632,067
Less: effects of changes in benefit payable	278,508
Investment management expenses	<u>47,245</u>
Total deductions per Form 5500	<u>\$ 8,957,820</u>

NOTE 9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through December 3, 2024, 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





**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Affordable Care Act fees		
Patient-Centered Outcome Research Institute (PCORI) fee	\$ 3,213	\$ 3,682
Administrative expense	32,165	20,058
Audit, accounting and payroll audits	41,894	30,508
Bank fees	9,961	2,495
Benefit consulting fees	50,417	59,793
Dues and subscriptions	3,695	3,645
Insurance	8,731	8,690
Legal fees	43,995	20,437
Printing and supplies	<u>4,178</u>	<u>10,055</u>
Total	<u>\$ 198,249</u>	<u>\$ 159,363</u>

MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH & WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest Identification	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date and Rate of Interest			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
Mutual funds						
	Baird Core Plus Bond Fund	Mutual fund	N/A	N/A	\$ 4,376,660	\$ 3,863,147
	DFA US Small Cap Fund	Mutual fund	N/A	N/A	634,333	823,325
	Hartford International Opportunities	Mutual fund	N/A	N/A	1,499,814	1,730,894
	John Hancock Income Fund	Mutual fund	N/A	N/A	2,313,706	2,096,700
	Vanguard Total Stock Market Index Fund	Mutual fund	N/A	N/A	1,221,424	3,266,074
	Total mutual funds				<u>10,045,937</u>	<u>11,780,140</u>
Money market funds						
	Custody Bank of America	Money market fund	N/A	Variable	1,613,185	1,613,185
	Custody Bank of America	Money market fund	N/A	Variable	50,311	50,311
	Total money market funds				<u>1,663,496</u>	<u>1,663,496</u>
U.S. Government and agency securities						
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/25/2024	3.300%	5,944	6,074
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2024	2.380%	29,878	29,886
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	8/25/2024	Var	36,447	36,566
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2025	2.000%	44,031	44,079
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	8/25/2025	0.375%	49,817	47,405
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	12/25/2025	3.000%	29,466	29,092
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	3/25/2026	2.670%	35,711	33,622
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2026	1.500%	58,267	56,149
	U.S. Treasury Note	U.S. Gov't and agency securities	9/30/2026	1.630%	35,515	32,758
	U.S. Treasury Note	U.S. Gov't and agency securities	11/15/2026	2.000%	93,932	89,407
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2028	2.750%	136,180	127,332
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2028	2.500%	5,938	5,732
	U.S. Treasury Note	U.S. Gov't and agency securities	11/15/2028	3.130%	69,291	66,503
	U.S. Treasury Note	U.S. Gov't and agency securities	5/15/2029	2.380%	116,097	105,081
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/1/2029	2.500%	9,445	8,914
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/1/2029	3.000%	12,551	11,498
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	7/1/2029	3.000%	10,735	9,887
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2030	1.500%	88,840	77,312
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	8/5/2030	8.800%	104,565	89,179
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2030	6.300%	131,686	108,306
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	11/15/2030	6.630%	88,347	83,881
	U.S. Treasury Note	U.S. Gov't and agency securities	11/30/2030	4.375%	81,407	80,147
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2031	1.130%	116,401	98,245
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2031	1.250%	138,276	121,887
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	3/1/2032	3.000%	11,165	10,184
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/15/2032	6.250%	11,512	11,211
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2032	2.750%	108,632	106,964
	U.S. Treasury Note	U.S. Gov't and agency securities	11/15/2032	4.130%	112,553	108,329
	U.S. Treasury Note	U.S. Gov't and agency securities	5/15/2033	3.380%	126,281	120,717
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2034	4.000%	62,892	63,233
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	2/1/2037	2.500%	35,273	34,591
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	3/1/2037	3.500%	19,413	18,249
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	4/1/2037	4.000%	33,765	32,219
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2037	4.500%	33,315	32,176
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2037	4.000%	30,164	29,046
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2037	4.500%	58,801	57,898
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	4/1/2037	4.000%	23,545	23,044
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2037	5.000%	21,794	21,475
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2038	4.500%	7,827	7,804

MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH & WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2024

Schedule H, Line 4f

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest Identification	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date and Rate of Interest			(d) Cost	(e) Current Value
	Description	Maturity Date	Rate of Interest			
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	5/1/2038	5.000%	\$ 45,011	\$ 45,599
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	5/1/2038	5.000%	38,670	38,402
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2038	5.500%	24,112	24,081
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2038	5.000%	19,474	19,197
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	6/1/2038	6.000%	40,344	40,575
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	5/1/2039	5.000%	37,793	37,707
	Total U.S. Government and agency securities				2,431,103	2,281,643
Corporate bonds and notes						
	Martin Marietta Material	Corporate bonds and notes	7/2/2024	4.250%	45,437	44,997
	Port Seattle Wash Rev	Corporate bonds and notes	8/1/2024	3.475%	25,000	24,948
	Eergy Inc.	Corporate bonds and notes	9/15/2024	2.450%	50,117	49,647
	Lowe's Cos Inc.	Corporate bonds and notes	9/15/2024	3.125%	50,542	49,727
	Prince George's Cnty Md	Corporate bonds and notes	9/15/2024	0.844%	15,000	14,859
	Quanta services Inc.	Corporate bonds and notes	10/1/2024	0.950%	24,433	24,679
	Confl Airlines 2012-2	Corporate bonds and notes	10/29/2024	4.000%	24,680	23,891
	Kla-Tencor Corp	Corporate bonds and notes	11/1/2024	4.650%	30,290	29,908
	Public Service Electric	Corporate bonds and notes	11/15/2024	3.050%	20,021	19,803
	WW Grainger Inc.	Corporate bonds and notes	2/15/2025	1.850%	24,931	24,430
	American Water Capital	Corporate bonds and notes	3/1/2025	3.400%	10,108	9,854
	Analog Devices Inc.	Corporate bonds and notes	4/1/2025	2.950%	15,308	14,729
	T-Mobile USA Inc.	Corporate bonds and notes	4/15/2025	3.500%	30,483	29,498
	Public Service Colorado	Corporate bonds and notes	5/15/2025	2.900%	19,819	19,517
	Cincinnati Gas & Electric	Corporate bonds and notes	6/1/2025	6.900%	21,115	20,194
	Wisconsin Electric Power	Corporate bonds and notes	6/1/2025	3.100%	29,761	29,425
	Honolulu Hi Cy-Co Wwlr	Corporate bonds and notes	7/1/2025	2.316%	30,000	29,112
	Hershey Company	Corporate bonds and notes	8/21/2025	3.200%	46,056	44,032
	Freddie Mac Mul Cmo 2018	Corporate bonds and notes	8/25/2025	3.750%	30,164	27,421
	Connecticut Light & Power	Corporate bonds and notes	12/1/2025	0.750%	34,159	32,864
	Georgia Pacific Corp	Corporate bonds and notes	12/1/2025	7.375%	47,948	46,204
	Visa inc.	Corporate bonds and notes	12/14/2025	3.150%	35,739	34,031
	Allstate Corp	Corporate bonds and notes	12/15/2025	0.750%	29,858	28,048
	General Motors Financial Co.	Corporate bonds and notes	1/8/2026	1.250%	44,820	42,121
	HCA Inc.	Corporate bonds and notes	2/15/2026	5.875%	40,119	40,052
	Kenvue Inc.	Corporate bonds and notes	3/22/2026	5.350%	39,957	40,098
	Amphenol Corp.	Corporate bonds and notes	3/30/2026	4.750%	44,915	44,628
	Wells Fargo & Company	Corporate bonds and notes	4/22/2026	3.000%	23,790	23,966
	Union Pacific RR Co.	Corporate bonds and notes	5/14/2026	3.227%	42,640	41,159
	Caterpillar Finl Service	Corporate bonds and notes	5/15/2026	4.350%	44,673	44,393
	Home Depot Inc.	Corporate bonds and notes	6/25/2026	5.150%	14,995	15,013
	Apple inc.	Corporate bonds and notes	9/11/2026	2.050%	40,793	37,607
	Home Depot Inc.	Corporate bonds and notes	9/30/2026	4.950%	34,974	34,952
	CitiGroup Inc.	Corporate bonds and notes	10/21/2026	3.200%	24,069	23,836
	Dallas Fort Worth Texas	Corporate bonds and notes	11/1/2026	2.256%	30,000	28,104
	Paccar Financial Group	Corporate bonds and notes	11/9/2026	5.200%	19,968	20,073
	Illinois Tool Works Inc.	Corporate bonds and notes	11/15/2026	2.650%	49,192	47,546
	Abbot Laboratories	Corporate bonds and notes	11/30/2026	3.750%	47,425	43,887
	Nebraska Pub Pwr Dist Rev	Corporate bonds and notes	1/1/2027	2.493%	25,000	23,554
	Adobe Inc.	Corporate bonds and notes	2/1/2027	2.150%	5,134	4,664
	Texas Instruments Inc.	Corporate bonds and notes	2/8/2027	4.600%	24,999	24,841
	Eli Lilly & Co	Corporate bonds and notes	2/9/2027	4.500%	44,976	44,613
	Comet 2022-A1 Abs 2022	Corporate bonds and notes	3/15/2027	2.800%	29,998	29,433
	Daimler Trucks Abs 2023	Corporate bonds and notes	3/15/2027	5.900%	39,999	40,207

MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH & WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest Identification	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date and Rate of Interest	(d) Cost	(e) Current Value			
		Description	Maturity Date	Rate of Interest			
	Mandelez International	Corporate bonds and notes	3/17/2027	2.625%	\$	41,941	\$ 42,184
	Cintas Corporation	Corporate bonds and notes	4/1/2027	3.700%		46,169	43,322
	Met WTR Reclaim Dt	Corporate bonds and notes	4/1/2027	2.363%		30,000	28,201
	AT&T Inc.	Corporate bonds and notes	6/1/2027	2.300%		38,225	37,007
	Intel Corp.	Corporate bonds and notes	8/5/2027	3.750%		39,758	38,581
	Amazon.com Inc	Corporate bonds and notes	8/22/2027	3.150%		46,670	42,737
	Emerson Electric Co.	Corporate bonds and notes	10/15/2027	1.800%		30,102	27,304
	Colorado Hsg	Corporate bonds and notes	11/1/2027	4.515%		30,000	29,683
	Ecolab Inc	Corporate bonds and notes	1/15/2028	5.250%		25,271	25,250
	Bank of America Corp.	Corporate bonds and notes	1/20/2028	Var		21,552	19,287
	John Deere Owne Abs 2023	Corporate bonds and notes	3/15/2028	5.180%		10,014	9,978
	New York St Urban Dev	Corporate bonds and notes	3/15/2028	3.270%		39,148	37,932
	Transcont Gas Pipe Line	Corporate bonds and notes	3/15/2028	4.000%		15,585	14,384
	Florida Power & Light Co	Corporate bonds and notes	4/1/2028	5.050%		49,671	50,205
	Nvent Financial Sarl Company	Corporate bonds and notes	4/15/2028	4.550%		16,186	14,576
	Verizon Master Abs 2021	Corporate bonds and notes	4/20/2028	0.990%		29,996	29,572
	Automatic Data Processing	Corporate bonds and notes	5/15/2028	1.700%		40,145	35,682
	Republic Services Inc	Corporate bonds and notes	5/15/2028	3.950%		47,843	48,085
	Georgia Power Co.	Corporate bonds and notes	5/16/2028	4.650%		35,030	34,478
	Canadian National Railway	Corporate bonds and notes	7/15/2028	9.900%		48,522	42,995
	Jacobs Engineering Group	Corporate bonds and notes	8/18/2028	6.350%		20,051	20,639
	Kimberly-Clark Corp.	Corporate bonds and notes	11/1/2028	3.950%		51,140	48,256
	Virginia St Res Auth	Corporate bonds and notes	11/1/2028	2.530%		25,000	22,896
	BA Credit Card ABS 2023	Corporate bonds and notes	11/15/2028	4.980%		14,998	14,990
	John Deere Owne ABS 2024	Corporate bonds and notes	11/15/2028	4.960%		9,999	9,961
	Avery Dennison Corp.	Corporate bonds and notes	12/6/2028	4.875%		46,102	44,332
	CNH Industrial Cap LLC	Corporate bonds and notes	1/12/2029	5.500%		19,880	20,223
	Anheuser-Busch Inbev War Company	Corporate bonds and notes	1/23/2029	4.750%		36,519	34,832
	Lockheed Martin Corp	Corporate bonds and notes	2/15/2029	4.500%		39,978	39,407
	Adobe Inc.	Corporate bonds and notes	4/4/2029	4.800%		39,778	40,066
	Conoco Inc	Corporate bonds and notes	4/15/2029	6.950%		43,502	43,381
	Oge Energy Corp	Corporate bonds and notes	5/15/2029	5.450%		25,065	25,208
	Wisconsin Electric Power	Corporate bonds and notes	5/15/2029	5.000%		19,917	20,045
	O'Reilly Automotive Inc.	Corporate bonds and notes	6/1/2029	3.900%		28,596	28,436
	Applied Materials Inc	Corporate bonds and notes	6/15/2029	4.800%		19,941	19,985
	Exxon Mobil Corporation	Corporate bonds and notes	8/16/2029	2.440%		44,975	40,275
	Oracle Corp.	Corporate bonds and notes	11/9/2029	6.150%		25,600	26,160
	National rural Util Coop	Corporate bonds and notes	3/15/2030	2.400%		33,880	30,280
	Pepsico Inc.	Corporate bonds and notes	3/19/2030	2.750%		45,358	40,338
	Comcast Corp.	Corporate bonds and notes	10/15/2030	4.250%		48,814	47,983
	CBOE Holdings Inc.	Corporate bonds and notes	12/15/2030	1.625%		34,555	28,620
	Bristol-Myers Squibb Co	Corporate bonds and notes	2/1/2031	5.750%		40,558	41,557
	Abbie Inc	Corporate bonds and notes	3/15/2031	4.950%		39,964	39,946
	Keurig Dr Pepper Inc	Corporate bonds and notes	3/15/2031	5.200%		39,539	39,951
	PG&E Energy Recovery Fund	Corporate bonds and notes	7/15/2031	1.460%		27,203	24,120
	Dick's Sporting Goods	Corporate bonds and notes	1/15/2032	3.150%		15,009	12,772
	Progressive Corp.	Corporate bonds and notes	3/15/2032	3.000%		26,173	26,069
	Pacific Gas & Electric	Corporate bonds and notes	6/15/2032	5.900%		15,233	15,036
	Freddie Mac Mul Cmo 2022	Corporate bonds and notes	6/25/2032	2.920%		31,502	30,759
	Air Products & Chemicals	Corporate bonds and notes	3/3/2033	4.800%		15,157	14,786
	United Parcel Service	Corporate bonds and notes	3/3/2033	4.875%		35,388	34,561
	Eaton Corp.	Corporate bonds and notes	3/15/2033	4.150%		38,254	37,513

**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest <u>Identification</u>	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) <u>Description of Investment Including Maturity Date and Rate of Interest</u>		(d) Cost	(e) Current Value	
		<u>Description</u>	<u>Maturity Date</u>			<u>Rate of Interest</u>
	Brown-Forman Corp.	Corporate bonds and notes	4/15/2033	4.750%	\$ 25,128	\$ 24,510
	Estee lauder Co Inc.	Corporate bonds and notes	5/15/2033	4.650%	14,746	14,501
	Public Storage Company	Corporate bonds and notes	8/1/2033	5.100%	19,928	19,875
	Duke Energy Carolinas	Corporate bonds and notes	1/15/2034	4.850%	24,635	24,221
	Air Products & Chemicals	Corporate bonds and notes	2/8/2034	4.850%	19,945	19,664
	Cummins Inc	Corporate bonds and notes	2/20/2034	5.150%	25,107	25,074
	Public Service Electric	Corporate bonds and notes	3/1/2034	5.200%	25,092	25,060
	Total corporate bonds				<u>3,237,441</u>	<u>3,134,296</u>
	Common collective trusts fund ASB	Collective trust fund	N/A	N/A	800,000	855,027
	Limited partnership U.S. Real Estate Investment Fund, LLC	Limited partnership	N/A	N/A	1,000,000	1,071,797
	Total assets (held at end of year)				<u>\$ 19,177,977</u>	<u>\$ 20,786,399</u>

MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH & WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest <u>Identification</u>	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) <u>Description of Investment Including Maturity Date and Rate of Interest</u>		(d) Cost	(e) Current Value	
		<u>Description</u>	<u>Maturity Date</u>			<u>Rate of Interest</u>
Mutual funds						
	Baird Core Plus Bond Fund	Mutual fund	N/A	N/A	\$ 4,376,660	\$ 3,863,147
	DFA US Small Cap Fund	Mutual fund	N/A	N/A	634,333	823,325
	Hartford International Opportunities	Mutual fund	N/A	N/A	1,499,814	1,730,894
	John Hancock Income Fund	Mutual fund	N/A	N/A	2,313,706	2,096,700
	Vanguard Total Stock Market Index Fund	Mutual fund	N/A	N/A	1,221,424	3,266,074
	Total mutual funds				<u>10,045,937</u>	<u>11,780,140</u>
Money market funds						
	Custody Bank of America	Money market fund	N/A	Variable	1,613,185	1,613,185
	Custody Bank of America	Money market fund	N/A	Variable	50,311	50,311
	Total money market funds				<u>1,663,496</u>	<u>1,663,496</u>
U.S. Government and agency securities						
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/25/2024	3.300%	5,944	6,074
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2024	2.380%	29,878	29,886
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	8/25/2024	Var	36,447	36,566
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2025	2.000%	44,031	44,079
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	8/25/2025	0.375%	49,817	47,405
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	12/25/2025	3.000%	29,466	29,092
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	3/25/2026	2.670%	35,711	33,622
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2026	1.500%	58,267	56,149
	U.S. Treasury Note	U.S. Gov't and agency securities	9/30/2026	1.630%	35,515	32,758
	U.S. Treasury Note	U.S. Gov't and agency securities	11/15/2026	2.000%	93,932	89,407
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2028	2.750%	136,180	127,332
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2028	2.500%	5,938	5,732
	U.S. Treasury Note	U.S. Gov't and agency securities	11/15/2028	3.130%	69,291	66,503
	U.S. Treasury Note	U.S. Gov't and agency securities	5/15/2029	2.380%	116,097	105,081
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/1/2029	2.500%	9,445	8,914
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/1/2029	3.000%	12,551	11,498
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	7/1/2029	3.000%	10,735	9,887
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2030	1.500%	88,840	77,312
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	8/5/2030	8.800%	104,565	89,179
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2030	6.300%	131,686	108,306
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	11/15/2030	6.630%	88,347	83,881
	U.S. Treasury Note	U.S. Gov't and agency securities	11/30/2030	4.375%	81,407	80,147
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2031	1.130%	116,401	98,245
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2031	1.250%	138,276	121,887
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	3/1/2032	3.000%	11,165	10,184
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	7/15/2032	6.250%	11,512	11,211
	U.S. Treasury Note	U.S. Gov't and agency securities	8/15/2032	2.750%	108,632	106,964
	U.S. Treasury Note	U.S. Gov't and agency securities	11/15/2032	4.130%	112,553	108,329
	U.S. Treasury Note	U.S. Gov't and agency securities	5/15/2033	3.380%	126,281	120,717
	U.S. Treasury Note	U.S. Gov't and agency securities	2/15/2034	4.000%	62,892	63,233
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	2/1/2037	2.500%	35,273	34,591
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	3/1/2037	3.500%	19,413	18,249
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	4/1/2037	4.000%	33,765	32,219
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2037	4.500%	33,315	32,176
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2037	4.000%	30,164	29,046
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2037	4.500%	58,801	57,898
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	4/1/2037	4.000%	23,545	23,044
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2037	5.000%	21,794	21,475
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	4/1/2038	4.500%	7,827	7,804

MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH & WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest Identification	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date and Rate of Interest			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	5/1/2038	5.000%	\$ 45,011	\$ 45,599
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	5/1/2038	5.000%	38,670	38,402
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2038	5.500%	24,112	24,081
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	5/1/2038	5.000%	19,474	19,197
	Federal Nat'l Mtge Assn	U.S. Gov't and agency securities	6/1/2038	6.000%	40,344	40,575
	Federal Home Ln Mtg Corp	U.S. Gov't and agency securities	5/1/2039	5.000%	37,793	37,707
	Total U.S. Government and agency securities				<u>2,431,103</u>	<u>2,281,643</u>
	Corporate bonds and notes					
	Martin Marietta Material	Corporate bonds and notes	7/2/2024	4.250%	45,437	44,997
	Port Seattle Wash Rev	Corporate bonds and notes	8/1/2024	3.475%	25,000	24,948
	Evergy Inc.	Corporate bonds and notes	9/15/2024	2.450%	50,117	49,647
	Lowes's Cos Inc.	Corporate bonds and notes	9/15/2024	3.125%	50,542	49,727
	Prince George's Cnty Md	Corporate bonds and notes	9/15/2024	0.844%	15,000	14,859
	Quanta services Inc.	Corporate bonds and notes	10/1/2024	0.950%	24,433	24,679
	Cont'l Airlines 2012-2	Corporate bonds and notes	10/29/2024	4.000%	24,680	23,891
	Kia-Tencor Corp	Corporate bonds and notes	11/1/2024	4.650%	30,290	29,908
	Public Service Electric	Corporate bonds and notes	11/15/2024	3.050%	20,021	19,803
	WW Grainger Inc.	Corporate bonds and notes	2/15/2025	1.850%	24,931	24,430
	American Water Capital	Corporate bonds and notes	3/1/2025	3.400%	10,108	9,854
	Analog Devices Inc.	Corporate bonds and notes	4/1/2025	2.950%	15,308	14,729
	T-Mobile USA Inc.	Corporate bonds and notes	4/15/2025	3.500%	30,483	29,498
	Public Service Colorado	Corporate bonds and notes	5/15/2025	2.900%	19,819	19,517
	Cincinnati Gas & Electric	Corporate bonds and notes	6/1/2025	6.900%	21,115	20,194
	Wisconsin Electric Power	Corporate bonds and notes	6/1/2025	3.100%	29,761	29,425
	Honolulu Hi Cy-Co Wwtr	Corporate bonds and notes	7/1/2025	2.316%	30,000	29,112
	Hershey Company	Corporate bonds and notes	8/21/2025	3.200%	46,056	44,032
	Freddie Mac Mul Crmo 2018	Corporate bonds and notes	8/25/2025	3.750%	30,164	27,421
	Connecticut Light & Power	Corporate bonds and notes	12/1/2025	0.750%	34,159	32,864
	Georgia Pacific Corp	Corporate bonds and notes	12/1/2025	7.375%	47,948	46,204
	Visa inc.	Corporate bonds and notes	12/14/2025	3.150%	35,739	34,031
	Allstate Corp	Corporate bonds and notes	12/15/2025	0.750%	29,858	28,048
	General Motors Financial Co.	Corporate bonds and notes	1/8/2026	1.250%	44,820	42,121
	HCA Inc.	Corporate bonds and notes	2/15/2026	5.875%	40,119	40,052
	Kenvue Inc.	Corporate bonds and notes	3/22/2026	5.350%	39,957	40,098
	Amphenol Corp.	Corporate bonds and notes	3/30/2026	4.750%	44,915	44,628
	Wells Fargo & Company	Corporate bonds and notes	4/22/2026	3.000%	23,790	23,966
	Union Pacific RR Co.	Corporate bonds and notes	5/14/2026	3.227%	42,640	41,159
	Caterpillar Finl Service	Corporate bonds and notes	5/15/2026	4.350%	44,673	44,393
	Home Depot Inc.	Corporate bonds and notes	6/25/2026	5.150%	14,995	15,013
	Apple Inc.	Corporate bonds and notes	9/11/2026	2.050%	40,793	37,607
	Home Depot Inc.	Corporate bonds and notes	9/30/2026	4.950%	34,974	34,952
	CitiGroup Inc.	Corporate bonds and notes	10/21/2026	3.200%	24,069	23,836
	Dallas Fort Worth Texas	Corporate bonds and notes	11/1/2026	2.256%	30,000	28,104
	Paccar Financial Group	Corporate bonds and notes	11/9/2026	5.200%	19,968	20,073
	Illinois Tool Works Inc.	Corporate bonds and notes	11/15/2026	2.650%	49,192	47,546
	Abbott Laboratories	Corporate bonds and notes	11/30/2026	3.750%	47,425	43,887
	Nebraska Pub Pwr Dist Rev	Corporate bonds and notes	1/1/2027	2.493%	25,000	23,554
	Adobe Inc.	Corporate bonds and notes	2/1/2027	2.150%	5,134	4,664
	Texas Instruments Inc.	Corporate bonds and notes	2/8/2027	4.600%	24,999	24,841
	Eli Lilly & Co	Corporate bonds and notes	2/9/2027	4.500%	44,976	44,613
	Cornet 2022-A1 Abs 2022	Corporate bonds and notes	3/15/2027	2.800%	29,998	29,433
	Daimler Trucks Abs 2023	Corporate bonds and notes	3/15/2027	5.900%	39,999	40,207

**MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781
HEALTH & WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest Identification	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date and Rate of Interest		(d) Cost	(e) Current Value	
		Description	Maturity Date			Rate of Interest
Mondelez International		Corporate bonds and notes	3/17/2027	2.625%	\$ 41,941	\$ 42,184
Cintas Corporation		Corporate bonds and notes	4/1/2027	3.700%	46,169	43,322
Met WWTR Reclaim DI		Corporate bonds and notes	4/1/2027	2.363%	30,000	28,201
AT&T Inc.		Corporate bonds and notes	6/1/2027	2.300%	38,225	37,007
Intel Corp.		Corporate bonds and notes	8/5/2027	3.750%	39,758	38,581
Amazon.com Inc		Corporate bonds and notes	8/22/2027	3.150%	46,670	42,737
Emerson Electric Co.		Corporate bonds and notes	10/15/2027	1.800%	30,102	27,304
Colorado Hsg		Corporate bonds and notes	11/1/2027	4.515%	30,000	29,683
Ecolab Inc		Corporate bonds and notes	1/15/2028	5.250%	25,271	25,250
Bank of America Corp.		Corporate bonds and notes	1/20/2028	Var	21,552	19,287
John Deere Owne Abs 2023		Corporate bonds and notes	3/15/2028	5.180%	10,014	9,978
New York St Urban Dev		Corporate bonds and notes	3/15/2028	3.270%	39,148	37,932
Transcont Gas Pipe Line		Corporate bonds and notes	3/15/2028	4.000%	15,585	14,384
Florida Power & Light Co		Corporate bonds and notes	4/1/2028	5.050%	49,671	50,205
Nvent Financial Sarl Company		Corporate bonds and notes	4/15/2028	4.550%	16,186	14,576
Verizon Master Abs 2021		Corporate bonds and notes	4/20/2028	0.990%	29,996	29,572
Automatic Data Processing		Corporate bonds and notes	5/15/2028	1.700%	40,145	35,682
Republic Services Inc		Corporate bonds and notes	5/15/2028	3.950%	47,843	48,085
Georgia Power Co.		Corporate bonds and notes	5/16/2028	4.650%	35,030	34,478
Canadian National Railway		Corporate bonds and notes	7/15/2028	9.900%	48,522	42,995
Jacobs Engineering Group		Corporate bonds and notes	8/18/2028	6.350%	20,051	20,639
Kimberly-Clark Corp.		Corporate bonds and notes	11/1/2028	3.950%	51,140	48,256
Virginia St Res Auth		Corporate bonds and notes	11/1/2028	2.530%	25,000	22,896
BA Credit Card ABS 2023		Corporate bonds and notes	11/15/2028	4.980%	14,998	14,990
John Deere Owne ABS 2024		Corporate bonds and notes	11/15/2028	4.960%	9,999	9,961
Avery Dennison Corp.		Corporate bonds and notes	12/6/2028	4.875%	46,102	44,332
CNH Industrial Cap LLC		Corporate bonds and notes	1/12/2029	5.500%	19,880	20,223
Anheuser-Busch Inbev Wor Company		Corporate bonds and notes	1/23/2029	4.750%	36,519	34,832
Lockheed Martin Corp		Corporate bonds and notes	2/15/2029	4.500%	39,978	39,407
Adobe Inc.		Corporate bonds and notes	4/4/2029	4.800%	39,778	40,066
Conoco Inc		Corporate bonds and notes	4/15/2029	6.950%	43,502	43,381
Oge Energy Corp		Corporate bonds and notes	5/15/2029	5.450%	25,065	25,208
Wisconsin Electric Power		Corporate bonds and notes	5/15/2029	5.000%	19,917	20,045
O'Reilly Automotive Inc.		Corporate bonds and notes	6/1/2029	3.900%	28,596	28,436
Applied Materials Inc		Corporate bonds and notes	6/15/2029	4.800%	19,941	19,985
Exxon Mobil Corporation		Corporate bonds and notes	8/16/2029	2.440%	44,975	40,275
Oracle Corp.		Corporate bonds and notes	11/9/2029	6.150%	25,600	26,160
National rural Util Coop		Corporate bonds and notes	3/15/2030	2.400%	33,880	30,280
Pepsico Inc.		Corporate bonds and notes	3/19/2030	2.750%	45,358	40,338
Comcast Corp.		Corporate bonds and notes	10/15/2030	4.250%	48,814	47,983
CBOE Holdings Inc.		Corporate bonds and notes	12/15/2030	1.625%	34,555	28,620
Bristol-Myers Squibb Co		Corporate bonds and notes	2/1/2031	5.750%	40,558	41,557
Abbvie Inc		Corporate bonds and notes	3/15/2031	4.950%	39,964	39,946
Keurig Dr Pepper Inc		Corporate bonds and notes	3/15/2031	5.200%	39,539	39,951
PG&E Energy Recovery Fund		Corporate bonds and notes	7/15/2031	1.460%	27,203	24,120
Dick's Sporting Goods		Corporate bonds and notes	1/15/2032	3.150%	15,009	12,772
Progressive Corp.		Corporate bonds and notes	3/15/2032	3.000%	26,173	26,069
Pacific Gas & Electric		Corporate bonds and notes	6/15/2032	5.900%	15,233	15,036
Freddie Mac Mul Cmo 2022		Corporate bonds and notes	6/25/2032	2.920%	31,502	30,759
Air Products & Chemicals		Corporate bonds and notes	3/3/2033	4.800%	15,157	14,786
United Parcel Service		Corporate bonds and notes	3/3/2033	4.875%	35,388	34,561
Eaton Corp.		Corporate bonds and notes	3/15/2033	4.150%	38,254	37,513

MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH & WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2024

Schedule H, Line 4i

EIN: 36-6117757
Plan Number: 501

(a) Party-in- Interest <u>Identification</u>	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date and Rate of Interest		(d) Cost	(e) Current Value	
		Description	Maturity Date			Rate of Interest
	Brown-Forman Corp.	Corporate bonds and notes	4/15/2033	4.750%	\$ 25,128	\$ 24,510
	Estee Lauder Co Inc.	Corporate bonds and notes	5/15/2033	4.650%	14,746	14,501
	Public Storage Company	Corporate bonds and notes	8/1/2033	5.100%	19,928	19,875
	Duke Energy Carolinas	Corporate bonds and notes	1/15/2034	4.850%	24,635	24,221
	Air Products & Chemicals	Corporate bonds and notes	2/8/2034	4.850%	19,945	19,664
	Cummins Inc	Corporate bonds and notes	2/20/2034	5.150%	25,107	25,074
	Public Service Electric	Corporate bonds and notes	3/1/2034	5.200%	25,092	25,060
	Total corporate bonds				<u>3,237,441</u>	<u>3,134,296</u>
	Common collective trusts fund					
	ASB	Collective trust fund	N/A	N/A	800,000	855,027
	Limited partnership					
	U.S. Real Estate Investment Fund, LLC	Limited partnership	N/A	N/A	1,000,000	1,071,797
	Total assets (held at end of year)				<u>\$ 19,177,977</u>	<u>\$ 20,786,399</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0086 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: a multiemployer plan a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan MISCELLANEOUS WAREHOUSEMEN'S LOCAL 781 HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 07/01/1960
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 MISCELLANEOUS WAREHOUSEMEN'S 781 747 CHURCH ROAD, BUILDING D ELMHURST IL 60126	2b Employer Identification Number (EIN) 36-6117757 2c Plan Sponsor's telephone number 847-298-9999 2d Business code (see instructions) 493100

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

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

SIGN HERE	<i>Paul Struping</i>	2-11-23	Paul Struping
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Barbara Bridger</i>	2-14-25	Barbara Bridger
	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