

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ 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 CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN
1b	Three-digit plan number (PN) ▶ 502
1c	Effective date of plan 06/27/2022
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) CONNECTICUT EDUCATION ASSOCIATION, INC. 21 OAK STREET SUITE 500 HARTFORD, CT 06106-8001
2b	Employer Identification Number (EIN) 06-0666277
2c	Plan Sponsor's telephone number 860-525-5641
2d	Business code (see instructions) 813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/05/2025	TODD JAECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/05/2025	TODD JAECK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 124
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) 66 6a(2) 73 6b 68 6c 6d 141 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

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4D 4E

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 4
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	502
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
CONNECTICUT EDUCATION ASSOCIATION, INC.	06-0666277	

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.
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1 Coverage Information:

(a) Name of insurance carrier

ANTHEM HEALTH PLANS, INC.

(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
06-1475928	60217	G1800	75	07/01/2023	03/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4895	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

USI INSURANCE SERVICES LLC PO BOX 62937 VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4895			4

(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
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	(c) Amount	(d) Purpose	

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

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

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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	32562
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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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	B Three-digit plan number (PN)	502
CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
CONNECTICUT EDUCATION ASSOCIATION, INC.	06-0666277	

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.
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1 Coverage Information:

(a) Name of insurance carrier					
SUN LIFE ASSURANCE COMPANY OF CANADA					
(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
38-1082080	80802	955973	0	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4950	2231

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
USI INSURANCE SERVICES LLC
PO BOX 62937
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4950	2231		4

(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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11971
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.

PREMIUMS PAID

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
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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 CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT EDUCATION ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-0666277	

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.
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1 Coverage Information:

(a) Name of insurance carrier STANDARD INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0980405	61069	C10002584	124	04/01/2024	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 1729	(b) Total amount of fees paid 0
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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	
USI INSURANCE SERVICES LLC	PO BOX 62937 VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1729	0		4

(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
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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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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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6842
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.

PREMIUMS PAID

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
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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 CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT EDUCATION ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-0666277

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
EXPRESS SCRIPTS, INC.

(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
43-1420563	60025		36	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	140061
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT EDUCATION ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-0666277

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	
USI INSURANCE SERVICES LLC	PO BOX 62937 VIRGINIA BEACH, VA 62937
38-1082080	

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

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

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

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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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan CT EDUCATION ASSN HEALTH AND WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT EDUCATION ASSOCIATION, INC.		
		D Employer Identification Number (EIN) 06-0666277

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	131976	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	494164	135957
(2) U.S. Government securities	1c(2)	1560638	1480747
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1172573	985885
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	92740	91320
(B) Common	1c(4)(B)	4788823	5505640
(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)		
(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)	9203322	10969553
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	521553	836552

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	17965789	20005654
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17965789	20005654

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)	656275	
(B) Participants	2a(1)(B)		
(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)		656275
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	290756	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		290756
(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)	302933	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		302933
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11582499	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11135632	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		446867
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1047542	
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2744373

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	656275	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		656275
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	48233	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		48233
j Total expenses. Add all expense amounts in column (b) and enter total	2j		704508

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2039865
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: **WHITTLESEY PC**

(2) EIN: **06-0903326**

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

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 _____.

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Independent Auditors' Report
Financial Statements
and Supplemental Schedules

June 30, 2024 and 2023



ASSURANCE | ADVISORY | TAX | TECHNOLOGY

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Sponsor of the
Connecticut Education Association Health and Welfare Benefits Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Connecticut Education Association Health and Welfare Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements 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 ("financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section —

- the amounts and disclosures in the accompanying financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

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 Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

Auditors’ Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, 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 auditors’ 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2024 and schedule of reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion —

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Whittlesey PC

Hartford, Connecticut
July 25, 2025

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash	\$ -	\$ 131,976
Accrued interest	48,077	38,081
Investments, at fair value	<u>19,957,577</u>	<u>17,833,813</u>
Total assets	<u>20,005,654</u>	<u>18,003,870</u>
 Net assets available for benefits	 <u><u>\$ 20,005,654</u></u>	 <u><u>\$ 18,003,870</u></u>

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

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Statements of Changes in
Net Assets Available for Benefits

For the years ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment income:		
Interest	\$ 252,675	\$ 273,266
Dividends	302,933	417,274
Net appreciation in fair value of investments	<u>1,494,409</u>	<u>618,890</u>
Total investment income	<u>2,050,017</u>	<u>1,309,430</u>
Sponsor contributions	656,275	700,429
Administrative and investment management fees	(48,233)	(56,617)
Premiums paid	<u>(656,275)</u>	<u>(700,429)</u>
Net increase	2,001,784	1,252,813
Net assets available for benefits, beginning of year	<u>18,003,870</u>	<u>16,751,057</u>
Net assets available for benefits, end of year	<u><u>\$ 20,005,654</u></u>	<u><u>\$ 18,003,870</u></u>

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

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Statements of Benefit Obligations

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Post-Retirement Benefit Obligations:		
Participants eligible for benefits:		
Current retirees	\$ 13,481,816	\$ 12,512,547
Other Participants fully eligible for benefits	2,860,870	2,308,954
Participants not yet fully eligible for benefits	<u>4,067,864</u>	<u>4,538,440</u>
 Total Plan Benefit Obligations	 <u><u>\$ 20,410,550</u></u>	 <u><u>\$ 19,359,941</u></u>

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

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Statements of Changes in Benefit Obligations

For the years ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable:		
Balance at beginning of year	\$ -	\$ -
Premiums incurred	(656,275)	(700,429)
Benefit premiums paid	<u>656,275</u>	<u>700,429</u>
Total current plan benefit obligations	<u>-</u>	<u>-</u>
Post-Retirement Benefit Obligations:		
Balance at beginning of year	19,359,941	20,540,318
Increase (decrease) during year attributed to:		
Service cost	613,453	517,572
Interest cost	941,126	903,715
Actuarial gain	451,426	(1,790,279)
Benefits paid	<u>(955,396)</u>	<u>(811,385)</u>
Total Plan Benefit Obligations, End of Year	<u><u>\$ 20,410,550</u></u>	<u><u>\$ 19,359,941</u></u>

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

CONNECTICUT EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Connecticut Education Association Health and Welfare Benefits Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General

The Plan provides health and other benefits covering substantially all active and retired employees of Connecticut Education Association (the “Sponsor”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, vision and dental), accidental death and dismemberment insurance, life insurance, and temporary and long-term disability insurance to employees of the Sponsor (who satisfy the eligibility requirements of the benefits program and comply with enrollment procedures) and to their spouses, domestic partners, and dependents. Retired employees are entitled to health and life insurance benefits. The Plan pays premiums to insurance companies for benefits coverage and the insurance companies are responsible for payment of all claims.

Contributions

The Sponsor’s policy is to meet the minimum ERISA funding requirements and pay premiums out of its operations. Current contributions to the Plan from the Sponsor are the result of the Sponsor’s decision to periodically fund the insurance trust to accumulate assets for future Plan benefits. The Sponsor made total contributions of \$656,275 and \$700,429 during the years ended June 30, 2024 and 2023, respectively, of which \$656,275 and \$700,429, respectively, was used to pay premiums.

Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided and to discontinue its contributions at any time. Upon termination, the assets of the Plan shall be retained in the Plan, and shall, at the direction of the Sponsor, be used for (a) the payment of benefits to Participants for claims arising prior to such termination, (b) the payment of reasonable and necessary expenses incurred in termination and thereafter, and (c) distribution for the benefit of participants until the assets have been exhausted. The Sponsor shall not have any beneficial interest in the Plan. The Plan shall remain in existence until all assets have been distributed.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES – (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment custodian. See note 5 for discussion of fair value measurements.

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

Use of Estimates

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

Payment of Benefits

Premiums paid by either the Sponsor or the trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Administrative Expenses

Personnel within the Sponsor perform various administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses, but are paid by the Sponsor. Expenses paid by the Plan consist of investment management fees. Investment related expenses are included in net appreciation /depreciation in fair value of investments.

Subsequent Events

The Plan has monitored and evaluated subsequent events for footnote disclosures or adjustments required in the financial statements for the year ended June 30, 2024 through July 25, 2025, the date on which financial statements were available to be issued.

NOTE 3 – ACTUARIAL PRESENT VALUE OF PLAN BENEFIT OBLIGATIONS

A postretirement benefit obligation has been recognized for retiree benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Sponsor and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service with the Company.

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

NOTE 3 – ACTUARIAL PRESENT VALUE OF PLAN BENEFIT OBLIGATIONS – (CONTINUED)

The following were significant assumptions used to determine the postretirement benefit obligations as of June 30, 2024 and 2023:

Rate of Return	7.00%
Discount Rate	5.25% as of June 30, 2024 and 5.00% as of June 30, 2023
Mortality	PRI-2012 w/ MP2021
Average Retirement Age Rates	Various rates ranging from 2% at age 55 to 100% at age 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of July 1, 2024. Had the valuation been performed as of June 30, 2024, there would be no material differences.

NOTE 4 – RELATED PARTIES AND PARTIES-IN-INTEREST TRANSACTIONS

Plan assets are managed by Comerica Bank and Trust N.A. (“Comerica”). Comerica also perform certain administrative advisory and recordkeeping services for the Plan. Comerica is the Custodian of the Plan’s assets therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and administrative services are included in the statements of changes in net assets available for benefits.

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”) *Accounting Standards Codification* (“ASC”) 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 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’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 5 – FAIR VALUE MEASUREMENTS – (CONTINUED)

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

Short term investments: Valued at the daily closing price as reported by the fund. The funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price, which approximates \$1. The funds held by the Plan are deemed to be actively traded.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange-traded funds/common stocks/corporate bonds/U.S. government bonds/real estate investments trusts/preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Municipal bonds/foreign bonds/U.S. government agency mortgage backed securities: Valued based on yields currently available on comparable securities of issuers with similar durations and credit ratings.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value:

	Investments at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	\$ 8,706,842	\$ -	\$ -	\$ 8,706,842
Common stocks	5,505,640	-	-	5,505,640
Short term investments	87,880	-	-	87,880
Corporate bonds	927,133	-	-	927,133
Exchange-traded funds	2,066,730	-	-	2,066,730
U.S. government bonds	1,428,887	-	-	1,428,887
Municipal bonds	-	836,552	-	836,552
Real estate investment trusts	195,981	-	-	195,981
Foreign bonds	-	58,752	-	58,752
Preferred stocks	91,320	-	-	91,320
U.S. government agency mortgage backed securities	-	51,860	-	51,860
Total investments at fair value	<u>\$ 19,010,413</u>	<u>\$ 947,164</u>	<u>\$ -</u>	<u>\$ 19,957,577</u>

NOTE 5 – FAIR VALUE MEASUREMENTS – (CONTINUED)

	Investments at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds)	\$ 8,312,820	\$ -	\$ -	\$ 8,312,820
Common stocks	4,788,823			4,788,823
Short term investments	494,164	-	-	494,164
Corporate bonds	1,020,274	-	-	1,020,274
Exchange-traded funds	681,272	-	-	681,272
U.S. government bonds	1,231,817	-	-	1,231,817
Municipal bonds	-	521,553	-	521,553
Real estate investment trusts	209,230	-	-	209,230
Foreign bonds	-	152,299	-	152,299
Preferred stocks	92,740	-	-	92,740
U.S. government agency mortgage backed securities	-	328,821	-	328,821
Total investments at fair value	<u>\$ 16,831,140</u>	<u>\$ 1,002,673</u>	<u>\$ -</u>	<u>\$ 17,833,813</u>

NOTE 6 – TAX STATUS OF PLAN

The trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has received a favorable tax determination letter from the Internal Revenue Service and the Plan Sponsor believes that the trust, as amended, continues to qualify and to operate as designed.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 8 – CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, including cash, accrued interest and investments at June 30, 2024 and 2023, and interest, dividends and net appreciation in fair value of investments for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Comerica.

SUPPLEMENTAL SCHEDULES

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

June 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Receivables:		
	ACCRUED INTEREST	\$ 48,077	\$ 48,077
	Investments, at fair value:		
	Short term investments:		
	DREYFUS GOVERNMENT CASH MANAGEMENT	57,760	57,760
	JANNEY ADVANTAGE INSURED SWEEP	30,119	30,120
		87,879	87,880
	US government bonds:		
	US TREASURY NOTE		
	INT: 4.250% MATY: 9/30/2024	246,720	249,313
	US TREASURY NOTE		
	INT: 2.375% MATY: 5/15/2029	91,172	91,320
	US TREASURY NOTE		
	INT: 2.375% MATY: 8/15/2024	96,770	99,621
	US TREASURY NOTE		
	INT: 0 % MATY:	187,962	188,570
	US TREASURY NOTE		
	INT: 02.875% MATY: 11/30/2025	191,688	194,438
	US TREASURY NOTE		
	INT: 0 % MATY:	307,020	305,859
	US TREASURY NOTE		
	INT: 05.00% MATY: 8/31/2020	300,082	299,766
		1,421,414	1,428,887
	Mortgage backed securities:		
	FEDERAL HOME MTG ASSN		
	INT: 06.250% MATY: 5/15/2029	34,266	33,500
	FEDERAL HOME LN MTG		
	INT: 04.000% MATY: 2/1/2046	1,303	1,278
	FEDERAL HOME LN MTG		
	INT: 04.000% MATY: 2/1/2041		
	FEDERAL HOME LN MTG	1,859	1,849
	INT: 03.000% MATY: 12/1/2046	15,617	15,233
		53,046	51,860

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Municipal bonds:			
	NEW YORK ST DORM AUTH INT: 04.192% MATY: 12/1/2026	\$ 147,206	\$ 147,913
	MICHIGAN ST UNIV REVS BDS INT: 04.496% MATY: 8/15/2048	113,021	114,478
	NEW HAMPSHIRE HEALTH & ED FACS INT: 03.609% MATY: 7/1/2035	86,625	86,346
	SEATTLE WASH LTD TAX GO INT: 03.750% MATY: 12/1/2036	90,164	89,194
	VIRGINIA ST RES AUTH INFRASTRU INT: 03.140% MATY: 11/1/2036	84,537	82,884
	COLORADO HSG & FIN AUTH INT: 05.922% MATY: 11/1/2031	152,715	157,247
	CONNECTICUT ST INT: 05.850% MATY: 03/15/2032	154,962	158,490
		<u>829,230</u>	<u>836,552</u>
Corporate bonds:			
	AMAZON COM INC INT: 04.550% MATY: 12/1/2027	74,529	74,443
	ORACLE CORP SR NT INT: 03.400% MATY: 7/8/2024	91,643	93,958
	US BANCORP MTNS BK ENT FR INT: 03.600% MATY: 9/11/2024	60,254	61,719
	TOYOTA MTR CR CORP FR INT: 04.450% MATY: 06/29/2029	73,544	73,544
	APPLE INC SR NT INT: 03.200% MATY: 5/11/2027	95,430	95,827
	UNITED PARCEL SERVICE INT: 04.450% MATY: 4/1/2030	74,708	73,477
	COMCAST CORP NEW SR NT INT: 04.150% MATY: 10/15/2028	96,888	96,809
	MCDONALDS CORP MED TERM NT FR INT: 03.800% MATY: 4/1/2028	95,822	96,023
	MICROSOFT CORP SR GLBL INT: 03.300% MATY: 2/6/2027	96,165	96,460
	VERIZON COMMUNICATIONS INC SR NT INT: 04.125% MATY: 3/16/2027	121,368	121,849
	ANHEUSER-BUSCH INBEV FIN INC GTD NT INT: 04.900% MATY: 2/1/2046	44,922	43,024
		<u>925,274</u>	<u>927,133</u>
Foreign bonds:			
	BP CAP MKTS PLC INT: 03.279% MATY: 9/19/2027	58,376	58,752
		<u>58,376</u>	<u>58,752</u>

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Preferred stocks: nonconvertible		
	NATIONAL RURAL UTILS COOP FIN	\$ 48,480	\$ 48,860
	PUBLIC STORAGE DEPOSITARY SHARES	44,260	42,460
		<u>92,740</u>	<u>91,320</u>
	Exchange-traded funds:		
	CAPITAL GROUP FIXED INCOME ETF	146,769	144,430
	ISHARES INC ETF CORE MSCI EMERGEING MARKETS	46,254	49,194
	JP MORGAN EXCHANGE TRADED FD 46641Q159		
	JP MORGAN EXCHANGE TRADED FD 46641Q167	79,633	86,697
	JP MORGAN EXCHANGE TRADED FD 46641Q266	57,332	61,614
	JP MORGAN EXCHANGE TRADED FD 46641Q761	32,092	36,853
	JP MORGAN EXCHANGE TRADED FD 46641Q373	149,639	158,393
	JP MORGAN EXCHANGE TRADED FD 46641Q340	11,638	12,411
	JP MORGAN EXCHANGE TRADED FD 46641Q399	403,644	473,331
	JP MORGAN EXCHANGE TRADED FD 46641Q134	74,421	74,244
	JP MORGAN EXCHANGE TRADED FD 46654Q740	119,673	123,639
	NEW ECONOMY FD CL R-6	616,120	717,049
	JP MORGAN INFLATION MANAGED BOND	67,656	86,047
	VANGUARD DIVIDEND APPRECIATION ETF	22,173	24,462
	VANGUARD INT HIGH YLD IN	17,345	18,366
		<u>1,844,389</u>	<u>2,066,730</u>
	Registered investment companies (mutual funds):		
	AMERICAN BOND FUND OF AMERICA	1,444,520	1,423,839
	AMCAP FD INC - R6	1,264,366	1,406,034
	AMERICAN GROWTH FUND OF AMERICA-R6	1,555,151	1,835,896
	AMERICAN FUNDAMENTAL INVST	1,255,231	1,425,385
	SMALLCAP WORLD FD INC - R6	933,016	973,590
	AMERICAN FDS STRATEGIC BD FD CL R-6	1,139,457	1,105,880
	VANGUARD ADMIRAL FDS INC MMF-INV	536,218	536,218
		<u>8,127,959</u>	<u>8,706,842</u>
	Real Estate Investment Trusts:		
	REALTY INCOME CORP REIT		
	PROLOGIS INC	210,565	195,981
		<u>210,565</u>	<u>195,981</u>

CONNECTICUT EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Common stocks:			
	3M CO		
	ABBOTT LABS	\$ 50,342	\$ 47,903
	ABBVIE INC	48,180	50,941
	AFLAC INC	44,959	53,675
	AIR PRODUCTS & CHEMICAL INC	61,306	54,965
	ALBEMARLE CORP	73,141	38,399
	APPLE INC	183,366	197,983
	ARCHER DANIELS MIDLAND CO	58,699	48,602
	ATMOS ENERGY CORP	51,145	51,326
	AUTOMATIC DATA PROCESSING INC	46,135	49,886
	AMCOR PLC	171	166
	BECTON DICKINSON & CO	52,318	49,079
	BROADCOM INC	115,368	213,535
	BROWN & BROWN INC	41,460	53,735
	CARDINAL HEALTH INC	44,646	46,014
	CATERPILLAR INC	36,662	50,964
	CHEVRON CORPORATION	48,836	49,742
	CHUBB LTD	39,090	51,781
	C H ROBINSON WORLDWIDE INC	57,496	62,389
	CINCINNATI FINANCIAL CORP	41,069	49,838
	COMCAST CORP CL A	206,962	198,933
	CHURCH & DWIGHT INC	51,156	52,047
	CISCO SYS INC	325,691	304,824
	COCA COLA CO	51,890	54,930
	COLGATE PALMOLIVE CO	44,844	56,477
	CVS/CAREMARK CORP	35,118	30,002
	DOVER CORP	42,819	52,331
	ECOLAB INC	37,549	53,550
	EMERSON ELECTRIC	42,567	51,445
	EXXON MOBIL CORPORATION	44,962	48,811
	FEDERAL REALTY OP LP SH BEN INT	49,327	51,293
	FRANKLIN RES INCE	57,431	48,947
	GENERAL DYNAMICS CORP	37,743	50,484
	GENUINE PARTS CO	55,383	46,890
	IBM CORP	40,689	51,366
	INTERNATIONAL FLAVORS	163,173	190,801
	JM SMUCKER COMPANY	54,776	47,650
	JOHNSON & JOHNSON	52,351	48,964
	JP MORGAN CHASE & CO	145,585	202,462
	KENVUE INC COM	50,140	46,214
	LINDE PLC SHS	42,424	48,708
	Lowes Companies Inc. Cos Inc	52,198	51,147
	MCCORMICK & CO	56,963	47,672

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Common stocks (continued):			
	MCDONALDS CORP	\$ 56,330	\$ 48,929
	MEDTRONIC PLC	260,751	235,500
	MERCK & CO INC	169,296	182,729
	METLIFE INC	164,967	197,866
	MICROSOFT CORP	67,086	88,049
	NEXTERA ENERGY INC	56,441	56,506
	NXP SEMICONDUCTORS NV	156,345	188,363
	PEPSICO INC	271,517	244,096
	PPG INDUSTRIES INDS INC	54,111	46,202
	PROCTOR & GAMBLE CO	49,780	54,094
	PNC FINL SVCS GROUP INC	174,323	201,347
	SOLVENTUM CORP COM	16	13
	S&P GLOBAL INC	47,623	52,628
	SHEWIN WILLIAM CO	45,848	51,032
	SMITH A O CORP	44,290	47,760
	STANLEY BLACK & DECKER INC	56,164	48,493
	SYSCO	47,996	47,689
	TAIWAN SEMICONDUCTOR SPON	118,581	204,227
	TARGET CORP	45,999	51,222
	T ROWE PRICE GROUP INC	50,680	50,160
	VISA INC CL A	52,246	57,743
	WAL-MART STORES INC	197,931	255,538
	WALGREENS BOOTS ALLIANCE INC	65,283	38,583
		<u>5,089,733</u>	<u>5,505,640</u>
	Total investments, at fair value	<u>18,740,604</u>	<u>19,957,577</u>
	Total assets	<u>\$ 18,788,680</u>	<u>\$ 20,005,654</u>

* Party-in-interest as determined by ERISA
This schedule was prepared based on information certified by the Custodian of the Plan.

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended June 30, 2024

<u>(a)</u>	<u>(b)</u>		<u>(c)</u>	<u>(d)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
Identity of <u>Party</u>	Description of Assets	Number of <u>Transactions</u>	Purchase <u>Price</u>	Selling <u>Price</u>	Cost of <u>Asset</u>	Current Value of Asset on Transaction <u>Date</u>	Net Gain/ <u>(Loss)</u>
<u>Category (i) -- single transaction in excess of 5 percent of plan assets</u>							
American	Amcap Fd Inc - R6	1	\$ 1,238,577	\$ -	\$ 1,238,577	\$ 1,238,577	\$ -
Capital World	Growth & Income CI R-6	1	-	1,126,247	1,077,092	1,126,247	49,155
American	Fundamental Invst	1	1,238,577	-	1,238,577	1,238,577	-
American	Growth Fund Of America R6	1	1,172,404	-	1,172,404	1,172,404	-
Coamerica	Investment Co Amer CI R-6	1	-	1,129,233	1,063,172	1,129,233	66,061
<u>Category (iii) -- series of transactions in excess of 5 percent of plan assets</u>							
Janney	Advantage Insured Sweep	224	\$ 1,873,841	\$ 935,466	\$ 2,809,307	\$ 2,809,307	\$ -
American	Amcap Fd Inc - R6	2	1,238,577	25,789	1,264,366	1,264,366	-
American	Growth & Income CI R-6	4	1,205,338	71,753	1,277,091	1,277,683	592
American	Fundamental Invst	4	1,255,231	-	1,255,231	1,255,231	-
Capital World	Growth & Income CI R-6	5	31,621	1,209,540	1,189,556	1,241,161	51,605
Coamerica	Investment Co Amer CI R-6	5	55,696	1,288,888	1,272,100	1,344,584	72,484
Vanguard	Admiral Fds Inc	31	1,142,805	725,309	1,868,114	1,868,114	-
<u>Category (iv) -- series of transactions with a single person in excess of 5 percent of plan assets</u>							
Custody Free Alliance Broker Firm	Various	882	\$ 4,896,294	\$ 13,478,950	\$ 18,214,401	\$ 18,375,244	\$ 160,843
Legent Clearing	Various	11	1,148	3,723,690	3,471,821	3,724,838	253,017

There were no category (ii) reportable transactions during fiscal year 2024.

The above information was prepared based on information certified by the Custodian of the Plan.

Headquarters

280 Trumbull Street, 24th Floor
Hartford, CT 06103
860.522.3111

One Hamden Center
2319 Whitney Avenue, Suite 2A
Hamden, CT 06518
203.397.2525

14 Bobala Road, 3rd Floor
Holyoke, MA 01040
413.536.3970

WAdvising.com

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

June 30, 2024

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HEALTH AND WELFARE BENEFITS PLAN**

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Schedule of Assets (Held at End of Year) (Continued)

June 30, 2024

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CONNECTICUT EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS PLAN

Plan Number 502, EIN #06-0666277
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June 30, 2024

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	CVS/CAREMARK CORP	35,118	30,002
	DOVER CORP	42,819	52,331
	ECOLAB INC	37,549	53,550
	EMERSON ELECTRIC	42,567	51,445
	EXXON MOBIL CORPORATION	44,962	48,811
	FEDERAL REALTY OP LP SH BEN INT	49,327	51,293
	FRANKLIN RES INCE	57,431	48,947
	GENERAL DYNAMICS CORP	37,743	50,484
	GENUINE PARTS CO	55,383	46,890
	IBM CORP	40,689	51,366
	INTERNATIONAL FLAVORS	163,173	190,801
	JM SMUCKER COMPANY	54,776	47,650
	JOHNSON & JOHNSON	52,351	48,964
	JP MORGAN CHASE & CO	145,585	202,462
	KENVUE INC COM	50,140	46,214
	LINDE PLC SHS	42,424	48,708
	Lowes Companies Inc. Cos Inc	52,198	51,147
	MCCORMICK & CO	56,963	47,672

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party & (c) description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Common stocks (continued):			
	MCDONALDS CORP	\$ 56,330	\$ 48,929
	MEDTRONIC PLC	260,751	235,500
	MERCK & CO INC	169,296	182,729
	METLIFE INC	164,967	197,866
	MICROSOFT CORP	67,086	88,049
	NEXTERA ENERGY INC	56,441	56,506
	NXP SEMICONDUCTORS NV	156,345	188,363
	PEPSICO INC	271,517	244,096
	PPG INDUSTRIES INDS INC	54,111	46,202
	PROCTOR & GAMBLE CO	49,780	54,094
	PNC FINL SVCS GROUP INC	174,323	201,347
	SOLVENTUM CORP COM	16	13
	S&P GLOBAL INC	47,623	52,628
	SHEWIN WILLIAM CO	45,848	51,032
	SMITH A O CORP	44,290	47,760
	STANLEY BLACK & DECKER INC	56,164	48,493
	SYSCO	47,996	47,689
	TAIWAN SEMICONDUCTOR SPON	118,581	204,227
	TARGET CORP	45,999	51,222
	T ROWE PRICE GROUP INC	50,680	50,160
	VISA INC CL A	52,246	57,743
	WAL-MART STORES INC	197,931	255,538
	WALGREENS BOOTS ALLIANCE INC	65,283	38,583
		<u>5,089,733</u>	<u>5,505,640</u>
	Total investments, at fair value	<u>18,740,604</u>	<u>19,957,577</u>
	Total assets	<u>\$ 18,788,680</u>	<u>\$ 20,005,654</u>

* Party-in-interest as determined by ERISA
This schedule was prepared based on information certified by the Custodian of the Plan.

**CONNECTICUT EDUCATION ASSOCIATION
HEALTH AND WELFARE BENEFITS PLAN**

Plan Number 502, EIN #06-0666277
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended June 30, 2024

<u>(a)</u>	<u>(b)</u>		<u>(c)</u>	<u>(d)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
Identity of <u>Party</u>	Description of Assets	Number of <u>Transactions</u>	Purchase <u>Price</u>	Selling <u>Price</u>	Cost of <u>Asset</u>	Current Value of Asset on Transaction <u>Date</u>	Net Gain/ <u>(Loss)</u>
<u>Category (i) -- single transaction in excess of 5 percent of plan assets</u>							
American	Amcap Fd Inc - R6	1	\$ 1,238,577	\$ -	\$ 1,238,577	\$ 1,238,577	\$ -
Capital World	Growth & Income Cl R-6	1	-	1,126,247	1,077,092	1,126,247	49,155
American	Fundamental Invst	1	1,238,577	-	1,238,577	1,238,577	-
American	Growth Fund Of America R6	1	1,172,404	-	1,172,404	1,172,404	-
Coamerica	Investment Co Amer Cl R-6	1	-	1,129,233	1,063,172	1,129,233	66,061
<u>Category (iii) -- series of transactions in excess of 5 percent of plan assets</u>							
Janney	Advantage Insured Sweep	224	\$ 1,873,841	\$ 935,466	\$ 2,809,307	\$ 2,809,307	\$ -
American	Amcap Fd Inc - R6	2	1,238,577	25,789	1,264,366	1,264,366	-
American	Growth & Income Cl R-6	4	1,205,338	71,753	1,277,091	1,277,683	592
American	Fundamental Invst	4	1,255,231	-	1,255,231	1,255,231	-
Capital World	Growth & Income Cl R-6	5	31,621	1,209,540	1,189,556	1,241,161	51,605
Coamerica	Investment Co Amer Cl R-6	5	55,696	1,288,888	1,272,100	1,344,584	72,484
Vanguard	Admiral Fds Inc	31	1,142,805	725,309	1,868,114	1,868,114	-
<u>Category (iv) -- series of transactions with a single person in excess of 5 percent of plan assets</u>							
Custody Free Alliance Broker Firm	Various	882	\$ 4,896,294	\$ 13,478,950	\$ 18,214,401	\$ 18,375,244	\$ 160,843
Legent Clearing	Various	11	1,148	3,723,690	3,471,821	3,724,838	253,017

There were no category (ii) reportable transactions during fiscal year 2024.

The above information was prepared based on information certified by the Custodian of the Plan.