

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS HEALTH SERVICES & INSURANCE PLAN LOCAL 404
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan): TEAMSTERS HEALTH SERVICE & INSURANCE PLAN OF LOCAL 404
2b Employer Identification Number (EIN): 04-2589472
2c Plan Sponsor's telephone number: 413-733-2191
2d Business code (see instructions): 484110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include signatures of plan administrator (BRYAN J DONOVAN, JR), employer/plan sponsor (LARRY KEEFE), and DFE.

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

Form 5500 (2023) v. 230707

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">TEAMSTERS HEALTH SERVICE &amp; INSURANCE PLAN OF LOCAL 404</p> <p style="color: blue;">115 PROGRESS AVENUE SPRINGFIELD, MA 01104</p>	<p><b>3b</b> Administrator's EIN 04-2589472</p> <p><b>3c</b> Administrator's telephone number 413-733-2191</p>
<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 1370</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits .....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> .....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....</p>	<p><b>6a(1)</b> 712</p> <p><b>6a(2)</b> 627</p> <p><b>6b</b> 71</p> <p><b>6c</b> 615</p> <p><b>6d</b> 1313</p> <p><b>6e</b></p> <p><b>6f</b></p> <p><b>6g(1)</b></p> <p><b>6g(2)</b></p> <p><b>6h</b></p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b> 14</p>

**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 4L 4Q

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

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

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**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.

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

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p><b>A</b> Name of plan <b>TEAMSTERS HEALTH SERVICES &amp; INSURANCE PLAN LOCAL 404</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS HEALTH SERVICE &amp; INSURANCE PLAN OF LOCAL 404</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>04-2589472</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**STANDARD 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
35-0980405	61069	AL00005251	627	07/01/2023	06/30/2024

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

<p>(a) Total amount of commissions paid <b>1688</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**GROUP BENEFIT ADMINISTRATORS OF CT**      **109 SANFORD STREET**  
**HAMDEN, CT 06514**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
898			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MPL LLC**      **109 SANFORD STREET**  
**HAMDEN, CT 06514**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
790			3

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	90580
<b>b</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 .....	<b>10b</b>	

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. ▶

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

<b>A</b> Name of plan <b>TEAMSTERS HEALTH SERVICES &amp; INSURANCE PLAN LOCAL 404</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS HEALTH SERVICE &amp; INSURANCE PLAN OF LOCAL 404</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2589472</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>LOOMIS SAYLES FUNDS</b>	<b>399 BOYLSTON STREET BOSTON, MA 02165</b>
<b>04-3219179</b>	

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

<b>GUGGENHEIM INVESTMENTS</b>	<b>KING FARM BOULEVARD SUITE 600 ROCKVILLE, MD 20850</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>DFA INVESTMENT DIMENSIONS GROUP INC</b>	<b>6300 BEE CAVE ROAD BLDG ONE AUSTIN, TX 78746</b>
<b>36-3129984</b>	

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

<b>EATON VANCE FUNDS</b>	<b>TWO INTERNATIONAL PLACE BOSTON, MA 02110</b>
<b>16-1350103</b>	



**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)

TRI STATE JOINT FUND

06-0850110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 11 13 15 10 29 10	AFFILIATED ORGANIZATION	376650	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)

ANTHEM BLUE CROSS BLUE SHIELD

06-1475928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	236840	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)

FUND MANAGER

04-2589472

(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?
30 50	EMPLOYEE	73127	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)

CLAIMS PROCESSOR

04-2589472

(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?
30 50	EMPLOYEE	50214	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)

RAYMOND JAMES ASSOCIATES INC

59-1237041

(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 65 99 51 19 72	NONE	40000	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)

MANNING & NAPIER ADVISORS, INC

290 WOODCLIFF DRIVE  
FAIRPORT, NY 14450

45-3240790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	38784	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"/>

**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)

B. RILEY WEALTH MANAGEMENT

10 POST OFFICE SQUARE SUTIE 600  
BOSTON, MA 02109

27-0223495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	35000	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)

HAMLIN CAPITAL MANAGEMENT LLC

640 FIFTH AVENUE 6TH FLOOR  
NEW YORK, NY 10019

52-2344187

(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?
51 28	NONE	34245	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)

VALENZ HEALTH

52-1169362

(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 99	NONE	32985	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)

DHK FINANCIAL ADVISORS INC

02-0464577

(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 50	NONE	25000	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)

UPRISE HEALTH

35-1955872

(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 99	NONE	24273	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)

MPL LLC

06-1537302

(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?
22 53 55	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	21895	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)

MILLER HOWARD INVESTMENTS INC

324 UPPER BYRDCLIFFE RD  
WOODSTOCK, NY 12498

14-1710657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18907	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)

LARRY KEEFE

04-2589472

(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?
20 50	EMPLOYER TRUSTEE	14918	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)

FRANK ROSSI

04-2589472

(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?
20 50	UNION TRUSTEE	14779	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)

ROBERT SULLIVAN

04-2589472

(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?
20 50	EMPLOYER TRUSTEE	14032	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)

ALLEGIANT RX

91 GOFFSTOWN ROAD  
MANCHESTER, NH 03102

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 99	NONE	11520	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)

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?
49 99 12	NONE	5907	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3270	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)

RHUMBLINE ADVISORS

265 FRANKLIN STREET 21ST FLOOR  
BOSTON, MA 02110

04-3076646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	7500	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)

BJ DONOVAN

04-2589472

(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?
20 50	UNION TRUSTEE	5788	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>TEAMSTERS HEALTH SERVICES &amp; INSURANCE PLAN LOCAL 404</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS HEALTH SERVICE &amp; INSURANCE PLAN OF LOCAL 404</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2589472</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	665152	294831
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1185332	1303011
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	855310	1169743
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2326768	727945
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	495295	497885
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	41894155	37319832
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	120291082	146867836
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	636146	644483
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	168349240	188825566
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	1621020	1347489
<b>h</b> Operating payables .....	<b>1h</b>	43729	43907
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	1664749	1391396
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	166684491	187434170

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	13951061	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	304568	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		14255629
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	159693	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		159693
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	333058	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	4061545	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		4394603
<b>(3)</b> Rents .....	<b>2b(3)</b>		-14577
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	16225604	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	13318507	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		2907097
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	32379	
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	5698827	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		5731206

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4657040
<b>c</b> Other income .....	<b>2c</b>		17824
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		32108515

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	90440	
(3) Other.....	<b>2e(3)</b>	10217484	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10307924
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	267554	
(2) Contract administrator fees.....	<b>2i(2)</b>	376650	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	196655	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	49548	
(11) Other expenses .....	<b>2i(11)</b>	160505	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1050912
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		11358836

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		20749679
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: S.M. ESPOSITO & COMPANY, P.C.

(2) EIN: 06-1298465

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

TEAMSTERS' HEALTH SERVICES AND  
INSURANCE PLAN OF LOCAL UNION 404

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

Board of Trustees

Teamsters' Health Services and Insurance Plan of Local Union 404

Springfield, Massachusetts 01101

### **Opinion**

We have audited the financial statements of Teamsters' Health Services and Insurance Plan of Local Union 404, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Teamsters' Health Services and Insurance Plan of Local Union 404 as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Teamsters' Health Services and Insurance Plan of Local Union 404 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 Teamsters' Health Services and Insurance Plan of Local Union 404's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Teamsters' Health Services and Insurance Plan of Local Union 404'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 Teamsters' Health Services and Insurance Plan of Local Union 404's ability to continue as a going concern for a reasonable period.

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 our audit.

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Payments for Benefits and Program Expenses; Schedules of Administrative Expenses and the Schedule of Assets Held at End of Year are presented for purposes of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

*J.M. Esposito - Company PC*

Hamden, Connecticut  
March 12, 2025

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments - at fair value:		
Common stocks/equity mutual funds/equity ETF's	\$ 113,624,948	\$ 109,797,832
Corporate bonds/bond ETF's	70,221,395	51,287,264
Money market funds / cash equivalents	727,943	727,898
LP/Real estate investment trusts	341,326	1,100,141
US Gov't bonds	497,885	495,295
Certificates of deposit	0	1,598,870
	<u>185,413,497</u>	<u>165,007,300</u>
Receivables:		
Employers' contributions, no allowance deemed necessary	1,199,089	1,144,165
Health benefits experience reconciliation	378,854	442,099
Due from affiliate	706,152	319,479
Interest on investments	84,737	93,732
Payroll audit receivable	103,923	41,167
	<u>2,472,755</u>	<u>2,040,642</u>
Cash and cash equivalents	<u>294,831</u>	<u>665,152</u>
Prepaid expenses	<u>46,734</u>	<u>36,478</u>
Property and equipment	<u>344,565</u>	<u>378,882</u>
TOTAL ASSETS	<u>188,572,382</u>	<u>168,128,454</u>
LIABILITIES -		
Accounts payable and accrued expenses	<u>43,907</u>	<u>43,729</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 188,528,475</u>	<u>\$ 168,084,725</u>

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

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Employers' contributions	\$ 13,887,962	\$ 15,457,321
Payroll audit contributions	63,099	69,392
Extended benefit contributions (COBRA)	4,701	20,404
Special retiree contributions	299,867	121,062
	<u>14,255,629</u>	<u>15,668,179</u>
Investment income :		
Interest and dividends	4,554,276	3,379,384
Net appreciation in fair value of investments	9,672,933	11,629,467
Gain on sale of investments	3,590,030	1,096,852
	<u>17,817,239</u>	<u>16,105,703</u>
Less: investment expenses	(171,655)	(266,787)
	<u>17,645,584</u>	<u>15,838,916</u>
Other income	<u>17,824</u>	<u>653</u>
Rental income	<u>52,394</u>	<u>52,626</u>
TOTAL ADDITIONS	<u>31,971,431</u>	<u>31,560,374</u>
DEDUCTIONS FROM PLAN ASSETS		
ATTRIBUTED TO:		
Payments for benefits and program expenses	10,582,492	8,464,608
Administrative expenses	945,189	951,918
	<u>11,527,681</u>	<u>9,416,526</u>
TOTAL DEDUCTIONS	<u>11,527,681</u>	<u>9,416,526</u>
NET INCREASE	20,443,750	22,143,848
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	<u>168,084,725</u>	<u>145,940,877</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u>\$ 188,528,475</u>	<u>\$ 168,084,725</u>

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

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

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:		
Health claims payable and claims incurred but not reported	\$ 1,051,000	\$ 1,294,700
Accumulated eligibility credits	<u>296,489</u>	<u>326,320</u>
TOTAL OBLIGATIONS OTHER THAN POST-RETIREMENT BENEFIT OBLIGATIONS	<u>1,347,489</u>	<u>1,621,020</u>
POST-RETIREMENT BENEFIT OBLIGATIONS:		
Current retirees	3,210,072	3,197,388
Other participants fully eligible for benefits	7,988,953	8,222,753
Other participants not yet fully eligible for benefits	<u>9,644,370</u>	<u>9,472,885</u>
	<u>20,843,395</u>	<u>20,893,026</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 22,190,884</u></u>	<u><u>\$ 22,514,046</u></u>

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

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

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	\$ 1,621,020	\$ 1,180,843
Net change during year	<u>(273,531)</u>	<u>440,177</u>
TOTAL OBLIGATIONS OTHER THAN POST-RETIREMENT BENEFIT OBLIGATIONS	<u>1,347,489</u>	<u>1,621,020</u>
POST-RETIREMENT BENEFIT OBLIGATIONS:		
Balance at beginning of year	20,893,026	21,234,094
Increase (decrease) during the year attributable to:		
Benefits earned and other changes	621,527	429,363
Actuarial experience gain	(947,780)	(632,619)
Changes in actuarial assumptions/plan amendments	<u>276,622</u>	<u>(137,812)</u>
Balance at end of year	<u>20,843,395</u>	<u>20,893,026</u>
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 22,190,884</u>	<u>\$ 22,514,046</u>

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

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 1 - Description of the Plan

The following description of Teamsters' Health Services and Insurance Plan of Local 404 provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

This Plan is a self-funded welfare benefit plan administered by a Joint Board of Trustees, consisting of two union representatives and two employer representatives. They are also trustees of the Tri-State Joint Fund, which is an affiliated tax-exempt organization, established to provide for the payment of self-funded health benefits and administrative expenses of the Teamsters Health Services and Insurance Plans that participate in the self-funding welfare benefit plan arrangement.

The Plan provides health and other benefits to covered employees of contributing employers, most of which are in the County of Hampden, Massachusetts. The Plan and related trust were established on May 17, 1954, pursuant to collective bargaining agreements between various employers and Teamsters Local Union 404. It is subject to and governed by the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

New full-time members and their eligible dependents become eligible if the member is an active employee on the first day of the month following two consecutive months for which an employer has contributed (and the fund office has received) on behalf of the member, contributions for a total of 250 hours. Participants should refer to the Summary Plan Description for specific details on establishing eligibility and its continuation and termination. Different eligibility requirements exist for the part-time plan.

B. Benefits

The Plan provides medical benefits on a self-funded and self-administered basis using the Anthem PPO network. Prescription drug benefits are self-funded and administered by Optum Rx and Allegiant Rx. The dental benefit is self-funded and administered by CIGNA while the vision benefit is also self-funded and administered by VSP Vision. Mental health and substance abuse benefits are provided through the Teamster Family Services Program. Death benefits are insured through Anthem. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 1 - (continued)

Plan Changes

Effective July 1, 2024, the duration of Plan E benefits was extended from a maximum of 20 years to lifetime. This Plan amendment increased the Plan obligations by \$4,922,918 for June 30, 2024.

Effective April 1, 2023, the vision coverage moved to VSP Vision Care. The change in carriers reduced the copayments for 2<sup>nd</sup> pair eyeglasses/transition lenses and expanded coverage for all contact lenses with a \$35 copayment for fit and follow-up along with a \$200 allowance. This Plan amendment increased the Plan obligations by \$97,834 for June 30, 2023.

C. Contributions

The Plan provides that the participating employers make monthly contributions in the amount and for the duration as specified in their collective bargaining agreements. Contribution rates for employers participating in the Plan are recommended to the Plan trustees annually by the Plan's actuary. The Board of Trustees approves all changes.

If the required contributions are not received by the Plan, the participants will begin a pending termination period. The pending termination period is a 6-month period following the end of required contributions during which participants remain eligible for all benefits except weekly accident and sickness. The pending termination period begins on the first day of the month following the last payroll week for which the required contributions to remain eligible are received and ends on the last day of the 6<sup>th</sup> consecutive complete calendar month following the month in which the payroll week for which the last required contributions were received occurs. A different pending termination period exists for the part-time plan.

D. Plan Termination

The Plan may be terminated in the following manner:

- 1) By an instrument in writing executed by all Trustees when there is no longer in force and effect a collective bargaining agreement between any Employer and the Union requiring contributions to the Plan or participation therein.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 1 - (continued)

- 2) By an instrument in writing and duly executed by a majority of the employers then participating in the Plan and the Union.

In the event of termination, the Trustees shall make provision out of the Plan for the payment of expenses incurred up to the date of termination of the Trust and expenses incidental to such termination. The Plan's assets will then be applied to any obligations of the Plan. Any remaining surplus will be distributed in a manner consistent with the purpose of the Plan and the requirements of law.

E. Other

The Plan's Board of Trustees has the right under the Trust to amend, modify or discontinue all or any part of the Plan. In the event of a Plan amendment, the Board of Trustees is required to notify all participants of the amendment within a reasonable period.

Note 2 - Significant Accounting Policies

A. Method of Accounting

The financial statements of Teamsters' Health Services and Insurance Plan of Local Union 404 have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other assets and liabilities except that benefit payments are recorded when paid.

B. Investment Valuation and Income Recognition

The Plan's 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year. The Plan's trustees determine the plan's valuation policies utilizing information provided by the investment custodians. See Note 3 for discussion of fair value measurement.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 2 - (continued)

The Trustees have appointed investment managers and an investment custodian. Subject to an investment policy adopted by the Trustees, the investment managers have discretionary authority concerning the purchases and sales of investments, which consist of corporate bonds, common stock, mutual funds, money market funds and certificates of deposit.

C. Property and Equipment

Property and equipment are recorded at cost less accumulated depreciation. Depreciation is being provided by use of the straight-line method over the estimated useful lives of the related assets. Estimated useful lives are as follows:

<u>Assets</u>	<u>Life</u>
Building and improvements	18 - 31.5 years
Furniture and equipment	5 - 10 years

D. Postretirement Benefits

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to June 30, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for eligible (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers.

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

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 2 - (continued)

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims - cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Overall, funding from retiree contributions is projected to be 22 % of the total cost to provide postretirement benefits.

For measurement purposes, a 7.75 % annual rate of increase in the per capita cost of covered Plan SR medical/prescription drug benefits was assumed for both the years ended June 30, 2024 and 2023. The rate was graded by .25% over 13 years to an ultimate rate of 4.5%. For the Plan E medical benefit, a 6.75% annual increase in the per capita cost was assumed for both the years ended June 30, 2024 and 2023. The rate was graded by .25% over 9 years to an ultimate rate of 4.5%. For the Plan E prescription drug benefit, a 9.50% annual increase in the per capita cost was assumed for both the years ended June 30, 2024 and 2023. The rate was graded by 0.50% over 10 years to an ultimate rate of 4.50%. Annual rates of increase in the per capita cost for the dental and vision benefit were assumed to be 3.0% and 2.0% for both the years ended June 30, 2024 and 2023.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of June 30, 2024 and 2023 by \$2,087,6310 and \$2,101,679, respectively.

The following were other significant assumptions used in the valuation as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Weighted-average discount rate	5.25%	5.00%
Average expected retirement age	62.7	62.7
Mortality rates – pre-retirement	Pri-2012 Employee Blue Collar headcount- weighted mortality table projected generationally with the MP-2021 projection scale	Pri-2012 Employee Blue Collar headcount- weighted mortality table projected generationally with the MP-2021 projection scale

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 2 - (continued)

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations. Also, the Plan reserves the right to change or modify the plan of benefits from time to time.

E. Payment of Benefits

Health claims and premiums are reported when paid. Any refunds due to overpayments, subrogation, or adjustments are recorded in the period received and are shown netted with benefit payments.

F. Other Benefit Obligations

Plan obligations on June 30, 2024 and 2023 for health claims incurred by active participants but not reported at that date and those reported but not paid are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value.

Plan obligations on June 30, 2024 and 2023 also include the estimated liability for future benefits. This liability is based on participants' accumulated eligibility and reflects the estimated amount of benefits to be incurred for participants who have accumulated sufficient eligibility hours to be eligible for benefits in the succeeding period. The liability is calculated using various cost factors and an estimated number of participants who would have terminated employment as of June 30 and had sufficient hours to maintain their eligibility for benefits in the succeeding period. Extended coverage is six months and four months for full-time and part-time members, respectively.

G. Prescription Drug Rebates

Prescription drug rebates are recorded in the period to which the related claims were paid and are shown netted with benefit payments.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 2 - (continued)

H. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein; claims incurred but not reported; eligibility credits; claims payable; and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

I. Subsequent Events

Subsequent events have been evaluated through March 12, 2025, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

Note 3 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes 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 2). This hierarchy consists of three broad levels:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 3 - (continued)

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

There have been no changes in the methodologies used on June 30, 2024 and 2023.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lower level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

**Cash and Cash equivalents:** Cash equivalents consist of cash investments in money market funds. Cash investments in money market funds are valued under the market approach using quoted market prices in an active market, which is the net asset value of the underlying funds and are classified within Levels 1 and 2 of the valuation hierarchy.

**Common Stocks/Mutual Funds:** The common stock/mutual fund investments are valued at the closing price reported on the active market on which the individual securities / mutual funds are traded using independent pricing vendors and are classified within Level 1 of the valuation hierarchy.

**Corporate Notes and Bonds:** These investments are valued daily using an independent pricing vendor, Interactive Data Corporation (IDC). Information is gathered from market sources and integrates relative credit information, observed market movements, and sector news into the evaluated pricing applications and models, and is classified within Level 2 of the valuation hierarchy.

**U.S. Government and Agency Securities:** These investments are valued using an independent pricing vendor and are classified within Level 2 of the valuation hierarchy.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 3 - (continued)

The following table presents assets and liabilities measured at fair value on a recurring basis on June 30, 2024:

	Fair Value Measurements June 30, 2024		
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>
Corporate bonds/bond ETF's	\$70,221,395	\$ 70,221,395	\$ 0
Common stocks/equity mutual funds	113,624,948	113,624,948	0
U.S Gov't bonds	497,885	0	497,885
Money market funds	727,943	727,943	0
Real estate investment trusts	<u>341,326</u>	<u>341,326</u>	<u>0</u>
Total	<u>\$185,413,497</u>	<u>\$184,915,612</u>	<u>\$497,885</u>

The following table presents assets and liabilities measured at fair value on a recurring basis on June 30, 2023:

	Fair Value Measurements June 30, 2023		
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>
Corporate bonds/bond ETF's	\$51,287,264	\$ 51,287,264	\$ 0
Common stocks/equity mutual funds	109,797,832	109,797,832	0
U.S Gov't bonds	495,295	0	495,295
Money market funds	727,898	727,898	0
Real estate investment trusts	1,100,141	1,100,141	0
Certificates of deposit	<u>1,598,870</u>	<u>0</u>	<u>1,598,870</u>
Total	<u>\$165,007,300</u>	<u>\$162,913,135</u>	<u>\$2,094,165</u>

Securities Lending

The Company participates in securities lending programs whereby it lends certain securities to third-party borrowers, typically major financial institutions. These transactions are conducted under master securities lending agreements that require the borrower to provide collateral, typically in the form of cash, U.S. government securities, or letters of credit, with a value equal to or greater than 102% (or 105% for international securities) of the fair value of the securities lent.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 3 - (continued)

The Company retains the benefits of ownership of the lent securities, including the right to receive interest or dividends. However, in some cases, substitute payments may be received in lieu of actual interest or dividend payments. Lent securities are not derecognized from the balance sheet as the Company maintains effective control over them through its ability to recall the securities on demand.

As of June 30, 2024, the fair value of securities lent was \$2,515,905, and the fair value of collateral held at Raymond James Bank, the designated collateral agent, was \$2,515,905.

The Company does not offset securities lending assets and liabilities in the balance sheet, as the conditions for netting under ASC 210-20 are not met.

Note 4 - Related Party Transactions

Benefits Paid / Administrative Fees:

The Plan participates in an affiliated trust fund (Tri-State Joint Fund) with other health services and insurance plans. This Fund makes payments for various benefits on behalf of the Plan. Deductions from Plan assets for these benefits and for administrative fees which are based on a per-member per month charge approved by the Board of Trustees totaled \$10,600,000 and \$8,500,000 for the years ended June 30, 2024 and 2023, respectively.

Health Benefits Experience Reconciliation:

The Plan receives a contribution refund or is assessed an additional contribution on June 30 based on a reconciliation of amounts paid to and claims paid by Tri-State Joint Fund for June for medical, dental and drug benefits. The Plan had a contribution refund due from Tri-State Joint Fund of \$378,854 and \$442,099 on June 30, 2024 and 2023, respectively.

Receivables/Payables:

The Plan had a net amount due from Tri-State Joint Fund totaling \$706,152 and \$319,479 on June 30, 2024 and 2023, respectively representing amounts due from the affiliate for prescription drug rebates and the retiree claim experience reconciliation less amounts due to the affiliate for the claims pooling assessment and the payment of certain benefit premiums and costs.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 4 – (continued)

Rental Income / Contribution Income / Administrative Expenses:

The Plan leases a portion of its building to an affiliate (Teamsters Local Union 404) under a signed operating lease agreement for \$4,259 per month through December 2022. The monthly lease amount has remained the same pending approval of the new lease agreement. Rental payments received from the affiliate amounted to \$52,394 and \$52,626 for the years ended June 30, 2024 and 2023, respectively.

The Plan receives contributions from an affiliate (Teamsters Local Union 404) for health and welfare benefits. Contributions received totaled \$98,200 and \$81,825 in 2024 and 2023, respectively. In addition, the Plan shares certain administrative expenses with the affiliate. Reimbursements paid for shared administrative expenses totaled \$2,500 for both the years ended June 30, 2024 and 2023, respectively.

Note 5 - Building and Equipment

	<u>2024</u>	<u>2023</u>
Land, building and improvements	\$1,010,904	\$1,010,904
Property and equipment	<u>77,017</u>	<u>77,017</u>
	1,087,921	1,087,921
Less: accumulated depreciation	<u>(743,356)</u>	<u>(709,039)</u>
	<u>\$ 344,565</u>	<u>\$ 378,882</u>

Depreciation expense for the years ended June 30, 2024 and 2023 totaled \$34,318 and \$34,055, respectively.

Note 6 - Concentration of Credit Risk Arising from Deposits in Excess of Insured Limits

The Federal Depository Insurance Corporation (FDIC) insures deposits at each bank to a maximum of \$250,000 per customer for all interest-bearing accounts. At times during the year, the account balance at Key Bank exceeded FDIC coverage. Plan management periodically evaluates the financial soundness of the bank holding the deposits and believes such assets do not pose a financial risk to the Plan. As of June 30, 2024, cash on deposit with Key Bank totaling \$294,830 exceeded the FDIC coverage in a single bank by \$44,830.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 7 - Economic Dependency

Approximately 75% of the Plan's contributions were received from United Parcel Service during both the years ended June 30, 2024 and 2023. Substantially all Plan participants are employed in the transportation or delivery industries in Massachusetts.

Note 8 - Multiemployer Defined Benefit Pension Plan

The Plan contributes to a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its full-time employees. The risk of participating in a multiemployer defined benefit pension plan is different from a single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Union may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The Plan's participation in the multiemployer defined benefit pension plan for the annual periods ended June 30, 2024 and 2023 are outlined in the table below. The zone status is based on information that the Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65% funded, pension plans in the yellow zone are less than 80% funded, and pension plans in the green zone are at least 80% funded.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 8 – (continued)

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
New England Teamsters and Trucking Industry Pension Fund	04-6372430	001	Red as of 10/1/2023	No	Red as of 10/1/2022	No	*

\* The full-time employees of the Plan participate in the New England Teamsters and Trucking Industry Pension Fund through a participation agreement between the Plan and the New England Teamsters and Trucking Industry and Trucking Pension Fund. The participation agreement expires on July 31, 2024.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	6/30/2024	6/30/2023			6/30/2024	6/30/2023	6/30/2024	6/30/2023
New England Teamsters and Trucking Industry Pension Fund	\$75,036	\$69,264	No, Plan year ended 6/30/2024	No, Plan year ended 6/30/2023	\$2,886 per employee per month.	\$2,886 per employee per month.	2 employees for 10 months and 3 employees for 2 months	2 employees for 12 months

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 8 – (continued)

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by Plan?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
New England Teamsters and Trucking Industry Pension Fund	Rehabilitation Plan Implemented	No	No	N/A

Note 9 - Multiemployer Plan Providing Postretirement Benefits other than Pensions

The Plan contributed to one multiemployer defined benefit health and welfare plan that provides postretirement benefits during the years ended June 30, 2024 and 2023 for its full-time employees. The Plan's contributions to the welfare plan on behalf of its full-time employees, contribution rates, and number of employees covered were as follows:

Legal Name of Plan providing postretirement benefits other than pension	Contributions to Plan		Employer contribution rates		Number of employees covered by Plan	
	6/30/2024	6/30/2023	6/30/2024	6/30/2023	6/30/2024	6/30/2023
Teamsters Health Services and Insurance Plan of Local Union 404	\$65,547	\$54,582	*	*	2 employees for 10 months and 3 employees for 2 months	2 employees for 12 months

\* Approximately \$15.75 per hour. Monthly contribution is determined for each employee and is based on the self-insured rate for the Teamsters Plus plan as determined by the actuary plus the cost for life insurance and AD&D coverage specific to that employee.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 10 - Tax Exempt Status

The Plan obtained its latest determination letter on July 14, 1958, in which the Internal Revenue Service stated that the Plan, as then designed, followed the applicable requirements of the Internal Revenue Code and the trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c) (9) of the Internal Revenue Code. The Plan has been amended since receiving the letter of determination. Plan management and Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and to recognize a tax liability (or asset) for any uncertain position, that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan believes that the income tax returns for years ended June 30, 2020 and prior are closed years and therefore, are not subject to the audit process.

Note 11 - Risks and Uncertainties

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

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

Note 12 - New Accounting Pronouncement

In May 2014, FASB issued ASU 2014-09 – Revenue from Contracts with Customers (Topic 606). The objective of the disclosure requirements in this Topic is for an entity to disclose sufficient information to enable users of financial statements to understand the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. In accordance with the modified retrospective approach, the comparative information has not been restated and continues to be reported under the accounting standards in effect for those periods. Adoption of the ASU did not have a material effect on the financial statements.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

Note 13 - Reconciliation of Amounts Shown on Financial Statements and Form 5500

Net Assets:

Net assets available for benefits on June 30, 2024 as reported on financial statements	\$188,528,475
Unrealized appreciation of assets - property and equipment carried at fair market value on Form 5500	253,184
Health claims payable and claims incurred but not reported	(1,051,000)
Accumulated eligibility credits	<u>(296,489)</u>
Net assets available for benefits on June 30, 2024 as reported on Form 5500	<u>\$187,434,170</u>

Rental Income:

Gross rental income as reported on financial statements	\$52,394
Rental expenses net with rental income on Form 5500	<u>(66,971)</u>
Net rental loss as reported on Form 5500	<u>\$(14,577)</u>

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

SCHEDULES OF PAYMENTS FOR BENEFITS AND PROGRAM EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Health Benefits:		
Comprehensive plan SR	\$ 767,048	\$ 503,431
Dental benefits	619,139	645,831
Drug benefits	1,352,297	1,227,209
Medical and surgical benefits	7,283,238	5,395,966
Optical benefits	81,795	78,997
Accident and sickness benefits	8,870	43,886
	<u>10,112,387</u>	<u>7,895,320</u>
Tri-State Contributions:		
Death benefits	<u>98,203</u>	<u>106,303</u>
Network Access and Utilization Management Services:		
Teamsters' medical review program	30,496	36,796
Teamsters' family services	22,593	25,206
Medical provider network fees	227,198	305,923
	<u>280,287</u>	<u>367,925</u>
Life Insurance:		
Life and accidental death and dismemberment insurance premiums	<u>90,580</u>	<u>90,006</u>
Program Expenses:		
Payroll taxes - accident and sickness benefit	<u>1,035</u>	<u>5,054</u>
TOTAL	<u>\$ 10,582,492</u>	<u>\$ 8,464,608</u>

See auditor's report on supplementary information.

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Bank service charges	\$ 3,596	\$ 3,727
Conferences and travel:		
Fund clerks' meetings	2,856	0
Trustees' meetings/IFEBP meetings	22,248	31,804
Depreciation	34,318	34,055
Employee benefits	65,547	54,582
Equipment rental	3,529	830
Insurance	32,112	31,541
Joint Fund administrative fees	376,650	393,532
Miscellaneous	1,564	1,979
Pension	75,036	69,264
Postage	477	3,423
Professional fees	52,300	70,200
Repairs and maintenance	58,812	53,187
Salaries	126,971	111,753
Stationery and supplies	7,556	7,230
Taxes - payroll	10,573	9,460
Taxes - property	30,245	29,558
Telephone	4,618	921
Utilities	36,181	44,872
	<hr/>	<hr/>
TOTAL	<u>\$ 945,189</u>	<u>\$ 951,918</u>

See auditor's report on supplementary information.

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
<b>CASH EQUIVALENTS</b>				
	KEY BANK	CHECKING	294,831	294,831
	CHARLES SCHWAB	CASH	476,490	476,490
	MANING & NAPIER FUND, INC	OVERSEAS SERIES CLASS Z	7,218,509	7,739,312
	RAYMOND JAMES	RAYMOND JAMES BANK DEPOSIT PROGRAM	54,635	54,635
	RAYMOND JAMES	HSBC BANK USA	69	69
	RAYMOND JAMES	FIMM GOVERNMENT PORTFOLIO MMA	5,720	5,720
	RAYMOND JAMES	CASH	1,574	1,574
	RAYMOND JAMES	FIDELTY GOVERNMENT MONEY MARKET	70,889	70,889
	RAYMOND JAMES	FULLY PAID LENDING COLLATERAL	0	2,515,905
	WINSLOW, EVANS & CROCKER INC	FIDELTY GOVERNMENT MONEY MARKET	118,567	118,567
	WINSLOW, EVANS & CROCKER INC	UNITED STATES TREAS BILLS ZERO CPN 0.00000% 07	492,063	497,885
<b>MUTUAL FUNDS</b>				
	CHARLES SCHWAB	DFA INTERNATIONAL SMALL CAP VALUE I	2,861,667	3,047,463
	CHARLES SCHWAB	DFA INTERNATIONAL SMALL COMPANY I	2,650,553	3,006,178
	CHARLES SCHWAB	DFA ONE-YEAR FIXED-INCOME I	2,897,555	2,880,174
	CHARLES SCHWAB	EATON VANCE MULTI-ASSET CREDIT I	1,030,443	1,026,047
	CHARLES SCHWAB	EVENTIDE GILEAD I	2,877,097	4,425,641
	CHARLES SCHWAB	FIDELITY GLOBAL COMMODITY STOCK	1,802,065	2,448,392
	CHARLES SCHWAB	LOOMIS SAYLES BOND INSTL	5,689,976	4,597,187
	CHARLES SCHWAB	PIMCO TOTAL RETURN INSTL	365,232	292,478
	CHARLES SCHWAB	VANGUARD FTSE ALL-WLD EX-US IDX ADMIRAL	2,033,121	1,897,780
	CHARLES SCHWAB	VANGUARD HIGH-YIELD CORPORATE ADM	3,798,106	4,968,879
	CHARLES SCHWAB	VANGUARD SHORT-TERM BOND INDEX ADM	981,963	909,245
	RAYMOND JAMES	AMERICAN BEACON SIM HIGH YIELD OPPORTUNITIES	1,116,781	1,196,650
	RAYMOND JAMES	ARISTOTLE CORE INCOME FUND CL I-2 N/L	7,264,281	7,211,266
	RAYMOND JAMES	CALVERT EQUITY FUND CL I N/L	985,103	1,439,589
	RAYMOND JAMES	CALVERT SMALL CAP FUND CL I N/L	945,469	1,146,809
	RAYMOND JAMES	CALVERT INTERNATIONAL EQUITY FUND CL I N/L	2,913,163	2,959,379
	RAYMOND JAMES	EATON VANCE STRATEGIC INC FD CL I N/L	12,505,750	12,298,822
	RAYMOND JAMES	FIDELITY ADVISOR BIOTECHNOLOGY FUND CL I N/L	900,980	1,087,703
	RAYMOND JAMES	GUGGENHEIM LIMITED DURATION FUND INSTL CL N/L	5,355,509	5,208,207
	RAYMOND JAMES	LOOMIS SAYLES INVMT GDE BD FD CL Y N/L - NATIXIS	11,543,973	9,939,447
	RAYMOND JAMES	LOOMIS SAYLES BOND FUND INSTL N/L	3,708,167	3,168,104
	RAYMOND JAMES	LOOMIS SAYLES SENIOR FLTG RT & FXD INC CL Y N/L	2,238,479	2,238,411
	RAYMOND JAMES	MFS INCOME FUND CL I N/L	7,256,739	7,193,469
	RAYMOND JAMES	PIONEER STRATEGIC INCOME FUND CL Y N/L	2,608,627	2,302,145
	RAYMOND JAMES	PIONEER MULTI ASSET ULTRASHORT INCOME FUND	705,175	686,096
	RAYMOND JAMES	VANGUARD SHORT TERM BOND INDEX FUND INSTL I	6,156,158	5,860,644
	WINSLOW, EVANS & CROCKER INC	ALTRIA GROUP INC	34,020	36,440
	WINSLOW, EVANS & CROCKER INC	AMERICAN NEW WORLD FUND CL F2	400,001	442,327
	WINSLOW, EVANS & CROCKER INC	AT&T INC COM USD1	31,412	38,220
	WINSLOW, EVANS & CROCKER INC	COLUMBIA DIVIDEND INCOME FUND CL I3	619,887	761,662
	WINSLOW, EVANS & CROCKER INC	COLUMBIA THERMOSTAT FUND CL I2	1,261,982	1,095,975
	WINSLOW, EVANS & CROCKER INC	EVENTIDE GILEAD FUND CLASS I	337,350	635,654
	WINSLOW, EVANS & CROCKER INC	PGIM FLOATING RATE INCOME CL Z	800,000	752,844
	WINSLOW, EVANS & CROCKER INC	FIDELITY SELECT MED TECHNOLOGY & DEVICES	236,974	180,565
	WINSLOW, EVANS & CROCKER INC	FULLERTHALER BEHV SM CAP GROWTH INSTL	250,000	254,049
	WINSLOW, EVANS & CROCKER INC	HOOD RIVER SMALL CAP GROWTH FUND INSTL	100,000	104,312
	WINSLOW, EVANS & CROCKER INC	INTERNATIONAL BUS MACH CORP COM USD0.20	92,763	121,065
	WINSLOW, EVANS & CROCKER INC	GUGGENHEIM TOTAL RETURN BOND FD INSTL	578,527	461,370
	WINSLOW, EVANS & CROCKER INC	PIMCO LOW DURATION INCOME INSTITUTIONAL	264,827	233,470
	WINSLOW, EVANS & CROCKER INC	PIMCO INCOME FUND INSTITUTIONAL FUND	600,000	553,633
	WINSLOW, EVANS & CROCKER INC	VANGUARD WINDSOR II ADMIRAL	450,000	523,381
	WINSLOW, EVANS & CROCKER INC	VITESSE ENERGY INC COMMON STOCK	73,351	71,100
	WINSLOW, EVANS & CROCKER INC	VICTORY SYCAMORE ESTABLISHED VALUE I	393,548	563,610
	WINSLOW, EVANS & CROCKER INC	VANGUARD EXTENDED MARKET INDEX INSTL	327,211	451,975
<b>EXCHANGE-TRADED PRODUCTS (ETP'S)</b>				

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
		FIDELITY HIGH DIVIDEND ETF	7,000	331,161	327,460
		FIRST TR EXCHANGE-TRADED FD VI SMID RISNG	15,000	512,400	500,700
		GLOBAL X FDS US INFR DEV ETF	10,000	274,191	370,200
		INVESCO EXCH TRADED FD TR II S&P MDCP 400 R	3,500	390,891	384,243
		INVESCO EXCHANGE TRADED FD TR S&P MDCP C	8,000	734,012	776,240
		INVESCO QQQ TR UNIT SER 1	3,150	1,192,946	1,509,197
		ISHARES GLOBAL 100 ETF	3,500	260,262	338,030
		ISHARES TR U.S. MED DVC ETF	4,620	189,846	258,905
		SPDR PORTFOLIO DEVELOPED WORLD EX-US ET	15,500	494,703	543,740
		VANECK ETF TRUST SEMICONDUCTR ETF	4,290	288,478	1,118,403
		WISDOMTREE INDIA EARNINGS FUND	5,000	222,125	241,400
		COLUMBIA INDIA CONSUMER ETF	35,476	1,993,751	2,480,127
		FIRST TRUST NASDAQ CEA CYBERSECURITY ETF	23,936	1,197,052	1,350,469
		FIRST TRUST NASDAQ CLEAN EDGE GREEN ENEF	12,858	855,736	437,295
		FIRST TRUST SMID CAP RISING DIVIDEND ACHIEV	43,376	1,205,170	1,447,891
		FRANKLIN FTSE INDIA ETF	111,160	3,582,582	4,430,838
		GLOBAL X LITHIUM & BATTERY TECH ETF	12,728	864,954	493,982
		ISHARES TR MSCI INDIA ETF	19,830	892,747	1,106,117
		ISHARES TR MSCI INDIA SM CP	18,354	1,348,835	1,484,472
		PACER BENCHMARK DATA & INFRASTRUCTURER	43,768	1,352,911	1,196,607
		PACER BENCHMARK INDUSTRIAL REAL ESTATE S	9,025	361,090	341,326
		PACER US CASH COWS 100 ETF	23,393	934,740	1,274,674
		PACER US SMALL CAP CASH COWS 100 ETF	9,000	361,530	392,040
		SPDR PORTFOLIO S&P 600 SMALL CAP ETF	59,259	2,399,787	2,461,026
		SPDR S&P CAPITAL MARKETS ETF	9,925	1,000,142	1,094,628
		VANECK INDIA GROWTH LEADERS ETF	29,475	1,349,071	1,497,330
		VANECK MORNINGSTAR WIDE MOAT ETF	60,200	4,275,735	5,213,922
		WISDOMTREE U.S. QUALITY DIVIDEND GROWTH F	21,080	1,204,945	1,645,294
		ARK AUTONOMOUS TECHNOLOGY & ROBOTICS E	10,425	666,459	574,313
		ARK ETF TRUST INNOVATION ETF	11,422	1,820,936	501,997
		ARK GENOMIC REVOLUTION ETF	410,000 ^	1,812,135	9,627
		ARK NEXT GENERATION INTERNET ETF	4,602	366,743	359,094
		<b>EQUITIES</b>			
		BERKSHIRE HATHAWAY INCORPORATED DEL CLA	25	1,847,601	15,306,025
		BERKSHIRE HATHAWAY INCORPORATED DEL CLA	39,681	8,872,135	16,142,231
		COCA COLA COMPANY	2,300	48,563	146,395
		ALPHABET INC	1,567	152,676	285,429
		AMAZON.COM INC	1,470	175,279	284,078
		APPLE INC	526	96,037	110,786
		APPLIED MATERIALS	528	55,484	124,603
		BLACKROCK INC	106	75,141	83,456
		CBOE GLOBAL MKTS INC	288	38,965	48,977
		CONSTELLATION BRAND	557	122,183	143,305
		COPART INC	2,015	67,141	109,132
		CSX CORP	3,102	102,714	103,762
		ELECTRONIC ARTS INC	1,016	119,849	141,559
		EPAM SYSTEMS INC	580	124,328	109,104
		EQUIFAX INC	273	67,925	66,192
		EVERGY INC	1,541	84,566	81,627
		FISERV INC	637	98,432	94,938
		HEICO CORP	312	49,481	55,386
		HUMANA INC	347	147,367	129,657
		IDEXX LABS INC	102	43,307	49,694
		INTERCONTINENTAL EXC	1,350	129,218	184,802
		INTUIT INC	128	50,434	84,123
		INTUITIVE SURGICAL	214	32,117	95,198
		JOHNSON & JOHNSON	831	127,382	121,459
		JPMORGAN CHASE & CO	425	59,236	85,961
		L3HARRIS TECHNOLOGIES IN	645	127,994	144,854
		MASCO CORP	1,123	56,304	74,870
		MASTERCARD INC	457	86,914	201,610

See auditor's report on supplementary information.



## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
<b>CASH EQUIVALENTS</b>				
KEY BANK		CHECKING	294,831	294,831
CHARLES SCHWAB		CASH	476,490	476,490
MANING & NAPIER FUND, INC		OVERSEAS SERIES CLASS Z	7,218,509	7,739,312
RAYMOND JAMES		RAYMOND JAMES BANK DEPOSIT PROGRAM	54,635	54,635
RAYMOND JAMES		HSBC BANK USA	69	69
RAYMOND JAMES		FIMM GOVERNMENT PORTFOLIO MMA	5,720	5,720
RAYMOND JAMES		CASH	1,574	1,574
RAYMOND JAMES		FIDELTY GOVERNMENT MONEY MARKET	70,889	70,889
RAYMOND JAMES		FULLY PAID LENDING COLLATERAL	0	2,515,905
WINSLOW, EVANS & CROCKER INC		FIDELTY GOVERNMENT MONEY MARKET	118,567	118,567
WINSLOW, EVANS & CROCKER INC		UNITED STATES TREAS BILLS ZERO CPN 0.00000% 07	492,063	497,885
<b>MUTUAL FUNDS</b>				
CHARLES SCHWAB		DFA INTERNATIONAL SMALL CAP VALUE I	2,861,667	3,047,463
CHARLES SCHWAB		DFA INTERNATIONAL SMALL COMPANY I	2,650,553	3,006,178
CHARLES SCHWAB		DFA ONE-YEAR FIXED-INCOME I	2,897,555	2,880,174
CHARLES SCHWAB		EATON VANCE MULTI-ASSET CREDIT I	1,030,443	1,026,047
CHARLES SCHWAB		EVENTIDE GILEAD I	2,877,097	4,425,641
CHARLES SCHWAB		FIDELITY GLOBAL COMMODITY STOCK	1,802,065	2,448,392
CHARLES SCHWAB		LOOMIS SAYLES BOND INSTL	5,689,976	4,597,187
CHARLES SCHWAB		PIMCO TOTAL RETURN INSTL	365,232	292,478
CHARLES SCHWAB		VANGUARD FTSE ALL-WLD EX-US IDX ADMIRAL	2,033,121	1,897,780
CHARLES SCHWAB		VANGUARD HIGH-YIELD CORPORATE ADM	3,798,106	4,968,879
CHARLES SCHWAB		VANGUARD SHORT-TERM BOND INDEX ADM	981,963	909,245
RAYMOND JAMES		AMERICAN BEACON SIM HIGH YIELD OPPORTUNITIES	1,116,781	1,196,650
RAYMOND JAMES		ARISTOTLE CORE INCOME FUND CL I-2 N/L	7,264,281	7,211,266
RAYMOND JAMES		CALVERT EQUITY FUND CL I N/L	985,103	1,439,589
RAYMOND JAMES		CALVERT SMALL CAP FUND CL I N/L	945,469	1,146,809
RAYMOND JAMES		CALVERT INTERNATIONAL EQUITY FUND CL I N/L	2,913,163	2,959,379
RAYMOND JAMES		EATON VANCE STRATEGIC INC FD CL I N/L	12,505,750	12,298,822
RAYMOND JAMES		FIDELITY ADVISOR BIOTECHNOLOGY FUND CL I N/L	900,980	1,087,703
RAYMOND JAMES		GUGGENHEIM LIMITED DURATION FUND INSTL CL N/L	5,355,509	5,208,207
RAYMOND JAMES		LOOMIS SAYLES INVMT GDE BD FD CL Y N/L - NATIXIS	11,543,973	9,939,447
RAYMOND JAMES		LOOMIS SAYLES BOND FUND INSTL N/L	3,708,167	3,168,104
RAYMOND JAMES		LOOMIS SAYLES SENIOR FLTG RT & FXD INC CL Y N/L	2,238,479	2,238,411
RAYMOND JAMES		MFS INCOME FUND CL I N/L	7,256,739	7,193,469
RAYMOND JAMES		PIONEER STRATEGIC INCOME FUND CL Y N/L	2,608,627	2,302,145
RAYMOND JAMES		PIONEER MULTI ASSET ULTRASHORT INCOME FUND	705,175	686,096
RAYMOND JAMES		VANGUARD SHORT TERM BOND INDEX FUND INSTL I	6,156,158	5,860,644
WINSLOW, EVANS & CROCKER INC		ALTRIA GROUP INC	34,020	36,440
WINSLOW, EVANS & CROCKER INC		AMERICAN NEW WORLD FUND CL F2	400,001	442,327
WINSLOW, EVANS & CROCKER INC		AT&T INC COM USD1	31,412	38,220
WINSLOW, EVANS & CROCKER INC		COLUMBIA DIVIDEND INCOME FUND CL I3	619,887	761,662
WINSLOW, EVANS & CROCKER INC		COLUMBIA THERMOSTAT FUND CL I2	1,261,982	1,095,975
WINSLOW, EVANS & CROCKER INC		EVENTIDE GILEAD FUND CLASS I	337,350	635,654
WINSLOW, EVANS & CROCKER INC		PGIM FLOATING RATE INCOME CL Z	800,000	752,844
WINSLOW, EVANS & CROCKER INC		FIDELITY SELECT MED TECHNOLOGY & DEVICES	236,974	180,565
WINSLOW, EVANS & CROCKER INC		FULLERTHALER BEHV SM CAP GROWTH INSTL	250,000	254,049
WINSLOW, EVANS & CROCKER INC		HOOD RIVER SMALL CAP GROWTH FUND INSTL	100,000	104,312
WINSLOW, EVANS & CROCKER INC		INTERNATIONAL BUS MACH CORP COM USD0.20	92,763	121,065
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		MASCO CORP	1,123	56,304	74,870
		MASTERCARD INC	457	86,914	201,610

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**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:  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

<b>1a</b> Name of plan TEAMSTERS HEALTH SERVICES & INSURANCE PLAN LOCAL 404	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> 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) TEAMSTERS HEALTH SERVICE & INSURANCE PLAN OF LOCAL  115 PROGRESS AVENUE  SPRINGFIELD MA 01104	<b>1c</b> Effective date of plan <u>07/01/1954</u> <b>2b</b> Employer Identification Number (EIN) <u>04-2589472</u> <b>2c</b> Plan Sponsor's telephone number <u>413-733-2191</u> <b>2d</b> Business code (see instructions) <u>484110</u>

**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.

<b>SIGN HERE</b>	<u>Bryan J. Donovan Jr.</u> <small>Bryan J. Donovan Jr. (Apr 11, 2025 11:33 EDT)</small>	Apr 4, 2025	BRYAN J DONOVAN, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<u>Larry Keefe</u> <small>Larry Keefe (Apr 12, 2025 06:45 EDT)</small>	Apr 12, 2025	LARRY KEEFE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)  
v. 230728