

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 ALASKA TEAMSTER EMPLOYER WELFARE TRUST 1b Three-digit plan number (PN) 501 1c Effective date of plan 01/30/1960 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALASKA TEAMSTER EMPLOYER WELFARE TRUST 520 E. 34TH AVENUE, SUITE 107 ANCHORAGE, AK 99503-4116 2b Employer Identification Number (EIN) 91-6034674 2c Plan Sponsor's telephone number 907-751-9700 2d Business code (see instructions) 525100

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Gary Dixon and Scott Depaepe.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1500
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1500
	6a(2)	1729
	6b	
	6c	
	6d	1729
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	61

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA TEAMSTER EMPLOYER WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6034674</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	72272-3	1734	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid 7500	(b) Total amount of fees paid 114096
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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
CENTERSTONE INSURANCE AND FINANCIAL **2111 E HIGHLAND AVE, STE 210**
PHOENIX, AZ 85016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7500	114096	ADMINISTRATION FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CENTERSTONE INSURANCE & FINANCIAL **4851 LBJ FWY, STE 100**
DALLAS, TX 75244-6079

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7500	114096	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2281925
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

N/A

Part IV Provision of Information

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

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

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

<p>A Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA TEAMSTER EMPLOYER WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 91-6034674</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED AMERICAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
73-1128555	92916	2275	411	07/01/2023	06/30/2024

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

<p>(a) Total amount of commissions paid 20997</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LABOR BENEFITS, LLC **10104 SENATE DRIVE, STE 233**
LANHAM, MD 20706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20997			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1150118
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

N/A

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA TEAMSTER EMPLOYER WELFARE TRUST	D Employer Identification Number (EIN) 91-6034674

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

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0742147	68608	01-016683-00	1729	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

6 Contracts With Allocated Funds:

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

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

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

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

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10	Nonexperience-rated contracts:		
a	Total premiums or subscription charges paid to carrier	10a	171418
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

N/A

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA TEAMSTER EMPLOYER WELFARE TRUST	D Employer Identification Number (EIN) 91-6034674

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED AMERICAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-6196051	N/A	D9108	378	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	677606
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA TEAMSTER EMPLOYER WELFARE TRUST	D Employer Identification Number (EIN) 91-6034674	

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

US BANK

31-0841368

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

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

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

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

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

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

AETNA, INC

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	585657	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)

ALASKA TEAMSTER ESC

92-0046048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	562633	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)

BENESYS

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?
50	NONE	528836	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	216285	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)

ALASKA VACCINE ASSESSMENT PROGRAM

91-6034674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	189261	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)

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	133976	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)

COSTCO HEALTH SOLUTIONS

81-2865195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	124920	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)

HEALTH CARE COST MGMT CORP OF AK

94-3283661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	112377	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)

ZELIS

84-2694744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	108452	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)

HEALTHCARE STRATEGIES, INC.

52-1874471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	101746	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)

TRANSCARENT, INC.

84-3296541

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	66579	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)

MONDRESS MONACO PARR LOCKWOOD PLLC

91-1917286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	40753	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)

PRINCIPAL

94-3081343

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	40404	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMWINS RX

05-0461576

(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?
50	NONE	22478	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)

G.D. MORRIS, INC.

76-0702672

(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?
50	NONE	16694	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

92-0078509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	16196	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BENESYS	51	2106
(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.	
ZELIS 86-1040704	CREDIT CARD PAYMENTS TO PROVIDERS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
VISION SERVICE PLAN 92-0078509	12 50	SERVICE PROVIDER RECEIVED DIRECT COMPENSATION BUT FAILED TO RESPOND TO INDIRECT COMPENSATION QUESTIONNAIRE

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
PRINCIPAL 94-3081343	28 50	SERVICE PROVIDER RECEIVED DIRECT COMPENSATION BUT FAILED TO RESPOND TO INDIRECT COMPENSATION QUESTIONNAIRE

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ALASKA TEAMSTER EMPLOYER WELFARE TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALASKA TEAMSTER EMPLOYER WELFARE TRUST</u>	D Employer Identification Number (EIN) <u>91-6034674</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON CF SL BROAD MKT STOCK

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

c EIN-PN <u>25-6774884-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3557536</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON CF SL ACWI EX US FUND

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

c EIN-PN <u>35-6787005-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2280128</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA TEAMSTER EMPLOYER WELFARE TRUST	D Employer Identification Number (EIN) 91-6034674

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2049445	5543673
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3334003	3530401
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2720126	1886254
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	646383	46661
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		5837664
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20810209	22759265
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	29560166	39603918
Liabilities			
g Benefit claims payable	1g	7496695	8793807
h Operating payables	1h	139750	370847
i Acquisition indebtedness	1i		
j Other liabilities	1j	4345648	5654819
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11982093	14819473
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17578073	24784445

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	42274461	
(B) Participants	2a(1)(B)	2722224	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		44996685
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30031	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	824139	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	51344628	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	51344628	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1148933
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-331425
c Other income.....	2c		19162
d Total income. Add all income amounts in column (b) and enter total.....	2d		46687525

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	32005466	
(2) To insurance carriers for the provision of benefits.....	2e(2)	4463141	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		36468607
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2419140	
(3) Recordkeeping fees.....	2i(3)	110238	
(4) IQPA audit fees.....	2i(4)	40432	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	41810	
(7) Actuarial fees.....	2i(7)	216285	
(8) Legal fees.....	2i(8)	40753	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	28018	
(11) Other expenses.....	2i(11)	115870	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3012546
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		39481153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7206372
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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



Financial Statements
June 30, 2024 and 2023

Alaska Teamster-Employer Welfare Trust

Alaska Teamster-Employer Welfare Trust

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June 30, 2024 and 2023

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Independent Auditor's Report

The Board of Trustees
Alaska Teamster-Employer Welfare Trust
Anchorage, Alaska

Opinion

We have audited the financial statements of Alaska Teamster-Employer Welfare Trust, 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 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 benefit obligations of Alaska Teamster-Employer Welfare Trust as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Alaska Teamster-Employer Welfare Trust 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 Alaska Teamster-Employer Welfare Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP".

Walnut Creek, California
April 10, 2025

Alaska Teamster-Employer Welfare Trust
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value	\$ 28,643,590	\$ 21,456,592
Receivables		
Employer contributions	3,530,401	3,334,003
Refunds and rebates	775,254	515,351
Stop loss reimbursements	1,096,372	2,171,697
Other receivables	197	16,781
	5,402,224	6,037,832
Cash	5,543,673	2,049,445
Other		
Prepaid expenses	14,431	16,297
Total assets	39,603,918	29,560,166
Liabilities		
Accounts payable	370,847	139,750
Due to broker	-	14,105
Other liabilities	8,556	9,451
Due to affiliates	112,255	2,520
Total liabilities	491,658	165,826
Net Assets Available for Benefits	\$ 39,112,260	\$ 29,394,340

Alaska Teamster-Employer Welfare Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 748,431	\$ 933,439
Interest and dividends	923,247	485,479
	1,671,678	1,418,918
Less investment expense	(41,810)	(54,213)
Total investment income	1,629,868	1,364,705
Contributions		
Employers	42,274,461	36,621,529
Participants	2,722,224	2,803,734
Total contributions	44,996,685	39,425,263
Other income	19,162	143,036
Total additions	46,645,715	40,933,004
Deductions		
Claims paid, net		
Medical	25,581,064	21,429,691
Prescription drug	2,730,469	3,779,526
Dental	1,333,189	1,419,268
Vision	166,122	161,864
Retiree death benefit	55,000	73,000
Disability/time loss	21,766	15,629
	29,887,610	26,878,978
Premiums Paid		
Medicare Retiree - TeamStar	1,819,261	1,738,451
Stop Loss	2,078,770	2,266,700
Life, AD&D	171,418	156,124
	4,069,449	4,161,275
Total benefits paid	33,957,059	31,040,253

Alaska Teamster-Employer Welfare Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	2024	2023
Operating expenses		
Benefit administration expenses		
Medical network	\$ 698,909	\$ 531,768
Prescription Drug	147,398	110,555
Health Care Coalition	112,377	98,008
Assessment programs	189,266	93,008
Innovative Care Management/HealthCare Strategies	101,746	92,176
Bridge Health Medical	66,579	72,759
Vision Service Plan	16,196	16,502
HRA Admin Fees	11,562	10,077
	1,344,033	1,024,853
Administrative expenses		
Employer Service Corporation	562,633	537,106
BeneSys	512,474	460,785
	1,075,107	997,891
Professional services		
Plan consultant	216,285	147,003
Audit	133,976	102,884
Legal	40,753	41,946
Accounting	16,694	17,699
	407,708	309,532
General expenses		
Postage, printing and supplies	81,148	50,891
Trustee meetings and education	28,018	19,316
Insurance	24,740	30,387
Patient Care Outcome Research Institute	7,641	7,212
Miscellaneous	2,341	1,257
	143,888	109,063
Total operating expenses	2,970,736	2,441,339
Total deductions	36,927,795	33,481,592
Net Increase	9,717,920	7,451,412
Net Assets Available for Benefits		
Beginning of year	29,394,340	21,942,928
End of year	\$ 39,112,260	\$ 29,394,340

Alaska Teamster-Employer Welfare Trust
 Statements of Benefit Obligations
 Years Ended June 30, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Insurance premiums due to insurers	\$ 789,662	\$ 395,970
Claims payable and claims incurred but not reported	8,793,807	7,496,695
	9,583,469	7,892,665
Other Obligations, Net of Amounts Currently Payable		
Dollar bank reserve	4,744,346	3,923,602
Total benefit obligations	\$ 14,327,815	\$ 11,816,267

Alaska Teamster-Employer Welfare Trust
 Statements of Changes in Benefit Obligations
 Years Ended June 30, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Balance at beginning of year	\$ 7,892,665	\$ 7,110,892
Claims and premiums reported and approved for payment	35,647,863	31,822,026
Claims and premiums paid	(33,957,059)	(31,040,253)
Balance at end of year	9,583,469	7,892,665
Other Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	3,923,602	3,435,679
Net change during year		
Dollar bank reserve	820,744	487,923
Balance at end of year	4,744,346	3,923,602
Total benefit obligations at end of year	\$ 14,327,815	\$ 11,816,267

Note 1 - Description of the Plan

The following brief description of the Alaska Teamster-Employer Welfare Trust (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan, a multiemployer health and welfare plan, was established in 1964 for the purpose of providing health care benefits to eligible participants covered by the collective bargaining agreements between General Teamster Local 959 and individual employers signatory to the agreements. In addition, retired employees and their dependents are entitled to certain health and other benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the union.

Benefits

The Plan provides health and welfare benefits including medical, dental, vision, prescription drug, short- and long-term disability benefits, and life insurance for active participants and medical, dental, vision, and prescription drug for retirees. Additionally, the Plan provides similar benefits during periods of unemployment (accumulated eligibility credits), disability, or upon termination of employment through Consolidated Omnibus Budget Reconciliation Act (COBRA). All disability and certain medical claims are self-funded by the Plan. The claims for dental, vision, and prescription drug are processed by the Plan's third-party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan. All life and certain medical benefits are insured with premiums paid by the Plan.

The Plan management has entered into a stop-loss insurance arrangement in an effort to limit the Plan's exposure for self-funded medical benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Under the terms of the contract individual participant claims incurred in excess of \$375,000, and/or in excess of \$325,000 in the aggregate, are reimbursed to the Plan.

The Plan uses a Pharmacy Benefits Manager (PBM) which periodically makes refunds to the Plan based on the utilization pattern of specific drugs.

The Plan also offers a Health Reimbursement Arrangement (HRA) program. An HRA is an account that the Plan sets up and maintains on behalf participants employed by Matson, Sea Star, and North Star, to keep track of contributions, premium payments, reimbursements and a participant's available balance. Each HRA is funded exclusively through contributions made on a participant's behalf by an employer that contributes to the Plan under a collective bargaining or participation agreement. All contributions credited to a participant's HRA are assets of the Plan. The funding of the account occurs each April 1 based on the contributions made for the prior year's hours of work. For the years ended June 30, 2024 and 2023, contributions are calculated at \$2.25 and \$1.50 per hour, respectively. Participants are not vested in the contributions made on their behalf, and their

available balance may be used only for certain health care expenses not otherwise covered under the Plan. Any unused amount each year may be accumulated in the participant's account for future periods if the participant maintains eligibility. No forfeitures were incurred during the years ended June 30, 2024 and 2023.

Contributions and Eligibility

Participating employers are required to pay an hourly contribution to the Plan for each compensable hour of employment worked by covered employees. Employer contributions on behalf of each participant are credited to a reserve (accumulated eligibility credits) maintained for the participant under the Plan.

During the years ended June 30, 2024 and 2023, the participating employers contributed to the Plan at the following rates:

<u>Plan Year</u>	<u>Hourly Rate (Low-High)</u>	<u>Flat Rate (Low-High)</u>	<u>Comp Rate</u>
June 30, 2023	\$5.45 - \$22.81	\$1,050 - \$5,638.05	\$ 2,254.00
June 30, 2024	\$5.45 - \$21.25	\$1,105 - \$5,862.15	\$ 2,344.00

During the years ended June 30, 2024 and 2023, the participating retirees contributed to the Plan at the following rates:

<u>Plan Year</u>	<u>Suppl Medical (Plan F)</u>	<u>Part D Prescription Drug</u>	<u>Life Insurance</u>
Jul 1, 2022 - Dec 31, 2022	\$ 215.00	\$ 175.00	\$ 30.00
Jan 1, 2023- Dec 31, 2023	\$ 219.00	\$ 143.50	\$ 30.00
Jan 1, 2024- Jun 30, 2024	\$ 239.00	\$ 149.24	\$ 30.00

Active Participants become eligible for coverage on the first day of the calendar month after a period of six consecutive months or less in which their Dollar Bank account is credited with employer contributions equal to at least the monthly cost of coverage at the highest Plan Level.

An eligible employee will continue to be eligible for benefits in one of two ways. First, an Active Employee's Dollar Bank account contains sufficient employer contributions to pay for the following month's coverage at their Plan Level as of the 25th day of the month in which they have coverage as an Active Employee. Second, an Active Employee's Dollar Bank account contains at least \$300 in properly-credited Employer contributions and no later than the 10th day of the following month they make a self-payment of the difference between the amount in their Dollar Bank account and the monthly cost of coverage for their Plan Level.

An active employee's Dollar Bank will be cleared if they have had a period of 12 months with no Plan eligibility and no contributions, except where a member makes a request and provides acceptable documentation to show that before reaching that 12-month threshold the member has been on an approved military or disability leave. In that case, the employee's Dollar Bank would not be cleared so long as they maintain employment status with the employer based on that approved leave.

Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by COBRA, has been adopted by the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations, and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Employer Contributions, Contributions Receivable, and Allowance for Credit Losses

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential credit losses based on historical experience as well as current and reasonable and supportable forecasted economic conditions. As of June 30, 2024 and 2023 there was no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits and are recorded as contributions when collected.

Payment of Benefits

Claims and premiums are recorded when paid. Premiums paid are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

The classification of investment earnings reported in the statement of changes in the net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Medicare Subsidy

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) applies to postretirement health care plans and provides prescription drug benefits. The Act provides for the Plan to receive a subsidy under Medicare (Medicare Part D) if it provides a benefit that is at least actuarially equivalent to Medicare Part D. The Plan received \$196 and \$0 in Federal subsidies for the years ended June 30, 2024 and 2023, respectively. The Plan's postretirement benefit obligation reflects an amount associated with the Medicare subsidy allowed under the Act because the Plan is directly entitled to the Medicare subsidy. Medicare subsidy amounts received are recorded on the statements of changes in net assets available for benefits netted against claims paid.

Stop Loss Coverage

Premiums for stop loss insurance are included in premiums paid in the accompanying statements of changes in net assets available for benefits. Stop loss refunds received for 2024 and 2023 claims totaling \$6,020,154 and \$3,096,990, respectively, are netted against claims paid in self-funded benefits in the accompanying statements of changes in net assets available for benefits. As of June 30, 2024 and 2023 stop loss reimbursements receivable were \$1,096,372 and \$2,171,697, respectively.

Refunds and rebates

Refunds from the Plan's PBM are recorded when received. Pharmacy rebates for the Plan years ended June 30, 2024 and 2023 totaling \$1,179,598 and \$823,367, respectively, have been netted with claims paid in the accompanying statements of changes in net assets available for benefits. As of June 30, 2024 and 2023 refunds receivable were \$775,254 and \$515,351, respectively.

Health Reimbursement Arrangement

At June 30, 2024 and 2023, HRA accounts totaled \$1,370,933 and \$1,033,534, respectively, and are included in the Plan's net assets available for benefits. There were no amounts approved for payments from HRA accounts but not yet paid as of either June 30, 2024 or 2023.

Expenses

Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Current Benefit Obligations

As a result of the eligibility provisions of the Plan, hours worked by participants through June 30, 2024 and 2023, produced eligibility through August 2024 and 2023, respectively, for active participants. Accordingly, group insurance premiums and claims incurred are accrued on the basis of hours worked through June 30, 2024 and 2023, and eligibility through August 2024 and 2023, respectively. These amounts are recorded as amounts currently payable on the statements of benefit obligations.

The liabilities for future payment of claims incurred but not reported at June 30, 2024 and 2023, have been estimated on the basis of statistical lag analysis studies and has been included in the amounts currently payable on the statements of benefit obligations. Claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan Administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

The estimated liability for dollar bank reserve is the total participant dollar bank balances for participants that have sufficient funds to be eligible for future benefits. This liability is recorded as other obligations, net of amounts currently payable on the statements of benefit obligations.

Concentration of Risk

The Plan maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At June 30, 2024 and 2023, the Plan had approximately \$5,530,000 and \$2,126,000, respectively, in excess of FDIC-insured limits.

Adoption of New Accounting Standard

As of July 1, 2023, the Plan adopted Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* (ASU 2016-13), which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The CECL model is applicable to the measurement of credit losses on financial assets measured at amortized cost, including contribution receivables. CECL requires entities to measure all expected credit losses for financial assets held at the reporting date based on historical experience, current conditions, and reasonable and supportable forecasts. This standard provides financial statement users with more decision-useful information about the expected losses on financial instruments.

The Plan adopted ASU 2016-13 using the modified retrospective review method for all financial assets measured at amortized cost. Results for reporting periods beginning after July 1, 2023, are presented under Topic 326 while prior period amounts continue to be reported in accordance with previously applicable GAAP. The adoption of the new standard did not materially impact the Plan's financial statements. See Accounting Policies Notes for further disclosure of the Plan's Contributions Receivable.

Subsequent Events

The Plan has evaluated subsequent events through April 10, 2025, the date which the financial statements were available to be issued.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Alaska Teamster-Employer Welfare Trust

Notes to Financial Statements

June 30, 2024 and 2023

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

Mutual funds (including money market mutual funds) – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts - Valued at fair value based on the NAV of units held of the collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the observable market prices of the underlying investments within the fund less liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

	2024			Total
	Level 1	Level 2	Level 3	
Money market mutual funds	\$ 46,661	\$ -	\$ -	\$ 46,661
Mutual funds	22,759,265	-	-	22,759,265
Investments in the fair value hierarchy	\$ 22,805,926	\$ -	\$ -	\$ 22,805,926
Investments at net asset value (a)				5,837,664
Total investments at fair value				\$ 28,643,590
	2023			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 646,383	\$ -	\$ -	\$ 646,383
Mutual funds	20,810,209	-	-	20,810,209
	\$ 21,456,592	\$ -	\$ -	\$ 21,456,592

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Alaska Teamster-Employer Welfare Trust

Notes to Financial Statements

June 30, 2024 and 2023

The following table summarizes investments for which fair value is measured using the net asset value per share (or its equivalent) as a practical expedient as of June 30, 2024 and 2023:

	Fair Value June 30, 2024	Fair Value June 30, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common Collective Trust (direct-filing entities)					
BNYM Mellon Cf SL Acwi Ex US Fund	\$ 2,280,128	\$ -	\$ -	Daily	2 days
BNYM Mellon Cf SL Broad Market SIF	3,557,536	-	-	Daily	1 day
	<u>\$ 5,837,664</u>	<u>\$ -</u>			

Note 4 - Tax Status

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated August 13, 1999, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore believes that the related trust is tax-exempt. No federal or state income taxes have been recorded in the years ended June 30, 2024 and 2023 for unrelated business taxable income.

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

Note 5 - Related Party and Party-in-Interest Transactions

The Plan shares a board of trustees with the Alaska Teamster-Employer Service Corp. (ESC); therefore, they are considered a related party. The administrative functions of the Plan are provided by ESC which charges for the actual costs of providing services to the various user organizations and by agreement between the parties. Administrative expenses include salaries and other direct costs attributable to the Plan as well as indirect costs of ESC.

Included in deductions from net assets available for benefits for the years ended June 30, 2024 and 2023, are administrative expenses charged by ESC of \$562,633 and \$537,106, respectively. At June 30, 2024 and 2023, \$112,255 and \$2,520 was owed to the ESC from the Plan for administrative expenses accrued at year end.

ESC receives contributions and liquidated damages on behalf of the Alaska Teamster-Employer Welfare Trust. These contributions are allocated based on each plan's contribution rate and are transferred monthly to the respective plan. At June 30, 2024 and 2023, \$3,530,401 and \$3,334,003, respectively, were due to the Plan for contributions received and not yet transferred.

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 6 - 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. 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 amounts reported in the statements of net assets available for benefits.

The dollar bank reserve and claims incurred but not reported benefit obligations are reported based on certain estimates based on claims activity after year end and participant account balances, all of which are subject to change. Due to uncertainties inherent in the estimations, it is at least reasonably possible that changes in these estimates in the near-term would-be material to the financial statements.

Note 7 - Reconciliation of the Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 39,112,260	\$ 29,394,340
Less - Benefit obligations currently payable	<u>(14,327,815)</u>	<u>(11,816,267)</u>
Net assets available for benefits per Form 5500	<u>\$ 24,784,445</u>	<u>\$ 17,578,073</u>

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

Total Benefits Paid per the Financial Statements	\$ 33,957,059
Add - amounts currently payable at end of year	14,327,815
Less - amounts currently payable at beginning of year	<u>(11,816,267)</u>
Total Benefits Paid per the Form 5500	<u>\$ 36,468,607</u>

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

Note 8 - Priorities Upon Plan Termination

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the Plan may be terminated at any time by the Board of Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the plan document. Upon termination the trustee shall:

- a. Make provision out of the Plan for the payment of expenses incurred up to the date of termination of the Plan and expenses incident to such termination,
- b. Distribute the balance, if any, of the assets of the Plan remaining in the hands of the trustees in such manner as they determine will carry out the purpose of the Plan, or
- c. Arrange for a final audit and report of their transactions and accounts for the purpose of terminating their trusteeship.

In no event shall any of the funds revert to or be recoverable by any employee, employer or union.

Unless sooner terminated, this Plan shall terminate upon the death of the last survivor of the person entitled to benefits hereunder, in the event the Plan hereby created is subject to any rule against perpetuities existing in the State of Alaska, the Plan shall terminate at the end of the maximum time permitted under such rule; provided, however, that if, as and when this Plan without the benefit of this provision shall not violate the rule against perpetuities, then this provision shall be of no force or effect, and this Plan shall continue in perpetuity unless otherwise terminated.

Alaska Teamster-Employer Welfare Trust
Schedule H Line 4i – Schedule of Assets Held at End of Year
June 30, 2024
Plan No. 501

EIN 91-6034674

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Money Market Mutual Funds			
	First American Treasury Oblig FD CI Z	Money Market Mutual Funds	\$ 36,657	\$ 36,657
	First Am Treas Ob Fd CI Z	Money Market Mutual Funds	10,003	10,003
	Total money market mutual funds		<u>46,660</u>	<u>46,660</u>
	Mutual Funds			
	Blackrock Total Return K	Mutual Funds	5,473,518	5,678,515
	Guggenheim Total Return Bond Instl	Mutual Funds	5,476,219	5,712,285
	Jpmorgan Core Bond Fund Class R6	Mutual Funds	5,510,482	5,704,621
	Pimco Income Fund Ins	Mutual Funds	5,472,069	5,663,845
	Total mutual funds		<u>21,932,288</u>	<u>22,759,266</u>
	Common Collective Trust			
	BNYM Mellon Cf SI Broad Market Stock	Common Collective Trust	2,880,472	3,557,536
	BNYM Mellon Cf SI Acwi Ex US Fund	Common Collective Trust	1,958,852	2,280,128
	Total common collective trusts		<u>4,839,324</u>	<u>5,837,664</u>
	Total assets held at end of year		<u>\$ 26,818,272</u>	<u>\$ 28,643,590</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C If the plan is a collectively-bargained plan, check here
- D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan ALASKA TEAMSTER EMPLOYER WELFARE TRUST	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 01/30/1960
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALASKA TEAMSTER EMPLOYER WELFARE TRUST 520 E. 34TH AVENUE, SUITE 107 ANCHORAGE AK 99503-4116	2b Employer Identification Number (EIN) 91-6034674 2c Plan Sponsor's telephone number (907) 751-9700 2d Business code (see instructions) 525100

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>Gary Dixon</i>	4/14/2025	GARY DIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Scott J. Depaeppe</i>	4/14/2025	SCOTT DEPAEPE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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AK TEAMSTER EM WELFARE PLAN TR - INV
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ENDING MARKET VALUE					28,633,741.10		
COMPARATIVE VALUE (5%)					1,431,687.05		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 09252M743 - Blackrock Total Return K							
10/23/2023	B	422,962.688	9.3000		- 3,933,553 *	3,933,553	
Issue: 31846V542 - First Am Treas Ob Fd CI Z							
10/23/2023	B	15,734,212.460	1.0000		- 15,734,212 *	15,734,212	
10/24/2023	S	- 15,734,192.460	1.0000		15,734,192 *	15,734,192	
11/01/2023	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/08/2023	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/09/2023	S	- 3,200,000.000	1.0000		3,200,000 *	3,200,000	
01/12/2024	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
01/12/2024	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
04/08/2024	B	2,500,000.000	1.0000		- 2,500,000 *	2,500,000	
04/15/2024	S	- 2,200,000.000	1.0000		2,200,000 *	2,200,000	
05/15/2024	B	2,200,000.000	1.0000		- 2,200,000 *	2,200,000	
05/23/2024	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
Issue: 40168W525 - Guggenheim Total Return Bond Instl							
10/23/2023	B	178,069.398	22.0900		- 3,933,553 *	3,933,553	
Issue: 4812C0100 - Jpmorgan Core Bond Fund Class R6							
10/23/2023	B	407,622.120	9.6500		- 3,933,553 *	3,933,553	

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AK TEAMSTER EM WELFARE PLAN TR - INV
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 72201F490 - Pimco Income Fund Ins							
10/23/2023	B	393,747.047	9.9900		- 3,933,533 *	3,933,533	
GRAND TOTAL				0	67,302,596	67,302,596	0

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

Broker: Direct From Issuer

Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad							
11/30/2023	B	1,258.231	381.4880		- 480,000	480,000	
Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad							
11/30/2023	B	6.174	368.3803		- 2,274	2,274	
Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund							
11/30/2023	B	2,853.058	112.1604		- 320,000	320,000	
Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund							
11/30/2023	B	9.946	107.2059		- 1,066	1,066	
Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund							
12/23/2023	B	29.352	116.6234		- 3,423	3,423	
Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad							
12/29/2023	B	14.949	402.0730		- 6,011	6,011	
Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad							
01/31/2024	S	- 1,418.749	422.9078		600,000	529,659	70,341
Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad							
01/31/2024	B	10.409	422.8245		- 4,401	4,401	
Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund							
01/31/2024	B	22.949	122.2842		- 2,806	2,806	
Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad							
02/29/2024	B	5.358	427.1837		- 2,289	2,289	

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AK TEAMSTER EM WELFARE PLAN TR - INV
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/29/2024	Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund B	10.112	120.9879		- 1,223	1,223	
03/29/2024	Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad B	9.644	449.5987		- 4,336	4,336	
03/29/2024	Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund B	24.344	123.8552		- 3,015	3,015	
04/30/2024	Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad B	665.164	451.0166		- 300,000	300,000	
04/30/2024	Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad B	7.306	463.5943		- 3,387	3,387	
04/30/2024	Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund B	75.611	127.0041		- 9,603	9,603	
05/31/2024	Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad B	428.375	466.8807		- 200,000	200,000	
05/31/2024	Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad B	5.633	442.8351		- 2,494	2,494	
05/31/2024	Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund B	57.324	124.4634		- 7,135	7,135	
06/30/2024	Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad B	10.868	463.0631		- 5,033	5,033	
06/30/2024	Issue: 9SPMTKKW8 - Bnym Mellon Cf SI Acwi Ex US Fund B	82.983	127.4976		- 10,580	10,580	
Total For Direct From Issuer				0	1,969,076	1,898,735	70,341
GRAND TOTAL				0	1,969,076	1,898,735	70,341

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

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 09252M743 - Blackrock Total Return K							
10/23/2023	B	422,962.688	9.3000		- 3,933,553 *	3,933,553	
11/08/2023	B	83,682.008	9.5600		- 800,000	800,000	
04/12/2024	B	56,701.031	9.7000		- 550,000	550,000	
05/22/2024	B	51,229.508	9.7600		- 500,000	500,000	
Total For Buys				0	5,783,553	5,783,553	0
10/31/2023	R	368.561	9.2900		- 3,424	3,424	
11/30/2023	R	1,799.792	9.7000		- 17,458	17,458	
12/01/2023	R	1,887.183	10.0300		- 18,928	18,928	
01/31/2024	R	1,794.968	9.9900		- 17,932	17,932	
02/29/2024	R	1,707.214	9.8200		- 16,765	16,765	
03/31/2024	R	1,845.450	9.8800		- 18,233	18,233	
04/30/2024	R	2,074.659	9.6000		- 19,917	19,917	
05/31/2024	R	2,288.962	9.7300		- 22,272	22,272	
06/30/2024	R	2,383.314	9.7800		- 23,309	23,309	
Total For Reinvestments				0	158,238	158,238	0
01/11/2024	S	- 50,100.200	9.9800		500,000	468,272	31,728
Total For Sells				0	500,000	468,272	31,728

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Blackrock Total Return K				0	6,441,791	6,410,063	31,728
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
10/23/2023	B	15,734,212.460	1.0000		- 15,734,212 *	15,734,212	
11/01/2023	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/02/2023	B	3,986.850	1.0000		- 3,987	3,987	
11/08/2023	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
12/04/2023	B	2,709.740	1.0000		- 2,710	2,710	
12/21/2023	B	.010	1.0000				
01/03/2024	B	28.670	1.0000		- 29	29	
01/12/2024	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
02/02/2024	B	29.820	1.0000		- 30	30	
02/21/2024	B	24,164.340	1.0000		- 24,164	24,164	
03/04/2024	B	58.810	1.0000		- 59	59	
03/06/2024	B	203.340	1.0000		- 203	203	
04/02/2024	B	136.950	1.0000		- 137	137	
04/08/2024	B	2,500,000.000	1.0000		- 2,500,000 *	2,500,000	
05/02/2024	B	2,649.120	1.0000		- 2,649	2,649	
05/15/2024	B	2,200,000.000	1.0000		- 2,200,000 *	2,200,000	
06/04/2024	B	2,669.590	1.0000		- 2,670	2,670	
Total For Buys				0	26,470,850	26,470,850	0

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/24/2023	S	- 15,734,192.460	1.0000		15,734,192 *	15,734,192	
11/09/2023	S	- 3,200,000.000	1.0000		3,200,000 *	3,200,000	
11/10/2023	S	- 800,000.000	1.0000		800,000	800,000	
01/12/2024	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
04/15/2024	S	- 2,200,000.000	1.0000		2,200,000 *	2,200,000	
04/16/2024	S	- 300,000.000	1.0000		300,000	300,000	
05/23/2024	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
05/24/2024	S	- 200,000.000	1.0000		200,000	200,000	
Total For Sells				0	26,434,192	26,434,192	0
Total First Am Treas Ob Fd Cl Z				0	52,905,042	52,905,042	0
Issue: 40168W525 - Guggenheim Total Return Bond Instl							
10/23/2023	B	178,069.398	22.0900		- 3,933,553 *	3,933,553	
11/08/2023	B	35,382.574	22.6100		- 800,000	800,000	
04/12/2024	B	23,788.927	23.1200		- 550,000	550,000	
05/22/2024	B	21,496.131	23.2600		- 500,000	500,000	
Total For Buys				0	5,783,553	5,783,553	0
10/31/2023	R	196.523	22.0600		- 4,335	4,335	
11/30/2023	R	860.718	22.9900		- 19,788	19,788	
12/01/2023	R	919.751	23.8200		- 21,908	21,908	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2024	R	717.464	23.7700		- 17,054	17,054	
02/29/2024	R	701.552	23.4100		- 16,423	16,423	
03/31/2024	R	752.189	23.5400		- 17,707	17,707	
04/30/2024	R	773.700	22.8500		- 17,679	17,679	
05/31/2024	R	1,003.845	23.1700		- 23,259	23,259	
06/30/2024	R	958.129	23.3600		- 22,382	22,382	
Total For Reinvestments				0	160,535	160,535	0
01/11/2024	S	- 21,088.148	23.7100		500,000	467,869	32,131
Total For Sells				0	500,000	467,869	32,131
Total Guggenheim Total Return Bond Instl				0	6,444,088	6,411,957	32,131
Issue: 4812C0100 - Jpmorgan Core Bond Fund Class R6							
10/23/2023	B	407,622.120	9.6500		- 3,933,553 *	3,933,553	
11/08/2023	B	81,218.274	9.8500		- 800,000	800,000	
04/12/2024	B	59,820.538	10.0300		- 600,000	600,000	
05/22/2024	B	49,504.950	10.1000		- 500,000	500,000	
Total For Buys				0	5,833,553	5,833,553	0
10/30/2023	R	1,332.383	9.6400		- 12,844	12,844	
11/29/2023	R	1,652.920	9.9700		- 16,480	16,480	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/28/2023	R	1,644.171	10.3500		- 17,017	17,017	
01/30/2024	R	1,357.977	10.2300		- 13,892	13,892	
02/28/2024	R	1,404.016	10.0900		- 14,167	14,167	
03/27/2024	R	1,485.817	10.1700		- 15,111	15,111	
04/29/2024	R	1,938.130	9.9200		- 19,226	19,226	
05/30/2024	R	1,968.227	9.9700		- 19,623	19,623	
06/27/2024	R	1,943.943	10.1300		- 19,692	19,692	
Total For Reinvestments				0	148,052	148,052	0
01/11/2024	S	- 48,638.132	10.2800		500,000	471,123	28,877
Total For Sells				0	500,000	471,123	28,877
Total Jpmorgan Core Bond Fund Class R6				0	6,481,605	6,452,728	28,877
Issue: 72201F490 - Pimco Income Fund Ins							
10/23/2023	B	393,747.047	9.9900		- 3,933,533 *	3,933,533	
11/08/2023	B	78,354.554	10.2100		- 800,000	800,000	
04/12/2024	B	47,801.147	10.4600		- 500,000	500,000	
05/22/2024	B	47,528.517	10.5200		- 500,000	500,000	
Total For Buys				0	5,733,533	5,733,533	0
10/31/2023	R	576.919	10.0100		- 5,775	5,775	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/30/2023	R	2,400.787	10.3500		- 24,848	24,848	
12/01/2023	R	2,460.389	10.6200		- 26,129	26,129	
01/31/2024	R	2,308.101	10.6300		- 24,535	24,535	
02/29/2024	R	2,262.106	10.5200		- 23,797	23,797	
03/28/2024	R	2,256.766	10.6000		- 23,922	23,922	
04/30/2024	R	2,456.369	10.3600		- 25,448	25,448	
05/31/2024	R	2,638.827	10.4900		- 27,681	27,681	
06/28/2024	R	2,821.486	10.4800		- 29,569	29,569	
Total For Reinvestments				0	211,704	211,704	0
01/11/2024	S	- 47,169.811	10.6000		500,000	473,169	26,831
Total For Sells				0	500,000	473,169	26,831
Total Pimco Income Fund Ins				0	6,445,237	6,418,406	26,831

Issue: 9SPMTKKV0 - Bnym Mellon Cf SI Broad

11/30/2023	B	1,258.231	381.4880		- 480,000	480,000	
11/30/2023	B	6.174	368.3803		- 2,274	2,274	
12/29/2023	B	14.949	402.0730		- 6,011	6,011	
01/31/2024	B	10.409	422.8245		- 4,401	4,401	
02/29/2024	B	5.358	427.1837		- 2,289	2,289	
03/29/2024	B	9.644	449.5987		- 4,336	4,336	

00030304
 52- -12-B -66 -195-04
 0403 -99-03818-04



AK TEAMSTER EM WELFARE PLAN TR - INV
 ACCOUNT 5002314-000

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 Period from September 1, 2023 to June 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/30/2024	B	665.164	451.0166		- 300,000	300,000	
04/30/2024	B	7.306	463.5943		- 3,387	3,387	
05/31/2024	B	428.375	466.8807		- 200,000	200,000	
05/31/2024	B	5.633	442.8351		- 2,494	2,494	
06/30/2024	B	10.868	463.0631		- 5,033	5,033	
Total For Buys				0	1,010,225	1,010,225	0
01/31/2024	S	- 1,418.749	422.9078		600,000	529,659	70,341
Total For Sells				0	600,000	529,659	70,341
Total Bnym Mellon Cf Sl Broad				0	1,610,225	1,539,884	70,341
GRAND TOTAL				0	80,327,988	80,138,080	189,908

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
 NO TRANSACTIONS QUALIFIED FOR THIS SECTION

00508004
 52- -12-B -66 -188-04
 0403 -11-03818-04



AK TEAMSTER EM WELFARE PLAN TR - OPS
 ACCOUNT 5002314-001

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 Period from September 1, 2023 to June 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ENDING MARKET VALUE					10,045.90		
COMPARATIVE VALUE (5%)					502.29		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V542 - First Am Treas Ob Fd CI Z							
10/05/2023	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/02/2023	B	7,729.360	1.0000		- 7,729 *	7,729	
11/08/2023	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
12/04/2023	B	2,037.550	1.0000		- 2,038 *	2,038	
01/12/2024	B	2,600,000.000	1.0000		- 2,600,000 *	2,600,000	
01/16/2024	S	- 2,600,000.000	1.0000		2,600,000 *	2,600,000	
02/02/2024	B	1,526.390	1.0000		- 1,526 *	1,526	
05/01/2024	S	- 1,256.920	1.0000		1,257 *	1,257	
GRAND TOTAL				0	9,212,550	9,212,550	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE
 NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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

Issue: 31846V542 - First Am Treas Ob Fd CI Z

10/05/2023	B	2,000,000.000	1.0000		- 2,000,000 *	2,000,000	
11/02/2023	B	7,729.360	1.0000		- 7,729 *	7,729	
12/04/2023	B	2,037.550	1.0000		- 2,038 *	2,038	

00508004
 52- -12-B -66 -188-04
 0403 -11-03818-04



AK TEAMSTER EM WELFARE PLAN TR - OPS
 ACCOUNT 5002314-001

Page 23 of 24
 Period from September 1, 2023 to June 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/21/2023	B	.010	1.0000				
01/03/2024	B	42.510	1.0000		- 43	43	
01/12/2024	B	2,600,000.000	1.0000		- 2,600,000 *	2,600,000	
02/02/2024	B	1,526.390	1.0000		- 1,526 *	1,526	
03/04/2024	B	46.020	1.0000		- 46	46	
04/02/2024	B	49.500	1.0000		- 50	50	
05/02/2024	B	48.000	1.0000		- 48	48	
06/04/2024	B	43.710	1.0000		- 44	44	
Total For Buys				0	4,611,524	4,611,524	0
11/08/2023	S	- 2,000,000.000	1.0000		2,000,000 *	2,000,000	
01/16/2024	S	- 2,600,000.000	1.0000		2,600,000 *	2,600,000	
01/30/2024	S	- 112.840	1.0000		113	113	
04/29/2024	S	- 149.850	1.0000		150	150	
05/01/2024	S	- 1,256.920	1.0000		1,257 *	1,257	
Total For Sells				0	4,601,520	4,601,520	0
Total First Am Treas Ob Fd Cl Z				0	9,213,044	9,213,044	0
GRAND TOTAL				0	9,213,044	9,213,044	0

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

00508004
52- -12-B -66 -188-04
0403 -11-03818-04



AK TEAMSTER EM WELFARE PLAN TR - OPS
ACCOUNT 5002314-001

Page 24 of 24
Period from September 1, 2023 to June 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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NO TRANSACTIONS QUALIFIED FOR THIS SECTION

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
 FOR THE PERIOD JULY 1, 2023 THROUGH MARCH 31, 2024

AK TEAMSTER-EMPLOYER WELFARE TRUST
 ACCOUNT NUMBER 24589900

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		21,459,267.93			
	COMPARATIVE VALUE (5%)		1,072,963.40			
	-----		-----			
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/23/23 B	19,193,125	1.000	0	19,193,125*	19,193,125	
ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
10/23/23 S	19,734,212	1.000	0	19,734,212 *	19,734,212	0
ISSUE: 256210105 - DODGE & COX INCOME FD COM #147						
10/20/23 S	325,779	11.620	0	3,785,547 *	4,374,358	-588,811
ISSUE: 31428Q101 - FED HERM TTL RTRN BND-INST #328						
10/20/23 S	426,251	8.870	0	3,780,849 *	4,468,156	-687,306
ISSUE: 592905509 - MET WEST TOTAL RETURN BOND CL I #512						
10/20/23 S	447,418	8.420	0	3,767,263 *	4,550,199	-782,936
ISSUE: 665130100 - NORTHERN MID CAP INDEX #629						
10/20/23 S	58,562	18.480	0	1,082,227 *	1,162,210	-79,984
ISSUE: 922908710 - VANGUARD 500 INDEX FD- ADM #540						
10/20/23 S	4,251	389.980	0	1,657,633 *	1,482,115	175,517
GRAND TOTAL			0	53,000,856	54,964,375	-1,963,520

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JULY 1, 2023 THROUGH MARCH 31, 2024

AK TEAMSTER-EMPLOYER WELFARE TRUST
 ACCOUNT NUMBER 24589900

		SERIES / BY BROKER					
DATE	SHARES/	UNIT	EXPENSE	PRINCIPAL	TRANSACTION	REALIZED	
BOUGHT/SOLD	PAR VALUE	PRICE	INCURRED	CASH	COST	GAIN/LOSS	
-----	-----	-----	-----	-----	-----	-----	-----
	BEGINNING MARKET VALUE		21,459,267.93				
	COMPARATIVE VALUE (5%)		1,072,963.40				
	-----		-----				

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JULY 1, 2023 THROUGH MARCH 31, 2024

AK TEAMSTER-EMPLOYER WELFARE TRUST
 ACCOUNT NUMBER 24589900

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		21,459,267.93			
	COMPARATIVE VALUE (5%)		1,072,963.40			

ISSUE: VP6000013 - FED HERMES GOVT OBLIGATIONS PRM #117						
07/03/23 B	2,676	1.000	0	2,676-	2,676	
07/05/23 B	355	1.000	0	355-	355	
07/20/23 B	383,595	1.000	0	383,595-	383,595	
08/01/23 B	1,443	1.000	0	1,443-	1,443	
08/02/23 B	639	1.000	0	639-	639	
08/17/23 B	53,616	1.000	0	53,616-	53,616	
09/01/23 B	2,268	1.000	0	2,268-	2,268	
09/05/23 B	1,515	1.000	0	1,515-	1,515	
10/02/23 B	2,331	1.000	0	2,331-	2,331	
10/03/23 B	399	1.000	0	399-	399	
10/18/23 B	20,572	1.000	0	20,572-	20,572	
10/23/23 B	19,193,125	1.000	0	19,193,125-*	19,193,125	
	SUB-TOTAL OF BUYS # 12		0	19,662,534	19,662,534	
07/06/23 S	550,000	1.000	0	550,000	550,000	0
10/20/23 S	18,204	1.000	0	18,204	18,204	0
10/23/23 S	19,734,212	1.000	0	19,734,212 *	19,734,212	0
10/25/23 S	6,500	1.000	0	6,500	6,500	0
	SUB-TOTAL OF SALES # 4		0	20,308,916	20,308,916	0
	SUB-TOTAL		0	39,971,450	39,971,450	0

ISSUE: 256210105 - DODGE & COX INCOME FD COM #147						
09/26/23 R	3,464	11.910	0	41,256-	41,256	
	SUB-TOTAL OF REINVS # 1		0	41,256	41,256	
07/19/23 S	5,595	12.430	0	69,540	76,577	-7,037
08/16/23 S	2,432	12.150	0	29,545	33,727	-4,182
10/20/23 S	325,779	11.620	0	3,785,547 *	4,374,358	-588,811

ALASKA TEAMSTER-EMPLOYER WELFARE TRUST
EIN: 91-6034674, Plan No. 501
Schedule H, line 4j – Schedule of Reportable Transactions
Year Ended June 30, 2024

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JULY 1, 2023 THROUGH MARCH 31, 2024

AK TEAMSTER-EMPLOYER WELFARE TRUST
ACCOUNT NUMBER 24589900

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
SUB-TOTAL OF SALES # 3			0	3,884,632	4,484,662	-600,030
SUB-TOTAL			0	3,925,888	4,525,918	-600,030
ISSUE: 31428Q101 - FED HERM TTL RTRN BND-INST #328						
07/31/23 R	1,403	9.430	0	13,235-	13,235	
08/31/23 R	1,394	9.340	0	13,020-	13,020	
09/30/23 R	1,434	9.080	0	13,022-	13,022	
SUB-TOTAL OF REINVS # 3			0	39,277	39,277	
07/19/23 S	5,597	9.520	0	53,287	59,176	-5,889
10/17/23 S	2,306	8.920	0	20,572	25,481	-4,910
10/20/23 S	426,251	8.870	0	3,780,849 *	4,468,156	-687,306
SUB-TOTAL OF SALES # 3			0	3,854,708	4,552,813	-698,105
SUB-TOTAL			0	3,893,985	4,592,090	-698,105
ISSUE: 592905509 - MET WEST TOTAL RETURN BOND CL I #512						
07/31/23 R	1,641	9.040	0	14,836-	14,836	
08/31/23 R	1,743	8.940	0	15,581-	15,581	
09/30/23 R	1,524	8.650	0	13,180-	13,180	
SUB-TOTAL OF REINVS # 3			0	43,597	43,597	
07/19/23 S	5,431	9.130	0	49,582	55,442	-5,860
10/20/23 S	447,418	8.420	0	3,767,263 *	4,550,199	-782,936
SUB-TOTAL OF SALES # 2			0	3,816,845	4,605,641	-788,796
SUB-TOTAL			0	3,860,442	4,649,238	-788,796
ISSUE: 665130100 - NORTHERN MID CAP INDEX #629						
09/19/23 B	1,736	19.730	0	34,248-	34,248	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JULY 1, 2023 THROUGH MARCH 31, 2024

AK TEAMSTER-EMPLOYER WELFARE TRUST
 ACCOUNT NUMBER 24589900

		SERIES / BY ISSUE					
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----	
	SUB-TOTAL OF BUYS # 1		0	34,248	34,248		
07/19/23 S	3,592	20.970	0	75,332	52,847	22,485	
10/20/23 S	58,562	18.480	0	1,082,227 *	1,162,210	-79,984	
	SUB-TOTAL OF SALES # 2		0	1,157,559	1,215,057	-57,499	
	SUB-TOTAL		0	1,191,807	1,249,305	-57,499	
ISSUE: 922908710 - VANGUARD 500 INDEX FD- ADM #540							
09/27/23 R	16	394.280	0	6,325-	6,325		
	SUB-TOTAL OF REINVS # 1		0	6,325	6,325		
07/19/23 S	184	421.450	0	77,392	50,802	26,590	
10/20/23 S	4,251	389.980	0	1,657,633 *	1,482,115	175,517	
	SUB-TOTAL OF SALES # 2		0	1,735,025	1,532,917	202,107	
	SUB-TOTAL		0	1,741,350	1,539,242	202,107	
	GRAND TOTAL		0	54,584,922	56,527,243	-1,942,323	

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
 FOR THE PERIOD JULY 1, 2023 THROUGH MARCH 31, 2024

AK TEAMSTER-EMPLOYER WELFARE TRUST
 ACCOUNT NUMBER 24589900

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		21,459,267.93			
	COMPARATIVE VALUE (5%) -----		1,072,963.40 -----			

*** NO TRANSACTIONS QUALIFIED ***