

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH & HEALTH AND WELFARE TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/29/1978
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH & WEL
2b Employer Identification Number (EIN): 95-3248029
2c Plan Sponsor's telephone number: 626-646-1090
2d Business code (see instructions): 312110

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 plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1701
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1421
	<b>6a(2)</b>	1390
	<b>6b</b>	281
	<b>6c</b>	
	<b>6d</b>	1671
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	2

**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 4D 4E 4L

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

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

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

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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

**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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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; HEALTH AND WELFARE TRUST</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>BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; WEL</b>		<b>D</b> Employer Identification Number (EIN) <b>95-3248029</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**KAISER FOUNDATION HEALTH PLAN, INC.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-1340523</b>	<b>00000</b>	<b>100469</b>	<b>3408</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

<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>	
	<b>7c(6)</b>	<b>0</b>
<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>	
	<b>7e(5)</b>	<b>0</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) ▶

**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>	25838756
<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. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; HEALTH AND WELFARE TRUST</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>BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; WEL</b>		<b>D</b> Employer Identification Number (EIN) <b>95-3248029</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNITEDHEALTHCARE OF CALIFORNIA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>95-2931460</b>	<b>00000</b>	<b>101272</b>	<b>41</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

<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) ▶

**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>	714537
<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. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; HEALTH AND WELFARE TRUST</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>BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; WEL</b>		<b>D</b> Employer Identification Number (EIN) <b>95-3248029</b>

**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

**LIBERTY DENTAL PLAN OF CALIFORNIA, INC.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>33-0979956</b>	<b>00000</b>	<b>100272</b>	<b>867</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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.
----------------	--

<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) ▶

**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>	117299
<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. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; HEALTH AND WELFARE TRUST</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>BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; WEL</b>		<b>D</b> Employer Identification Number (EIN) <b>95-3248029</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**VISION SERVICE PLAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-1632821</b>	<b>00000</b>	<b>00898000</b>	<b>1382</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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>
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	181144
<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. ▶



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

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

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

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

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

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

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

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

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

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

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

<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:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits ..... **7c(2)**  
 (3) Interest credited during the year ..... **7c(3)**  
 (4) Transferred from separate account..... **7c(4)**  
 (5) Other (specify below) ..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier ..... **7e(2)**  
 (3) Transferred to separate account..... **7e(3)**  
 (4) Other (specify below) ..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**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>	488966
<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>SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; HEALTH AND WELFARE TRUST</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>BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; WEL</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3248029</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

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

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

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

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

BENESYS ADMINISTRATORS, INC.

38-2383171

(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 12 14 15	NONE	416176	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	120624	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

95-4331852

(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	97633	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)

HORIZON ACTUARIAL SERVICES

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	79464	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)

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	51164	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)

WOHLNER KAPLON CUTLER HALFORD & ROS

83-2856417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	39077	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)

OPTUMRX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	27440	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UPRISE HEALTH (FORMERLY HMC)

75-3189468

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	30192	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)

HENNINGFIELD & ASSOCIATES, INC.

54-2189926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	25500	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)

VISION SERVICE PLAN

94-1632821

(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	NONE	22366	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)

UNION BANK

94-0304288

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14361	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)

SOUTHWEST MONEY MANAGEMENT

95-6055492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUMRX, INC.	12 50 62 99	5494
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS MANY PHARMACY	PHARMACY SUBMISSION FEES.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

<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>	OMB No. 1210-0110  <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>SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; HEALTH AND WELFARE TRUST</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>BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH &amp; WEL</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3248029</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>	5233042	4688288
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1944425	1872879
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	257887	271127
<b>(3)</b> Other .....	<b>1b(3)</b>	584803	529999
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	13004755	14978171
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	248385	246240
<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>		
<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>		
<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>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	21273297	22586704
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	1040395	732098
<b>h</b> Operating payables .....	<b>1h</b>	27597	33678
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	4535	4852
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	1072527	770628
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	20200770	21816076

**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>	22454061	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	4090292	
<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>		26544353
<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>	551847	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	16694	
<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>		568541
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	177243	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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>		
<b>c</b> Other income.....	<b>2c</b>		816265
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		28106402

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	4122595	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	21336180	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		25458775
<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>		
(2) Contract administrator fees.....	<b>2i(2)</b>	416176	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	25500	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	9600	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>	200088	
(8) Legal fees.....	<b>2i(8)</b>	90241	
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>	17544	
(11) Other expenses.....	<b>2i(11)</b>	273172	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1032321
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		26491096

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1615306
<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: HENNINGFIELD & ASSOCIATES, INC

(2) EIN: 54-2189926

**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		1000000
<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 \_\_\_\_\_.

# **H&A HENNINGFIELD & ASSOCIATES, INC.**

*Certified Public Accountants*

28296 Constellation Rd. • Valencia, California 91355  
Phone: (661) 295-3363 • Fax (661) 295-3364  
[www.henningfieldcpa.com](http://www.henningfieldcpa.com)

## **Independent Auditors' Report**

Board of Trustees  
Southern California Soft Drink Industry And  
Teamsters Health And Welfare Trust Fund

### **Opinion**

We have audited the financial statements of Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan 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 present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund ability to continue as a going concern for the year ended June 30, 2024.

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

# **H&A** HENNINGFIELD & ASSOCIATES, INC.

*Certified Public Accountants*

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Board of Trustees  
Southern California Soft Drink Industry And  
Teamsters Health And Welfare Trust Fund

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

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

In performing an audit in accordance with GAAS, we:

Exercise professional judgement 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 Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund's internal control. Accordingly, no such opinion is expressed.

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

Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

# **H&A** HENNINGFIELD & ASSOCIATES, INC.

*Certified Public Accountants*

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Board of Trustees  
Southern California Soft Drink Industry And  
Teamsters Health And Welfare Trust Fund

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held For Investment As Of June 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's 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.

*Henningfield & Associates, Inc.*

**HENNINGFIELD & ASSOCIATES, INC.**  
Valencia, CA  
April 11, 2025

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND TEAMSTERS  
HEALTH AND WELFARE TRUST FUND  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
AS OF JUNE 30, 2024**

Employer Identification Number 95-3248029

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Stifel	Dreyfus Govt Instl FD	103,582	103,582
	Stifel	245,000 shs Capital One CD @ 3.3% due 7/1/2024	245,000	244,958
	Stifel	249,000 shs American Natl Bank CD @ 2.85% due 7/11/2024	249,000	248,776
	Stifel	249,000 shs First Finl Bank CD @ 2.9% due 7/11/2024	249,000	248,781
	Stifel	249,000 shs Insbank Nashville TN CD @ 3.15% due 8/5/2024	249,000	248,437
	Stifel	249,000 shs Triad Business Bank CD @ 3.1% due 8/12/2024	249,000	248,315
	Stifel	237,000 shs Citizens Bank NA CD @ 5.3% due 8/19/2024	237,000	237,000
	Stifel	237,000 shs Northeast Cmnty Bank CD @ 5.25% due 9/4/2024	237,000	237,000
	Stifel	249,000 shs Forbright Bank CD @ 3.45% due 9/23/2024	249,000	247,887
	Stifel	249,000 shs Oakview Natl Bk CD @ 3.55% due 9/27/2024	249,000	247,894
	Stifel	249,000 shs Astra Bank Scandia CD @ 4.4% due 10/21/2024	249,000	248,238
	Stifel	249,000 shs Great Southern Bank CD @ 4.4% due 10/21/2024	249,000	248,238
	Stifel	243,000 shs Provident Svgs Bank CD @ 5.2% due 10/29/2024	243,000	242,723
	Stifel	249,000 shs Tradition Capital Bank CD @ 4.6% due 11/15/2024	249,000	248,495
	Stifel	243,000 shs JPMorgan Chase Bank CD @ 5% due 11/22/2024	243,000	242,497
	Stifel	244,000 shs Manufacturers & Traders CD @ 4.7% due 12/16/24	244,000	243,253
	Stifel	249,000 shs Cmnty Finl Svcs Bank CD @ 4.5% due 12/30/2024	249,000	247,924
	Stifel	244,000 shs City Natl Bank LA CD @ 4.5% due 1/13/2025	244,000	242,987
	Stifel	244,000 shs Bank of the Sierra Porterville @ 4.4% due 1/30/2025	244,000	242,909
	Stifel	244,000 shs Everett Co CD @ 4.35% due 2/10/2025	244,000	242,651
	Stifel	249,000 shs Open Bank LA CD @ 4.45% due 2/24/2025	249,000	247,695
	Stifel	249,000 shs Spring Bank CD @ 4.55% due 3/3/2025	249,000	247,738
	Stifel	248,000 shs Home Loan Invt Bk CD @ 5.25% due 3/28/2025	248,000	248,032
	Stifel	246,000 shs Cross River Bank CD @ 5% due 4/14/2025	246,000	245,936
	Stifel	240,000 shs Farmers State Bank CD @ 5.2% due 4/14/2025	240,000	240,000
	Stifel	242,000 shs Flagstar Bank CD @ 5.25% due 4/24/2025	242,000	241,908
	Stifel	243,000 shs Independent Bank @ 5% due 5/5/2025	243,000	242,422
	Stifel	243,000 shs People's Security CD @ 4.85% due 5/5/2025	243,000	242,089
	Stifel	248,000 shs First Cmnty Bank CD @ 5.2% due 6/23/2025	248,000	248,020
	Stifel	237,000 shs Safra Natl Bank of NY CD @ 5.25% due 6/27/2025	237,000	237,000
	Stifel	246,000 shs Morgan Stanley Pvt Bk CD @ 5% due 6/30/2025	246,000	245,456
	Stifel	248,000 shs United Fidelity Bank CD @ 5% due 7/14/2025	248,000	247,531
	Stifel	248,000 shs Providence Bank Rocky Mtn CD @ 5% due 7/18/25	248,000	247,536
	Stifel	243,000 shs West Plains Bk CD @ 5% due 8/4/2025	243,000	242,524
	Stifel	248,000 shs Peoples Bk of Middle Tn CD @ 5% due 8/11/2025	248,000	247,566
	Stifel	248,000 shs 22nd State Bank Lsville AL CD @ 5.3% due 9/12/25	248,000	248,017
	Stifel	243,000 shs Hometruster Bank CD @ 5.15% due 9/22/2025	243,000	243,039
	Stifel	248,000 shs Investar Bank CD @ 5.35% due 10/3/2025	248,000	248,717
	Stifel	248,000 shs Wells Fargo Bank CD @ 5.35% due 10/24/2025	248,000	248,806
	Stifel	243,000 shs Bank of America CD @ 5.3% due 10/27/2025	243,000	243,620

\$ 9,682,582	\$ 9,666,197
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**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND TEAMSTERS  
HEALTH AND WELFARE TRUST FUND  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
AS OF JUNE 30, 2024**

Employer Identification Number 95-3248029

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 9,682,582	\$ 9,666,197
	Stifel	200,000 shs BMW Bank of No Amer CD @ 5.35% due 11/10/25	200,000	200,578
	Stifel	246,000 shs Morgan Stanley Bank CD @ 5.45% due 11/14/2025	246,000	246,039
	Stifel	243,000 shs Industry St Bk CD @ 5.4% due 12/1/2025	243,000	243,080
	Stifel	244,000 shs American Bank of Freedom CD @ 4.7% due 12/22/25	244,000	242,717
	Stifel	244,000 shs Optum Bank Draper CD @ 4.8% due 12/22/2025	244,000	243,061
	Stifel	250,000 shs US Treasury Note @ 3.875 due 1/15/2026	247,206	246,240
	Stifel	244,000 shs US Century Bank CD @ 4.35% due 1/16/2026	244,000	241,633
	Stifel	243,000 shs Main Street Bank CD @ 4.85% due 1/20/2026	243,000	242,448
	Stifel	244,000 shs Bank Hapoalim BM CA @ 4.45% due 2/8/2026	244,000	241,987
	Stifel	244,000 shs Evolve B&T W Memphis CD @ 4.45% due 2/2/2026	244,000	241,875
	Stifel	244,000 shs Haven Svgs Bank CD @ 4.35% due 2/6/2026	244,000	241,504
	Stifel	244,000 shs FirstBank Puerto Rico CD @ 4.7% due 3/2/2026	244,000	242,794
	Stifel	248,000 shs Van Wert Fedl Svgs Bk CD @ 4.75% due 3/13/2026	248,000	247,107
	Stifel	244,000 shs Mountain Commerce Bank CD @ 4.75% due 3/16/26	244,000	243,017
	Stifel	244,000 shs Valley Natl Bank CD @ 4.8% due 4/3/2026	244,000	243,263
	Stifel	244,000 shs Eaglemark Svgs Bank @ 4.87% due 4/3/2026	244,000	243,266
	Stifel	244,000 shs Genesee Regl Bk CD @ 4.8% due 4/10/2026	244,000	243,285
	Stifel	243,000 shs Citibank NA CD @ 5% due 5/4/2026	243,000	243,207
	Stifel	243,000 shs Goldman Sachs Bank CD @ 4.9% due 5/7/2026	243,000	242,762
	Stifel	243,000 shs Bank of Hope LA CD @ 4.9% due 5/22/2026	243,000	242,823
	Stifel	243,000 shs American Natl Bk CD @ 5% due 6/5/2026	243,000	243,357
	Stifel	243,000 shs Israel Discount Bk CD @ 5.05% due 6/12/2026	243,000	243,615
	Stifel	248,000 shs EagleBank Bethesda CD @ 5% due 6/15/2026	248,000	248,556

\$ 15,256,788	\$ 15,224,411
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**SOUTHERN CALIFORNIA SOFT DRINK  
INDUSTRY AND TEAMSTERS  
HEALTH AND WELFARE TRUST FUND**

**FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED  
JUNE 30, 2024 AND 2023**

**ERISA Plan No. 501  
EIN 95-3248029**

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
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**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
BOARD OF TRUSTEES AND PROFESSIONAL ADVISORS  
JUNE 30, 2024 AND 2023**

BOARD OF TRUSTEES

EMPLOYER TRUSTEES

Jeff Carlsen  
Robert Graham

UNION TRUSTEES

Philip Cooper  
Juan Medina

CONTRACT ADMINISTRATOR

BeneSys Administrators

LEGAL CO-COUNSEL

Seyfarth Shaw LLP

and

Wohlner Kaplon Cutler  
Halford & Rosenfeld

CO-CONSULTANTS

Horizon Actuarial Services, Inc.

and

Rael & Letson

CERTIFIED PUBLIC ACCOUNTANTS

Henningfield & Associates, Inc.

### **Independent Auditors' Report**

Board of Trustees  
Southern California Soft Drink Industry And  
Teamsters Health And Welfare Trust Fund

#### **Opinion**

We have audited the financial statements of Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan 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 present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and plan 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 in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund ability to continue as a going concern for the year ended June 30, 2024.

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

Board of Trustees  
Southern California Soft Drink Industry And  
Teamsters Health And Welfare Trust Fund

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

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

In performing an audit in accordance with GAAS, we:

Exercise professional judgement 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 Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund's internal control. Accordingly, no such opinion is expressed.

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

Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern California Soft Drink Industry And Teamsters Health And Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

**H&A HENNINGFIELD & ASSOCIATES, INC.**  
*Certified Public Accountants*

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Teamsters Health And Welfare Trust Fund

**Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held For Investment As Of June 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's 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.

*Henningfield & Associates, Inc.*

**HENNINGFIELD & ASSOCIATES, INC.**  
Valencia, CA  
April 11, 2025

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF JUNE 30, 2024 AND 2023**

<b>ASSETS</b>	<b>2024</b>	<b>2023</b>
<b>INVESTMENTS AT FAIR VALUE (Note 2)</b>		
Certificates of Deposit	\$ 14,874,589	\$ 12,898,113
US Government Bonds	246,240	248,385
Money Market Funds	<u>103,582</u>	<u>106,642</u>
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>	<u>15,224,411</u>	<u>13,253,140</u>
<b>CASH AND CASH EQUIVALENTS (Note 8)</b>		
Operating Checking	(7,542)	(14,182)
Benefit Checking Accounts	(96,242)	(7,437)
Lockbox Account	<u>4,792,072</u>	<u>5,254,661</u>
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<u>4,688,288</u>	<u>5,233,042</u>
<b>RECEIVABLES</b>		
Employer Contributions (Notes 2, 6 and 7)	1,872,879	1,944,425
Participant Contributions	271,127	257,887
Accrued Interest	122,906	48,395
Prescription Rebate	382,392	449,679
Stop Loss	<u>-</u>	<u>55,839</u>
<b>TOTAL RECEIVABLES</b>	<u>2,649,304</u>	<u>2,756,225</u>
<b>OTHER ASSETS</b>	<u>24,701</u>	<u>30,890</u>
<b>TOTAL ASSETS</b>	<u>\$ 22,586,704</u>	<u>\$ 21,273,297</u>
<b>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>LIABILITIES</b>		
Accrued Liabilities	\$ 33,678	\$ 27,597
Deferred Retiree Contributions (Note 2)	<u>4,852</u>	<u>4,535</u>
<b>TOTAL LIABILITIES</b>	<u>38,530</u>	<u>32,132</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 22,548,174</u>	<u>\$ 21,241,165</u>

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

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Employer Contributions (Notes 2, 6 and 7)	\$ 22,454,061	\$ 22,631,896
Participant Contributions (Note 2)	<u>4,090,292</u>	<u>4,082,126</u>
Total Contributions	<u>26,544,353</u>	<u>26,714,022</u>
 Prescription Drug Rebates	 <u>618,971</u>	 <u>674,373</u>
 Stop Loss Recoveries	 <u>197,294</u>	 <u>410,213</u>
 Interest Income		
Certificates of Deposit	539,221	217,246
US Treasury Bonds	16,694	651
Money Market Funds	<u>12,626</u>	<u>3,285</u>
Total Interest Income	568,541	221,182
 Net Unrealized Appreciation (Depreciation) in Fair Value of Investments (Exhibit A)	 177,243	 36,463
Investment Management Fees	<u>(9,600)</u>	<u>(7,200)</u>
Net Investment Income	<u>736,184</u>	<u>250,445</u>
 <b>TOTAL ADDITIONS</b>	 <u>28,096,802</u>	 <u>28,049,053</u>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid to or for participants:		
Premiums		
Medical	20,725,111	20,326,060
Dental	123,636	130,621
Stop Loss	494,730	501,187
Indemnity Claims		
Medical	1,699,280	2,135,830
Prescription	2,032,341	2,163,229
Dental	529,847	345,270
Vision	<u>162,127</u>	<u>160,116</u>
	<u>25,767,072</u>	<u>25,762,313</u>
<b>ADMINISTRATIVE EXPENSES</b>		
<b>(Exhibit B)</b>		
Internal Administration	555,638	564,866
Administrative Support	<u>467,083</u>	<u>503,842</u>
	<u>1,022,721</u>	<u>1,068,708</u>
 <b>TOTAL DEDUCTIONS</b>	 <u>26,789,793</u>	 <u>26,831,021</u>
 <b>NET INCREASE</b>	 1,307,009	 1,218,032
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
 <b>BEGINNING OF YEAR</b>	 <u>21,241,165</u>	 <u>20,023,133</u>
 <b>END OF YEAR</b>	 <u>\$ 22,548,174</u>	 <u>\$ 21,241,165</u>

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

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS  
AS OF JUNE 30, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS</b>		
Premiums and claims payable (receivable)	\$ <u>1,098</u>	\$ <u>8,395</u>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Claims incurred but not reported for active and retired participants	731,000	1,032,000
Accumulated eligibility credits	<u>5,765,000</u>	<u>5,737,000</u>
	<u>6,496,000</u>	<u>6,769,000</u>
<b>TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS</b>	<u>6,497,098</u>	<u>6,777,395</u>
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Current retirees, beneficiaries and dependents	19,560,000	18,987,000
Active participants fully eligible for benefits	31,135,000	28,081,000
Active participants not yet fully eligible for benefits	<u>44,913,000</u>	<u>44,623,000</u>
	<u>95,608,000</u>	<u>91,691,000</u>
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS</b>	<u>\$ 102,105,098</u>	<u>\$ 98,468,395</u>
(Notes 2 and 3)		

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

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS</b>		
Balance at beginning of year	\$ 8,395	\$ (7,446)
Premiums and claims reported and approved for payment	25,767,072	25,762,313
Premiums and claims paid	<u>(25,774,369)</u>	<u>(25,746,472)</u>
Balance at end of year	<u>1,098</u>	<u>8,395</u>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Balance at beginning of year	6,769,000	7,282,000
Net change during year:		
Claims incurred but not reported for active and retired participants (Note 2)	(301,000)	(18,000)
Accumulated eligibility credits	<u>28,000</u>	<u>(495,000)</u>
Balance at end of year	<u>6,496,000</u>	<u>6,769,000</u>
<b>TOTAL OBLIGATIONS OTHER THAN RETIREMENT BENEFIT OBLIGATIONS</b>	<u>6,497,098</u>	<u>6,777,395</u>
<b>POSTRETIREMENT BENEFIT OBLIGATION</b>		
Balance at beginning of year	91,691,000	96,042,000
Increase (decrease) during the year attributable to:		
Interest cost	4,657,000	4,395,000
Service cost	2,349,000	2,643,000
Paid claims (net of retiree contributions)	(1,791,000)	(2,023,000)
Actuarial (gain)/loss		
(Gain) due to demographic experience	(2,376,000)	(4,631,000)
(Gain) due to discount rate assumption update	(3,677,000)	(7,010,000)
(Gain) loss due to demographic assumption update	(743,000)	399,000
Loss due to trend assumption change	6,846,000	4,933,000
(Gain) due to per-capita claims cost experience	<u>(1,348,000)</u>	<u>(3,057,000)</u>
Balance at end of year	<u>95,608,000</u>	<u>91,691,000</u>
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR (Notes 2 and 3)</b>	<u>\$ 102,105,098</u>	<u>\$ 98,468,395</u>

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

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
EXHIBIT A – NET UNREALIZED APPRECIATION(DEPRECIATION)  
IN FAIR VALUE OF INVESTMENTS FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

**NET UNREALIZED APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS**

For the years ended June 30, 2024 and 2023, the Plan's investments, including investments purchased, sold and held during the years, appreciated (depreciated) in value as follows:

**Investments at Fair Value as Determined**

<b>By Quoted Market Price</b>	<b>June 30, 2024</b>	<b>June 30, 2023</b>
US Treasury Bonds	\$ (2,536)	\$ 7,079
Certificate of Deposit	<u>179,779</u>	<u>29,384</u>
	<u>\$ 177,243</u>	<u>\$ 36,463</u>

	<b>June 30, 2024</b>	<b>June 30, 2023</b>
Fair value of investment, end of the year	\$ 15,224,411	\$ 13,253,140
Cost of investments, end of the year	<u>15,256,788</u>	<u>13,462,760</u>
Net unrealized appreciation, end of the year	(32,377)	(209,620)
Net unrealized appreciation, beginning of the year	<u>(209,620)</u>	<u>(246,083)</u>
Changes in net unrealized appreciation(depreciation) in fair value of investments	<u>\$ 177,243</u>	<u>\$ 36,463</u>

The accompanying notes are an integral part of this exhibit.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
EXHIBIT B – ADMINISTRATIVE EXPENSES  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>INTERNAL ADMINISTRATION</b>		
Administration Fees:		
BeneSys Administrators	\$ 416,176	\$ 425,465
Optum Rx	27,440	27,482
Vision Service Plan	22,366	22,780
Stationery, Printing and Enrollment Expenses	36,419	36,342
IFEBP Dues, Conferences and Meeting Expenses	17,544	15,750
Telephone	3,771	1,934
Insurance Expense	<u>31,922</u>	<u>35,113</u>
	<u>555,638</u>	<u>564,866</u>
 <b>ADMINISTRATIVE SUPPORT</b>		
PPO Network Fees	97,633	92,455
Dental Review Fees	200	10,060
EMAP PPO/Utilization Review Fees	30,192	31,923
Legal Fees	90,241	108,549
Benefit Consultants' Fees	200,088	209,962
Audit Fees	25,500	30,700
Bank Charges	14,361	11,505
PCORI Fees	<u>8,868</u>	<u>8,688</u>
	<u>467,083</u>	<u>503,842</u>
	<u>\$ 1,022,721</u>	<u>\$ 1,068,708</u>

The accompanying notes are an integral part of this exhibit.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 1 - PLAN DESCRIPTION**

The Plan was established in 1978 as a result of collective bargaining agreements between the participating unions and participating employers to provide welfare benefits for eligible employees, retirees and their dependents. The current Plan provides medical, dental, prescription drug, mental health, death and optical benefits to eligible participants.

General eligibility rules under the Plan are as follows:

- a. Initial eligibility requires 80 straight time compensated hours during three of six consecutive months.
- b. To maintain eligibility, an employee must be compensated for at least 80 hours in the work month relating to the eligibility month.

Plan participants have the option of receiving medical benefits on a self insured basis directly from the Plan or from a health maintenance organization. The Plan maintains a stop-loss insurance policy, which reimburses the Plan for claims exceeding certain dollar thresholds.

Pursuant to the applicable collective bargaining agreements, the Board of Trustees is authorized and directed to provide benefits for retirees from contributions received on behalf of active employees and from retiree self payments. Although these benefits are currently provided by the Plan, they are not guaranteed or vested and will continue only as long as collective bargaining agreements provide for such coverage, the former employers of retirees continue to contribute to the Plan, and the retirees make required self payments. The minimum required service for retiree welfare eligibility is ten years. Pursuant to certain collective bargaining agreements, employees hired on or after April 3, 2015 shall not be eligible to participate in the retiree medical, hospital and prescription benefits.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

Participants should refer to the Summary Plan Description for more complete information.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis Of Presentation**

The financial statements of the Fund are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United State of America.

**Contributions Receivable**

Employer and participant contributions due and not paid prior to year end are recorded as contributions receivable. Contributions receivable are estimated based on contributions received subsequent to the end of the year. Allowance for uncollectible accounts is considered unnecessary and is not provided.

**Retiree Contributions**

Medicare eligible retirees remit monthly contributions of \$119.13 and non-medicare eligible retirees or spouse remit monthly contributions of \$173.37. Non-medicare dependents remit monthly contributions of \$146.25. Deferred retiree contributions represent prepaid remittance of retiree contributions.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investments**

If available, quoted market prices are used to value investments. Many factors are considered in arriving at that fair value. In general, however, U.S. Government Securities and Certificates of Deposits are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Purchases and sales of securities are recorded on a trade-date basis. Investment in mutual funds are valued at quoted market prices, which represents the net asset value. Interest income is recorded on the accrual basis.

FASB Accounting Standards Codification (ASC) 820, which defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as 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 (an exit price). ASC 820 emphasizes that fair value is a market-based measurement that should be determined based on the assumptions market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, ASC 820 establishes a fair value hierarchy that distinguishes between (1) market participant assumptions developed based on market data obtained from sources independent of the Plan (observable inputs) and (2) the Plan's own assumptions about market participant assumptions developed based on the best information available in the circumstances (unobservable inputs). Valuation techniques used to measure fair value shall maximize the use of observable inputs and minimize the use of unobservable inputs.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels, as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Plan has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide information on an ongoing basis.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets which are not active;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs are used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. Unobservable inputs reflect the Plan's own assumptions that market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances, which might include the Plan's own data. However, market participant cannot be ignored and, accordingly, the Plan's own data used to develop unobservable inputs are adjusted if information is reasonably available without undue cost and effort that indicates that market participants would use different assumptions.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investments (Continued)**

The methods of valuation described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

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

Certificate of Deposits/US Treasuries: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yield currently available on comparable securities of issuers with similar credit ratings.

The plan does not have any Level 3 investments and there were no significant transfers between Level 1 and Level 2 investments during the year ended June 30, 2024.

The fair value hierarchy of ASC 820 gives the highest priority to Level 1 and the lowest priority to Level 3 inputs.

The following table summarizes the valuation of the Plan's investments in accordance with ASC 820 fair value hierarchy as of June 30, 2024, and 2023:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Balance at 6/30/24</b>
Certificate of Deposit	\$ -	\$ 14,874,589	\$ -	\$ 14,874,589
US Government Bonds	-	246,240	-	246,240
Money Market Fund	<u>-</u>	<u>103,582</u>	<u>-</u>	<u>103,582</u>
	<u>\$ -</u>	<u>\$ 15,224,411</u>	<u>\$ -</u>	<u>\$ 15,224,411</u>

  

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Balance at 6/30/23</b>
Certificate of Deposit	\$ -	\$ 12,898,113	\$ -	\$ 12,898,113
US Government Bonds	-	248,385	-	248,385
Money Market Fund	<u>-</u>	<u>106,642</u>	<u>-</u>	<u>106,642</u>
	<u>\$ -</u>	<u>\$ 13,253,140</u>	<u>\$ -</u>	<u>\$ 13,253,140</u>

**Deferred Revenue**

Deferred revenue represents employer and participant contributions received prior to year end for participant benefit coverage after year end.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Postretirement Benefits**

The Financial Accounting Standards Board issued its Accounting Standards Codification (ASC) to be the single source of authoritative nongovernmental U.S. generally accepted accounting principles (U.S. GAAP). ASC Topic 965, "Plan Accounting - Health and Welfare Benefit Plans," applies to all health and welfare plans, including multiemployer plans, and requires the disclosure of certain benefit obligations on financial statements.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee 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 (1) currently retired or terminated employees and their dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. 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.

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

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

**Health Care Cost Trends**

Indemnity Medical and HMO Pre-65	6.00% in 2024/2025, decreasing by 0.25% per year for six years to an ultimate rate of 4.5% per year thereafter.
HMO Post-65	4.50% per year.
Prescription drugs	6.75% in 2024/2025, decreasing by 0.25% per year for nine years to an ultimate rate of 4.5% per year thereafter.
<b>Discount Rate</b>	5.25%
<b>Administrative Expense</b>	4.50%

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Postretirement Benefits (Continued)**

**Mortality Rates**

Based on the sex-distinct Pri-2012 Total Dataset Amount-Weighted mortality tables for Active Employees, Healthy Retirees, and Disabled Retirees, as modified to reflect recent Plan experience and projected with fully generational improvements (at Scale MP-2021 from 2012 forward).

**Participant Contributions**

Monthly contributions of \$173.37 per retiree by Non-Medicare eligible retirees or spouse, \$119.13 per Medicare eligible retirees or spouse and \$146.25 for all other Non-Medicare dependents.

**Retirement Rates (from active service):**

Age	Prior to 84 Age/Service Points*	On or After 84 Age/Service Points*
50-53	0.0 %	10.0%
54-58	1.0	10.0
59-60	3.0	15.0
61-62	20.0	20.0
63	15.0	15.0
64-65	55.0	55.0
66	40.0	40.0
67-68	30.0	30.0
69	40.0	40.0
70+	100.0	100.0

\* It is assumed that all employers have negotiated a Program for Enhanced Early Retirement allowing for eligibility at 84 points (PEER84).

**Retiree's Relative Share of Plan's Estimated Cost**

The costs of the postretirement welfare benefit plan are shared by the plan's sponsoring employers and by retirees. In addition to deductibles and copayments, retirees' relative share of their plan's estimated costs are as follows:

	<b>June 30, 2024</b>	<b>June 30, 2023</b>
Retirees' estimated contributions as percentage of total retiree benefit payments (excluding implicit subsidy amounts) for the next plan year	25.8%	25.7%
Retirees' share as percentage of total retiree benefit obligations (including that due projected implicit subsidies)	16.4%	24.4%

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Postretirement Benefits (Continued)**

**Percent Married at Time of Retirement:**

Males/Females: 80%

**Spouse Age for Future Retirees:** Males are two years older than females

**Percent Expected to Elect Coverage under the Plan:**

Future Retirees/ Spouse of Future Retirees: 80%

Future Medicare-eligible retirees were assumed to elect HMO providers (Kaiser Senior Advantage or United Healthcare Secure Horizons) in the same proportions as for current retirees.

**Medicare Prescription Drug, Improvement and Modernization Act**

On December 8, 2003, the President signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers that sponsor postretirement health care plans that provide prescription drug benefits. The plan provides an Indemnity Medicare prescription drug benefit, but does not participate in the Retiree Drug Subsidy program nor does it coordinate with any Part D plan for Indemnity Medicare participants. Any Indemnity Medicare participant who enrolls in a Part D plan will lose their Indemnity prescription drug coverage, but such enrollments have not been assumed, so there has been no impact of Part D on the Indemnity side.

**Assumption Changes**

Initial per-capita health claims costs were updated to reflect actual experience. The indemnity medical, drug and retiree self-pay trend rate assumptions were updated to reflect anticipated experience under the Plan. The discount rate assumption was changed based on the interest rate environment as of the valuation date. The discount rate increased from 5% to 5.25%. The retirement and mortality rate assumptions were updated in accordance with the January 1, 2024 non-seasonal actuarial valuation of the Western Conference of Teamsters Pension Plan.

The forgoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

**Claims Incurred But Not Reported And Accumulated Eligibility Credits**

Plan obligations at June 30 for health claims incurred by active participants but not reported at that date 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. Indemnity medical was based on a study of the incurral pattern for claims paid from each month of plan year 2023/2024. Total incurred for the plan year was estimated and the actual payments was subtracted to yield the medical Incurred But Not Paid (IBNP) claims as of June 30, 2024. Approximately one twelfths of the 2023/2024 paid claims for prescription drugs, dental and vision claims was added to get the total IBNP claims at June 30, 2024 (combined for actives and retirees).

Accumulated Eligibility Credits was estimated as of June 30, 2024 by projecting 2023/2024 active benefit payments and expenses for three months, then discounting all amounts back to the valuation date. No adjustments for discount or mortality were deemed necessary.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Use of Estimates and Assumptions**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, IBNR, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**NOTE 3 - BENEFIT OBLIGATIONS**

The Plan's total benefit obligations exceed the net assets available for benefits at June 30, 2023 and 2022. It is expected that the deficiency will be funded through future contributions from the contributing employers and participants. Retiree health and welfare benefits provided by the Plan are not vested benefits. Pursuant to the collective bargaining agreements, a contributing employer's sole and only obligation is to contribute the specific contributions required under the agreement. Despite the adoption of the Plan benefits that may currently be available to Plan participants, the employer's liability for any and all health and welfare benefits, including retiree health and welfare benefits, shall be limited to the contributions specified by the agreement.

The weighted-average health care cost-trend assumption (see Note 2) 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 \$15,352,000 and \$14,108,000, respectively. If the assumed rates decreased by one percentage point in each year, it would decrease the obligation as of June 30, 2024 and 2023 by \$12,488,000 and \$11,525,000, respectively.

**NOTE 4 - PRIORITIES UPON TERMINATION**

It is the intent of the Trustees to continue the Plan in full force and effect. The Plan will remain in effect as long as there are employers who are obligated under any collective bargaining agreements to make contributions to the Plan. In the event of termination, the Trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets shall be paid or used for the continuance of one or more of the benefits provided under the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

**NOTE 5 - INCOME TAXES**

The Internal Revenue Service issued a favorable determination pursuant to Internal Revenue Code Section 501 (c) (9), and accordingly, the trust's net investment income is exempt from income taxes. The Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code. Generally Accepted Accounting Principles requires plan management to evaluate tax positions taken by the plan and recognizes a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income examination for years prior to 2021.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**NOTE 6 - FUNDING POLICY**

The Plan is funded by contributions from employers who are signatory to collective bargaining agreements requiring such contributions and by required self payments from eligible active participants and retired participants. The amount of these monthly contributions per active participant and retiree is determined by the Trustees.

Employer contributions to the Plan are subject to collective bargaining agreements, which provide that the Board of Trustees of the Plan may adjust the levels of such contributions up to specified amounts so as to maintain the benefits provided to participants as specified in the Plan. The Board of Trustees is directed by the collective bargaining agreements to maintain cash reserves of not less than three months and not more than six months of the cost of operations.

Monthly employer contribution rates per active participant in effect during the years ended June 30, 2024 and 2023, were as follows:

<b>Work Months</b>	<b>Monthly Contribution Rate</b>
Effective 10/1/2022	\$ 1,354
9/1/20 to 9/30/2022	1,248

**NOTE 7 - MAJOR EMPLOYER**

The Plan has one employer which accounted for approximately 94% of employer contributions to the Plan for the fiscal years ended June 30, 2024 and 2023. In the event this employer ceases to contribute to the Plan, the Plan would experience a significant decrease in contribution funding.

**NOTE 8 - SIGNIFICANT CONCENTRATIONS OF CREDIT RISK**

The Fund's cash and cash activities are with Union Bank. The accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, such cash balances may be in excess of the insurance limit.

**NOTE 9 - SIGNIFICANT TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES IN INTEREST**

The Fund has contracted for administrative and claims services with BeneSys Administrators. The administrative and claims fees paid to BeneSys Administrators for the year ended June 30, 2024 and 2023 was \$416,176 and \$425,465, respectively.

The fund also contracts with investment managers, consultants, attorneys, and auditors who are all known to be parties in interest.

**NOTE 10 - SUBSEQUENT EVENTS**

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosures through April 11, 2025, the date the financial statements were available to be issued.

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND  
TEAMSTERS HEALTH AND WELFARE TRUST FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

**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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

**NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following is a reconciliation of net assets available for benefits per the accompanying June 30, 2024 and 2023 financial statements to the Form 5500, Schedule H - Part I, Line 1(1).

	<b>June 30, 2024</b>	<b>June 30, 2023</b>
Net Assets Available For Benefits Per Audited Financial Statement	\$ 22,548,174	\$ 21,241,165
Liabilities reported on Form 5500		
Premiums Payable And Estimated Claims Incurred But Not Reported (IBNR)	<u>(732,098)</u>	<u>(1,040,395)</u>
Net Assets per Form 5500 Schedule H - Part I, Line 1(1)	<u>\$ 21,816,076</u>	<u>\$ 20,200,770</u>

The following is a reconciliation of the net increase in changes in net assets available for benefits to net income per Form 5500, Schedule H - Part II, Line 2(k)

Net Increase Per Financial Statement	\$ 1,307,009	
Benefits paid to or for participants on Form 5500		
Changes in Premiums Payable And Estimated Claims Incurred But Not Reported (IBNR)	<u>308,297</u>	
Net Income (Loss) per Form 5500 Schedule H - Part II, Line 2(k)	<u>\$ 1,615,306</u>	
Postretirement Benefits Included On Financial Statement	<u>\$ 95,608,000</u>	<u>\$ 91,691,000</u>
Postretirement Benefits Included On Form 5500	<u>\$ 0</u>	<u>\$ 0</u>

**SOUTHERN CALIFORNIA SOFT DRINK  
INDUSTRY AND TEAMSTERS  
HEALTH AND WELFARE TRUST FUND**

**FORM 5500  
SCHEDULE H, PART IV, LINE 4  
E.I.N. 95-3248029, PLAN NO. 501**

**SUPPLEMENTAL SCHEDULE REQUIRED  
BY THE DEPARTMENT OF LABOR**

**JUNE 30, 2024**

**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND TEAMSTERS  
HEALTH AND WELFARE TRUST FUND  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
AS OF JUNE 30, 2024**

Employer Identification Number 95-3248029

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Stifel	Dreyfus Govt Instl FD	103,582	103,582
	Stifel	245,000 shs Capital One CD @ 3.3% due 7/1/2024	245,000	244,958
	Stifel	249,000 shs American Natl Bank CD @ 2.85% due 7/11/2024	249,000	248,776
	Stifel	249,000 shs First Finl Bank CD @ 2.9% due 7/11/2024	249,000	248,781
	Stifel	249,000 shs Insbank Nashville TN CD @ 3.15% due 8/5/2024	249,000	248,437
	Stifel	249,000 shs Triad Business Bank CD @ 3.1% due 8/12/2024	249,000	248,315
	Stifel	237,000 shs Citizens Bank NA CD @ 5.3% due 8/19/2024	237,000	237,000
	Stifel	237,000 shs Northeast Cmnty Bank CD @ 5.25% due 9/4/2024	237,000	237,000
	Stifel	249,000 shs Forbright Bank CD @ 3.45% due 9/23/2024	249,000	247,887
	Stifel	249,000 shs Oakview Natl Bk CD @ 3.55% due 9/27/2024	249,000	247,894
	Stifel	249,000 shs Astra Bank Scandia CD @ 4.4% due 10/21/2024	249,000	248,238
	Stifel	249,000 shs Great Southern Bank CD @ 4.4% due 10/21/2024	249,000	248,238
	Stifel	243,000 shs Provident Svgs Bank CD @ 5.2% due 10/29/2024	243,000	242,723
	Stifel	249,000 shs Tradition Capital Bank CD @ 4.6% due 11/15/2024	249,000	248,495
	Stifel	243,000 shs JPMorgan Chase Bank CD @ 5% due 11/22/2024	243,000	242,497
	Stifel	244,000 shs Manufacturers & Traders CD @ 4.7% due 12/16/24	244,000	243,253
	Stifel	249,000 shs Cmnty Finl Svcs Bank CD @ 4.5% due 12/30/2024	249,000	247,924
	Stifel	244,000 shs City Natl Bank LA CD @ 4.5% due 1/13/2025	244,000	242,987
	Stifel	244,000 shs Bank of the Sierra Porterville @ 4.4% due 1/30/2025	244,000	242,909
	Stifel	244,000 shs Everett Co CD @ 4.35% due 2/10/2025	244,000	242,651
	Stifel	249,000 shs Open Bank LA CD @ 4.45% due 2/24/2025	249,000	247,695
	Stifel	249,000 shs Spring Bank CD @ 4.55% due 3/3/2025	249,000	247,738
	Stifel	248,000 shs Home Loan Invt Bk CD @ 5.25% due 3/28/2025	248,000	248,032
	Stifel	246,000 shs Cross River Bank CD @ 5% due 4/14/2025	246,000	245,936
	Stifel	240,000 shs Farmers State Bank CD @ 5.2% due 4/14/2025	240,000	240,000
	Stifel	242,000 shs Flagstar Bank CD @ 5.25% due 4/24/2025	242,000	241,908
	Stifel	243,000 shs Independent Bank @ 5% due 5/5/2025	243,000	242,422
	Stifel	243,000 shs People's Security CD @ 4.85% due 5/5/2025	243,000	242,089
	Stifel	248,000 shs First Cmnty Bank CD @ 5.2% due 6/23/2025	248,000	248,020
	Stifel	237,000 shs Safra Natl Bank of NY CD @ 5.25% due 6/27/2025	237,000	237,000
	Stifel	246,000 shs Morgan Stanley Pvt Bk CD @ 5% due 6/30/2025	246,000	245,456
	Stifel	248,000 shs United Fidelity Bank CD @ 5% due 7/14/2025	248,000	247,531
	Stifel	248,000 shs Providence Bank Rocky Mtn CD @ 5% due 7/18/25	248,000	247,536
	Stifel	243,000 shs West Plains Bk CD @ 5% due 8/4/2025	243,000	242,524
	Stifel	248,000 shs Peoples Bk of Middle Tn CD @ 5% due 8/11/2025	248,000	247,566
	Stifel	248,000 shs 22nd State Bank Lsville AL CD @ 5.3% due 9/12/25	248,000	248,017
	Stifel	243,000 shs Hometruster Bank CD @ 5.15% due 9/22/2025	243,000	243,039
	Stifel	248,000 shs Investar Bank CD @ 5.35% due 10/3/2025	248,000	248,717
	Stifel	248,000 shs Wells Fargo Bank CD @ 5.35% due 10/24/2025	248,000	248,806
	Stifel	243,000 shs Bank of America CD @ 5.3% due 10/27/2025	243,000	243,620

\$ 9,682,582	\$ 9,666,197
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**SOUTHERN CALIFORNIA SOFT DRINK INDUSTRY AND TEAMSTERS  
HEALTH AND WELFARE TRUST FUND  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
AS OF JUNE 30, 2024**

Employer Identification Number 95-3248029

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 9,682,582	\$ 9,666,197
	Stifel	200,000 shs BMW Bank of No Amer CD @ 5.35% due 11/10/25	200,000	200,578
	Stifel	246,000 shs Morgan Stanley Bank CD @ 5.45% due 11/14/2025	246,000	246,039
	Stifel	243,000 shs Industry St Bk CD @ 5.4% due 12/1/2025	243,000	243,080
	Stifel	244,000 shs American Bank of Freedom CD @ 4.7% due 12/22/25	244,000	242,717
	Stifel	244,000 shs Optum Bank Draper CD @ 4.8% due 12/22/2025	244,000	243,061
	Stifel	250,000 shs US Treasury Note @ 3.875 due 1/15/2026	247,206	246,240
	Stifel	244,000 shs US Century Bank CD @ 4.35% due 1/16/2026	244,000	241,633
	Stifel	243,000 shs Main Street Bank CD @ 4.85% due 1/20/2026	243,000	242,448
	Stifel	244,000 shs Bank Hapoalim BM CA @ 4.45% due 2/8/2026	244,000	241,987
	Stifel	244,000 shs Evolve B&T W Memphis CD @ 4.45% due 2/2/2026	244,000	241,875
	Stifel	244,000 shs Haven Svgs Bank CD @ 4.35% due 2/6/2026	244,000	241,504
	Stifel	244,000 shs FirstBank Puerto Rico CD @ 4.7% due 3/2/2026	244,000	242,794
	Stifel	248,000 shs Van Wert Fedl Svgs Bk CD @ 4.75% due 3/13/2026	248,000	247,107
	Stifel	244,000 shs Mountain Commerce Bank CD @ 4.75% due 3/16/26	244,000	243,017
	Stifel	244,000 shs Valley Natl Bank CD @ 4.8% due 4/3/2026	244,000	243,263
	Stifel	244,000 shs Eaglemark Svgs Bank @ 4.87% due 4/3/2026	244,000	243,266
	Stifel	244,000 shs Genesee Regl Bk CD @ 4.8% due 4/10/2026	244,000	243,285
	Stifel	243,000 shs Citibank NA CD @ 5% due 5/4/2026	243,000	243,207
	Stifel	243,000 shs Goldman Sachs Bank CD @ 4.9% due 5/7/2026	243,000	242,762
	Stifel	243,000 shs Bank of Hope LA CD @ 4.9% due 5/22/2026	243,000	242,823
	Stifel	243,000 shs American Natl Bk CD @ 5% due 6/5/2026	243,000	243,357
	Stifel	243,000 shs Israel Discount Bk CD @ 5.05% due 6/12/2026	243,000	243,615
	Stifel	248,000 shs EagleBank Bethesda CD @ 5% due 6/15/2026	248,000	248,556

\$ 15,256,788	\$ 15,224,411
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<p><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>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

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

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

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

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

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

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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan SO. CA. SOFT DRINK INDUSTRY AND TEAMSTERS HEALTH & HEALTH AND WELFARE TRUST	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	06/29/1978
<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) BOARD OF TRUSTEES SO CA SOFT DRINK INDUSTRY AND TEA  1050 LAKES DRIVE #120  WEST COVINA CA 91780	<b>2b</b> Employer Identification Number (EIN)	95-3248029
	<b>2c</b> Plan Sponsor's telephone number	(626) 646-1090
	<b>2d</b> Business code (see instructions)	312110

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

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

SIGN HERE	<i>Phil Cooper</i>	4/14/2025   4:31 PM EDT	PHILIP COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Phil Cooper</i>	4/14/2025   4:31 PM EDT	PHILIP COOPER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1701
<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> ).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1421
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1390
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	281
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1671
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<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) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	2

**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 4D 4E 4L**

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

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