

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
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: IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/25/1950
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND
2b Employer Identification Number (EIN): 36-2153764
2c Plan Sponsor's telephone number: 773-254-2500
2d Business code (see instructions): 484120

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 08/15/2025, MICHAEL CALES; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 08/15/2025, SAMUEL PILGER; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1700
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)	1558
	6a(2)	1499
	6b	158
	6c	
	6d	1657
	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	30

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<p>A Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-2153764</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BCS 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
36-6033921	38245	ESL-30369	1676	02/01/2024	01/31/2025

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

<p>(a) Total amount of commissions paid 39140</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FABRICANT & FABRICANT **1251 OLD NORTHERN BLVD**
ROSLYN, NY 11576

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19570			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ECONOMIC PLANNING GROUP **570 LEXINGTON AVE, STE 1600**
NEW YORK, NY 10022

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19570			3

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
	(5) Total deductions			
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	489241
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<p>A Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-2153764</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD

(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
36-1236610	70670	014408	1639	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(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. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
	(5) Total deductions			
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)	22758237	
(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)		22758237
b Benefit charges (1) Claims paid	9b(1)	21621298	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		21621298
(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)	1136938	
(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)		1136938
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 36-2153764

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) 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
20-0891619	12516	30022234	1624	02/01/2024	01/31/2025

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

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

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

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

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

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

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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.

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. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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)	155748	
(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)		155748
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)		139492
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)	16256	
(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)		16256
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<p>A Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-2153764</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	760818	1509	02/01/2024	01/31/2025

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

<p>(a) Total amount of commissions paid 73848</p>	<p>(b) Total amount of fees paid 0</p>
--	---

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
FABRICANT & FABRICANT INC **1251 OLD NORTHERN BLVD**
ROSLYN, NY 15576

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24616			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC **669 RIVER DRIVE, SUITE 305**
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24616			3

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

THE ECONOMIC PLANNING GROUP INC

570 LEXINGTON AVENUE SUITE 160
NEW YORK, NY 10022

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24616			3

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

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

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

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

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

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

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

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

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. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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)	491794	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	-36131	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		455663
b	Benefit charges (1) Claims paid	9b(1)	171500	
	(2) Increase (decrease) in claim reserves	9b(2)	736	
	(3) Incurred claims (add (1) and (2))	9b(3)		172236
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	73847	
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)	600	
	(D) Other expenses	9c(1)(D)	47675	
	(E) Taxes	9c(1)(E)	2270	
	(F) Charges for risks or other contingencies	9c(1)(F)	36021	
	(G) Other retention charges	9c(1)(G)	123013	
	(H) Total retention	9c(1)(H)		283426
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		126619
	(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	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 36-2153764	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP **455 DEVON PARK**
WAYNE, PA 19087

(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)

SAV RX

86-1323040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	203065	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	148343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED ACTUARIAL SERVICES, INC

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	135437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WOTRING LAW LLC

618 OVERLEA ROAD
BETHESDA, MD 20816

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	133653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIG WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	116693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STACEY VAVOULEAS

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SDP PROFESSIONAL SERVICES LLC

93-1659967

(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?
25	TRUSTEE	96081	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL O'MALLEY

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 14	ADMINISTRATOR	94539	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	89127	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NATIONAL INVESTMENT SERVICES OF AME

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	88124	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARGARET SUMRALL

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATIE MCINERNEY

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALLISON STEFFENHAGEN

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAUREEN STEFFENHAGEN

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	52311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	51340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SARA POWER

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40342	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOYCE A CAMARILLO

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIVIAN JANECZKO

36-2153764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39701	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LASALLE CONSULTING PARTNERS

36-4030449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	30661	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JODY CONNOLLY

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SOMMERS & FARENBACH

36-1796440

(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?
36	NONE	16922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GUARDIAN LIFE INSURANCE COMPANY

605 E. HOLLAND AVENUE
SPOKANE, WA 99218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL HOYER, LLC

92-3558444

(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?
25	TRUSTEE	13991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FABRICANT & FABRICANT INC.

81-5191759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 62 72	NONE	10000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FAIR HEALTH, INC.

90-0524294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9684	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GARY CALDWELL

36-2153764

(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?
25	TRUSTEE	7946	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FAULKNER, HOFFMAN & PHILLIPS LLC

20445 EMERALD RKWY 210
CLEVELAND, OH 44135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5188	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC.	22	3857
(d) Enter name and EIN (address) of source of indirect compensation MARKEL AMERICAN 54-1398877	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2 FABRICANT & FABRICANT INC.	(b) Service Codes (see instructions) 22	(c) Enter amount of indirect compensation 360
(d) Enter name and EIN (address) of source of indirect compensation GREAT AMERICAN 15-6020948	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2 FABRICANT & FABRICANT INC.	(b) Service Codes (see instructions) 22	(c) Enter amount of indirect compensation 6542
(d) Enter name and EIN (address) of source of indirect compensation PALOMAR EXPRESS 13-1942233	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INSURANCE COMMISSION	

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
FABRICANT & FABRICANT INC.	22	171
(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.	
FIDELITY & DEPOSIT CO 13-3046577	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC.	22	1826
(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.	
HUDSON INS. CO. 13-5150451	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC.	22	221
(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.	
SECURITY NATIONAL 75-6020448	INSURANCE COMMISSION	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

A Name of plan <u>IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND</u>	D Employer Identification Number (EIN) <u>36-2153764</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT SHORT DURATION FIXED INCOME TR</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u>		
c EIN-PN <u>20-8080381-031</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53653148</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 36-2153764

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5031265	1743596
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3094400	3075546
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	992318	1320640
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8377677	17044978
(2) U.S. Government securities	1c(2)	15163053	16899764
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8868283	10062145
(B) All other	1c(3)(B)	8560209	9261282
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	46926	46926
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	50850095	53653148
(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)	41480737	51901515
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1863223	2140953

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	20477	17146
f Total assets (add all amounts in lines 1a through 1e).....	1f	144348663	167167639
Liabilities			
g Benefit claims payable.....	1g	5187000	5003000
h Operating payables.....	1h	120266	147908
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	825506	614049
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6132772	5764957
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	138215891	161402682

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)	39876752	
(B) Participants.....	2a(1)(B)	1392799	
(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)		41269551
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	446516	
(B) U.S. Government securities.....	2b(1)(B)	618469	
(C) Corporate debt instruments.....	2b(1)(C)	845279	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	90292	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2000556
(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)	606124	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		606124
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	29110079	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	29050413	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		59666
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-460477	
(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)		2854967
(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)		9814654
c Other income	2c		464260
d Total income. Add all income amounts in column (b) and enter total	2d		56609301

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28848307	
(2) To insurance carriers for the provision of benefits	2e(2)	2095746	
(3) Other	2e(3)	12264	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		30956317
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)	1039897	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	7127	
(4) IQPA audit fees	2i(4)	82000	
(5) Investment advisory and investment management fees	2i(5)	164464	
(6) Bank or trust company trustee/custodial fees	2i(6)	10000	
(7) Actuarial fees	2i(7)	135437	
(8) Legal fees	2i(8)	253911	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	137002	
(11) Other expenses	2i(11)	636355	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2466193
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33422510

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23186791
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS
UNION LOCAL NO. 710 HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS

JANUARY 31, 2024






**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED JANUARY 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
International Brotherhood of Teamsters Union
Local No. 710 Health and Welfare Fund
Mokena, Illinois

Opinion

We have audited the accompanying financial statements of International Brotherhood of Teamsters Union Local No. 710 Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of January 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of January 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefits obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.


Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Brotherhood of Teamsters Union Local No. 710 Health and Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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





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


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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Calibre CPA Group, PLLC

Chicago, IL
July 15, 2024



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANUARY 31, 2024 AND 2023

	2024	2023
Assets		
Assets		
Investments - at fair value		
U.S. Government and municipal obligations	\$ 16,639,676	\$ 16,518,158
Corporate obligations	17,097,566	16,213,825
Corporate obligations on loan to third parties	377,852	268,082
Registered investment companies	41,480,737	35,705,856
Common collective trusts	50,850,095	40,260,866
Cash equivalents	<u>8,377,677</u>	<u>5,932,217</u>
	134,823,603	114,899,004
Invested cash collateral held for securities on loan	<u>386,600</u>	<u>274,200</u>
Total investments	<u>135,210,203</u>	<u>115,173,204</u>
Cash	<u>5,031,265</u>	<u>8,739,767</u>
Receivables		
Participating employers' contributions	3,094,400	3,916,411
Accrued interest and dividends	259,567	194,773
Due from related fund	17,897	-
Other	<u>640,573</u>	<u>681,584</u>
Total receivables	<u>4,012,437</u>	<u>4,792,768</u>
Property and equipment - net	<u>20,477</u>	<u>23,758</u>
Prepaid expenses	<u>74,281</u>	<u>63,575</u>
Total assets	<u>144,348,663</u>	<u>128,793,072</u>

See accompanying notes to financial statements.



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

JANUARY 31, 2024 AND 2023

	2024	2023
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 120,266	\$ 76,376
Liability for loss on securities lending collateral	252,076	252,076
Obligation to return cash collateral held for securities on loan	386,600	274,200
Due to related fund	-	9,672
Due to broker - net	186,830	1,118
Total liabilities	945,772	613,442
Net assets available for benefits	\$ 143,402,891	\$ 128,179,630

See accompanying notes to financial statements.



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JANUARY 31, 2024 AND 2023

	2024	2023
Additions		
Contributions		
Employer contributions	\$ 43,703,444	\$ 49,493,195
COBRA subsidy	-	28,563
Participant contributions	339,534	348,755
Retiree contributions	540,000	117,000
Contributions - net	44,582,978	49,987,513
Investment income		
Net appreciation (depreciation) in fair value of investments	7,546,069	(7,602,426)
Interest and dividends	2,038,421	1,526,764
	9,584,490	(6,075,662)
Less: investment expenses	(164,899)	(151,284)
Investment income (loss) - net	9,419,591	(6,226,946)
Other	445,596	117,770
Total additions	54,448,165	43,878,337
Deductions		
Benefit costs		
Medical claims expense	28,678,907	30,615,821
Prescription benefits	5,867,112	6,383,210
Group insurance premiums	566,547	584,628
Vision benefits and fees	206,788	202,764
Dental fees	20,288	21,425
BlueCross BlueShield fees	1,330,857	216,487
Stop loss insurance premiums	646,743	645,874
Less: stop loss recoveries	(231,423)	-
PCORI 720 excise tax	11,576	12,236
Total benefit costs	37,097,395	38,682,445
Administrative expenses	2,127,509	1,921,609
Total deductions	39,224,904	40,604,054
Net change	15,223,261	3,274,283
Net assets available for benefits		
Beginning of year	128,179,630	124,905,347
End of year	\$ 143,402,891	\$ 128,179,630

See accompanying notes to financial statements.



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

JANUARY 31, 2024 AND 2023

	2024	2023
Amounts currently payable		
Claims and other benefit costs payable and claims incurred but not reported	\$ 5,147,993	\$ 7,141,829
Premiums due to insurers	39,007	51,171
Total amounts currently payable	5,187,000	7,193,000
 Postretirement benefit obligations, net of amounts currently payable		
Retired participants and beneficiaries	6,821,200	1,011,168
Other participants fully eligible for benefits	15,979,834	20,572,078
Participants not yet fully eligible for benefits	13,483,260	5,636,912
Total postretirement benefit obligations	36,284,294	27,220,158
 Total benefit obligations	\$ 41,471,294	\$ 34,413,158

See accompanying notes to financial statements.



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JANUARY 31, 2024 AND 2023

	2024	2023
Amounts currently payable		
Balance at beginning of year	\$ 7,193,000	\$ 7,019,000
Claims, premiums and other benefit costs incurred	35,091,395	38,856,445
Claims, premiums and other benefit costs paid	<u>(37,097,395)</u>	<u>(38,682,445)</u>
Balance at end of year	<u>5,187,000</u>	<u>7,193,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	27,220,158	39,302,768
Increase (decrease) during the year attributable to		
Plan amendments	18,972,007	-
Changes in actuarial assumptions	61,117	(2,758,117)
Benefits earned and other changes	(9,956,860)	(9,898,965)
Interest	1,292,958	1,179,083
Benefits paid during the year	<u>(1,305,086)</u>	<u>(604,611)</u>
Balance at end of year	<u>36,284,294</u>	<u>27,220,158</u>
 Total benefit obligations	 <u>\$ 41,471,294</u>	 <u>\$ 34,413,158</u>

See accompanying notes to financial statements.



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JANUARY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

International Brotherhood of Teamsters Union Local No. 710 Health and Welfare Fund (the Plan) was established during 1950 as the result of collective bargaining agreements to provide welfare benefits for eligible employees and their dependents. The current plan provides health care, death, disability, prescription drug, dental and vision benefits.

To become eligible for benefits, an employee must be employed by a contributing employer or employers, working within the jurisdiction of Local Union No. 710, and must complete eight consecutive weeks of employment during which time the employee must be credited with contributions on the employee's behalf. Initial eligibility commences on the first Sunday of the week following the eight consecutive weeks of contributions.

The Plan has a preferred provider organization (PPO) agreement with BlueCross BlueShield of Illinois (BCBS). The agreement provides for negotiated rate savings. BCBS discounts are available to all participants who elect to receive medical services at a BCBS service provider. Continuation of health care benefits to persons, who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), was adopted by the Plan.

Eligibility terminates upon termination of the Plan, or on the date of expiration of the period for which the last contribution payment is made on an employee's behalf, whichever comes first.

Participants should refer to the Summary Plan Description and recent plan amendments for more complete information.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized as incurred.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions Receivable – The Plan estimates amounts receivable from reporting employers at year-end based upon amounts collected subsequent to year-end. The Plan considers the receivables to be fully collectible; accordingly, no allowance for doubtful receivables is required. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits is recognized when received.

Investment Valuation and Income Recognition - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

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

Cash and cash equivalents held by custodians for investment purposes are reported as investments.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over the following estimated useful lives of the related assets.

Office furniture and equipment	5 years
Computer equipment	5 years
Computer software	5 years

Benefit Obligations - The Plan's actuarial consultant has calculated the estimated obligation for health benefits payable, claims incurred but not reported, postemployment and postretirement benefit obligations. These calculations were made based on participant data, claims cost, percentage factors, employment studies, retiree history, retiree contribution rates and other data as considered necessary. Actual amounts could differ from those estimates.

Stop-Loss Insurance - The Plan has obtained an insurance policy for stop-loss protection for medical and prescription benefits. Under the terms of the policy, individual participant claims expenses in excess of \$800,000 per year are reimbursed to the Plan by the insurance company.

Subrogation Income - Claims that are reimbursed pursuant to subrogation matters are recognized upon settlement. Subrogation matters involve third parties considered responsible for claims paid by the Plan for which the Plan seeks reimbursement.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Prescription Drug Rebates - The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned and netted against prescription benefits in the accompanying statements of changes in net assets available for benefits. Refunds due as of the financial statements date have been reported as a receivable.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Administrative Expenses - The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in investment income (loss) - net, presented in the accompanying statements of changes in net assets available for benefits.

New Accounting Pronouncement Adopted - During the year ended January 31, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions receivable due from employers. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

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

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (the Trustees) to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.



NOTE 4. TAX STATUS

The Plan obtained its latest exemption letter dated February 2003 in which the Internal Revenue Service (IRS) stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the fiscal year ended January 31, 2021.

NOTE 5. FUNDING POLICY

The Plan is financed by employer contributions, contributions from retirees and from members electing COBRA coverage. Weekly employer contribution rates as specified in the collective bargaining agreements ranged from \$437 to \$523 during the last two years. Retiree contributions are allowed to maintain health and welfare benefits for retired participants. The monthly retiree contribution rates during the last two years were \$450. There is no premium required for Medicare-eligible retirees for the period February 1, 2021 through January 31, 2024. The monthly member contribution rates for COBRA coverage during the last two years ranged from \$1,480 to \$2,360.

NOTE 6. CASH CONCENTRATIONS

The Plan maintains its cash balances with financial institutions deemed to be creditworthy. Balances are insured by Federal Deposit Insurance Corporation (FDIC) up to \$250,000. As of January 31, 2024, the cash balances exceeded FDIC limits by approximately \$4,617,000. The Plan has not experienced any losses in its cash balances and does not believe that it is subject to any credit risk.

NOTE 7. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described on the next page:



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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 other significant observable inputs including:

- 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The tables on the next page set forth by level, within the fair value hierarchy, the Plan's investment assets and liabilities at fair value as of January 31, 2024 and 2023. At January 31, 2024 and 2023, the Plan did not have any investment assets or liabilities at fair value classified within Level 3.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value Measurements at 1/31/24 Using			
	Total	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Assets</u>				
U.S. Government and municipal obligations	\$ 16,639,676	\$ 9,459,628	\$ 7,180,048	\$ -
Corporate obligations	17,475,418	-	17,475,418	-
Registered investment companies	41,480,737	41,480,737	-	-
Cash equivalents	8,377,677	-	8,377,677	-
Collateral held for securities on loan	<u>386,600</u>	<u>-</u>	<u>386,600</u>	<u>-</u>
Total	84,360,108	<u>\$ 50,940,365</u>	<u>\$ 33,419,743</u>	<u>\$ -</u>
Investments measured at net asset value*	<u>50,850,095</u>			
Total assets at fair value	<u>\$ 135,210,203</u>			
<u>Liabilities</u>				
Obligation to return cash collateral held for securities on loan	<u>\$ (386,600)</u>	<u>\$ -</u>	<u>\$ (386,600)</u>	<u>\$ -</u>

	Fair Value Measurements at 1/31/23 Using			
	Total	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Assets</u>				
U.S. Government and municipal obligations	\$ 16,518,158	\$ 9,493,003	\$ 7,025,155	\$ -
Corporate obligations	16,481,907	-	16,481,907	-
Registered investment companies	35,705,856	35,705,856	-	-
Cash equivalents	5,932,217	-	5,932,217	-
Collateral held for securities on loan	<u>274,200</u>	<u>-</u>	<u>274,200</u>	<u>-</u>
Total assets	74,912,338	<u>\$ 45,198,859</u>	<u>\$ 29,713,479</u>	<u>\$ -</u>
Investments measured at net asset value*	<u>40,260,866</u>			
Total assets at fair value	<u>\$ 115,173,204</u>			
<u>Liabilities</u>				
Obligation to return cash collateral held for securities on loan	<u>\$ (274,200)</u>	<u>\$ -</u>	<u>\$ (274,200)</u>	<u>\$ -</u>

*In accordance with Accounting Standards Codification, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts represented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following are descriptions of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in methodologies used at January 31, 2024 and 2023.

U.S. Treasury securities and registered investment companies: Traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

U.S. Government Agency, municipal, and corporate obligations: Generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Other securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Common collective trusts: Valued at the net asset value (NAV) per share, without further adjustment, by reference to underlying assets. All report with the Department of Labor as direct filing entities.

Cash equivalents, collateral held for securities on loan and the obligation to return cash collateral held for securities on loan: Valued at cost which approximates their fair value.

NOTE 8. FAIR VALUE MEASUREMENTS OF INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

NOTE 8. FAIR VALUE MEASUREMENTS OF INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT) (CONTINUED)

The following tables summarize investments measured at fair value based on NAV per share as of January 31, 2024 and 2023:

January 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 50,850,095	None	Daily	Upon written notice

January 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 40,260,866	None	Daily	Upon written notice

NOTE 9. SECURITIES LENDING

The Trustees entered into an agreement with the Plan's primary custodial bank, authorizing the bank to lend securities held by the Plan to third parties. The bank must obtain collateral from the borrower in the form of cash, securities or any substituted collateral as defined by the securities lending agreement. Both the collateral and the securities loaned are marked to market on a daily basis so that all loaned securities are fully collateralized at all times. If at the close of any business day, the market values of the collateral are less than the margin amount of all outstanding loaned securities, the borrower shall transfer additional collateral no later than the close of the next business day, so that when added to the market value of the other collateral, the adjusted collateral shall equal the margin amount. In the event that the bank receives notice of a default, it shall notify the Plan as soon as reasonably practicable. In addition, the bank may at its discretion exercise any rights or remedies given the lender under the securities lending agreement, specifically including, but not limited to, the purchase of a like amount security identical to the loaned security in the principal market for such securities in a commercially reasonable manner, in accordance with the provisions of the securities lending agreement.

The Plan and the bank each receive a percentage of the net revenue derived from securities lending activities. The Plan's share of securities lending income reported during the years ended January 31, 2024 and 2023 was \$-0- for both years.

Although the Plan's securities lending activities are collateralized as described above, they involve market, credit, and investment risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts. Investment risk refers to the possibility that the collateral invested by the agent may subsequently decline in value due to market liquidity, default by the issuer or other similar credit risk.



NOTE 9. SECURITIES LENDING (CONTINUED)

During the year ended January 31, 2009, there was a significant decline in the value of one of the securities held in the Plan's collateral pool. As a result, a shortage of approximately \$430,500 in the collateral pool was allocated to the Plan as of January 31, 2009. The Plan entered into an agreement with the custodial bank to offset the collateral pool shortage with securities lending earnings until the collateral pool is restored to the proper level. In addition, the custodial bank paid the Plan \$13,591 net of legal fees in final settlement of any claims. The shortage as of January 31, 2024 and 2023 is \$252,076 and is reported as a liability of the Plan.

At January 31, 2024 and 2023, the market value of loaned securities was \$377,852 and \$268,082, respectively, while the cash collateral held was \$386,600 and \$274,200, respectively. In accordance with U.S. generally accepted accounting principles, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 10. PROPERTY AND EQUIPMENT

Property and equipment at January 31, 2024 and 2023 consisted of the following:

	2024	2023
Office furniture and equipment	\$ 135,791	\$ 135,001
Computer equipment	45,250	40,659
Computer software	364,751	364,751
Leasehold improvements	123,441	123,441
Total	669,233	663,852
Less: accumulated depreciation and amortization	(648,756)	(640,094)
Net property and equipment	<u>\$ 20,477</u>	<u>\$ 23,758</u>

Depreciation and amortization expense was \$8,663 and \$9,668 for the years ended January 31, 2024 and 2023, respectively.

NOTE 11. RELATED ORGANIZATIONS

Identification of Related Organizations

The Plan has three related tax-exempt organizations:

- International Brotherhood of Teamsters Union Local 710 Pension Fund;
- International Brotherhood of Teamsters Local Union No. 710; and
- Mokena 191/88, LLC



NOTE 11. RELATED ORGANIZATIONS (CONTINUED)

The Trustees of the Plan serve as trustees of the International Brotherhood of Teamsters Union Local No. 710 Pension Fund. Throughout the fiscal years ending January 31, 2024 and 2023, certain Trustees of the Plan also serve as officers of International Brotherhood of Teamsters Local Union No. 710 and as manager of Mokena 191/88, LLC.

Common Administrative Expenses

The Plan has common Trustees and shares office facilities and staff with International Brotherhood of Teamsters Union Local No. 710 Pension Fund (the Pension Fund). The majority of common administrative expenses of the combined facility are paid initially by the Plan and allocated annually on the basis of space and staff utilized. During each of the years ended January 31, 2024 and 2023, the Plan received estimated payments of \$652,000 and \$663,000, respectively, from the Pension Fund for common administrative expenses.

At January 31, 2024 and 2023, the Plan was owed \$17,897 from the Pension Fund and \$9,672 to the Pension Fund, respectively, for common administrative expenses. These amounts were settled after their respective year ends.

Office Lease

The Plan leases office space and facilities in Mokena, Illinois, from the Mokena 191/88, LLC. The lease was re-negotiated and expires on September 30, 2028. Current rental payments required under the terms of the agreement are \$3,905/month. The Plan's rental expense for the operating lease was \$45,961 and \$44,616 for the years ended January 31, 2024 and 2023, respectively.

The lease also requires payment for common area maintenance, real estate taxes and insurance.

The future minimum lease payments under the terms of the lease are due as follows:

Year ending January 31,	
2025	\$ 48,830
2026	50,280
2027	51,776
2028	53,318
2029	<u>36,246</u>
Total	<u>\$ 240,450</u>

These transactions are party in interest transactions under ERISA.



NOTE 12. POSTRETIREMENT AND POSTEMPLOYMENT BENEFIT OBLIGATIONS

The amount reported as the postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to January 31, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The present value of the expected postretirement benefit obligations are 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 cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The postemployment benefit obligations represent the amount that is to be funded by contributions from the Plan's participating employers and from existing assets.

The following were significant assumptions used in the valuations as of January 31, 2024 and 2023:

Weighted-average discount rate: 5.00% - 2024; 4.75% - 2023.

Average retirement age: 58.9 years - 2024; 60.8 years - 2023.

Mortality Tables:

1/31/2024

100% of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. A 105% multiplier was applied for males and a 105% multiplier was applied for females.

1/31/2023

100% of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. A 105% multiplier was applied for males and a 105% multiplier was applied for females.



NOTE 12. POSTRETIREMENT AND POSTEMPLOYMENT BENEFIT OBLIGATIONS (CONTINUED)

Health care cost trend rates:

1/31/2024

7.9% for the first year, and ultimate rate is 4.0%.

1/31/2023

7.2% for the first year, and ultimate rate is 4.0%.

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the postemployment and retiree obligation as of January 31, 2024 and 2023 by \$3,850,659 and \$2,740,150, respectively.

The foregoing 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 the postretirement and postemployment benefit obligations.

Retirees contribute specified amounts, determined periodically by the Plan's actuary, to continue coverage. The costs of the postretirement benefits are shared by the Plan and retirees. The Plan empowers the Trustees to increase or decrease annually the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS

All of the Plan's employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers. If the Plan chooses to stop participating in the multiemployer plan, it may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

The Plan's participation in the multiemployer pension plan for the years ended January 31, 2024 and 2023 is outlined in the table below. Plans that are considered to be significant are separately identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the Plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the Plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN	Pension Protection Act		FIP/RP Status Pending / Implemented	Contributions		Most Recently Available Annual Report (Form 5500)
		Zone Status			2024	2023	
		2024	2023		2024	2023	
I.B. of T. Union Local No. 710 Pension Fund	36-2377656/001	Green as of 2/1/24	Green as of 2/1/23	N/A	\$ 217,864	\$ 215,138	1/31/2023

Contributions to the plan are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the Plan's most recently available annual report. The Plan currently has no intention of withdrawing from the multiemployer pension plan in which they participate.

Welfare Plan that Provides Postretirement Benefits

The Plan's employees are also covered by a multiemployer welfare plan that provides medical benefits to retirees and to eligible employees working under collective bargaining or participation agreements and their dependents. Contributions to this plan for the years ended January 31, 2024 and 2023 were \$204,399 and \$178,768, respectively.

NOTE 14. MAJOR EMPLOYERS

The Plan has two employers accounting for approximately 42% and 52% of employer contributions for the years ended January 31, 2024 and 2023, respectively. In the event these employers suspend contributions, the Plan would terminate coverage to the employers' participants as required under the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

NOTE 15. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 143,402,891	\$ 128,179,630
Benefit obligations currently payable (health claims, prescription and dental benefits)	<u>(5,187,000)</u>	<u>(7,193,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 138,215,891</u>	<u>\$ 120,986,630</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended January 31, 2024:

Benefits paid to or for participants per the financial statements	\$ 37,097,395
Add - amounts currently payable at January 31, 2024	5,187,000
Less - amounts currently payable at January 31, 2023	<u>(7,193,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 35,091,395</u>

	<u>2024</u>	<u>2023</u>
Total additions per audited financial statements	\$ 54,448,165	\$ 43,878,337
Investment management expenses	<u>164,899</u>	<u>151,284</u>
Total additions per Form 5500	<u>\$ 54,613,064</u>	<u>\$ 44,029,621</u>
Total deductions per audited financial statements	\$ 39,224,904	\$ 40,604,054
Effects of changes in benefit obligations	(2,006,000)	174,000
Investment management expenses	<u>164,899</u>	<u>151,284</u>
Total deductions per Form 5500	<u>\$ 37,383,803</u>	<u>\$ 40,929,338</u>

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



NOTE 16. SIGNIFICANT UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the values of investment securities could be different at the reporting date and that such changes could materially affect the amount reported in the statements of net assets available for benefits.

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

NOTE 17. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 15, 2024, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

To the Trustees of
International Brotherhood of
Teamsters Union Local No. 710
Health and Welfare Fund
Chicago, Illinois

We have audited the financial statements of International Brotherhood of Teamsters Union Local No. 710 Health and Welfare Fund as of and for the years ended January 31, 2024 and 2023 and our report thereon which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted accounting standards.

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

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



Other Supplemental Information

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

We also have previously audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of International Brotherhood of Teamsters Union Local No. 710 Health and Welfare Fund for the year ended January 31, 2020 through 2022 (none of which is presented herein), and we expressed an unmodified opinion on those financial statements.

Calibre CPA Group, PLLC

Chicago, IL
July 15, 2024



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

FINANCIAL HIGHLIGHTS

JANUARY 31, 2024 AND 2023

Below is a summary of the financial highlights of the Plan and its operations as of and for the years ended January 31, 2024 and 2023.

	2024	2023
Total assets	\$ 144,348,663	\$ 128,793,072
Total additions	\$ 54,448,165	\$ 43,878,337
Net change	\$ 15,223,261	\$ 3,274,283
Employer contributions	\$ 43,703,444	\$ 49,493,195
Participant contributions	\$ 339,534	\$ 348,755
Retiree contributions	\$ 540,000	\$ 117,000
Investment income - net	\$ 9,419,591	\$ (6,226,946)
Medical claims expense	\$ 28,678,907	\$ 30,615,821
Prescription benefits	\$ 5,867,112	\$ 6,383,210
Number of active participants at year end	1,545	2,028
Number of retired participants at year end	157	36
Cost of administration		
Amount	\$ 2,127,509	\$ 1,921,609
Percent to total additions	3.91%	4.38%



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

COMMENTS ON FINANCIAL STATEMENTS

YEARS ENDED JANUARY 31, 2024 AND 2023

Interest and dividend income is summarized and classified by source for the past two years as follows:

	<u>2024</u>	<u>2023</u>
U.S. Government and municipal obligations	\$ 559,538	\$ 367,337
Corporate obligations	712,997	590,125
Registered investment companies	582,327	518,093
Preferred stock	-	296
Cash equivalents	<u>183,559</u>	<u>50,913</u>
Total	<u>\$ 2,038,421</u>	<u>\$ 1,526,764</u>



INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL NO. 710 HEALTH AND WELFARE FUND

COMMENTS ON FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED JANUARY 31, 2024 AND 2023

A summary of additions and deductions in net assets available for benefits and their percent to total additions for the past two years is as follows:

	2024		2023	
	Amount	Percent	Amount	Percent
Additions				
Employer contributions	\$ 43,703,444	80.27 %	\$ 49,493,195	112.79 %
COBRA subsidy	-	-	28,563	0.07
Participant contributions	339,534	0.62	348,755	0.79
Retiree contributions	540,000	0.99	117,000	0.27
Net appreciation in fair value of investments	7,546,069	13.86	(7,602,426)	(17.33)
Interest and dividends	2,038,421	3.74	1,526,764	3.48
Less: investment expenses	(164,899)	(0.30)	(151,284)	(0.34)
Other income	445,596	0.82	117,770	0.27
Total additions	<u>54,448,165</u>	<u>100.00</u>	<u>43,878,337</u>	<u>100.00</u>
Deductions				
Medical claims expense	28,678,907	52.67	30,615,821	69.77
Prescription benefits	5,867,112	10.78	6,383,210	14.55
Group insurance premiums	566,547	1.04	584,628	1.33
Vision benefits and fees	206,788	0.38	202,764	0.46
Dental fees	20,288	0.04	21,425	0.05
BlueCross BlueShield fees	1,330,857	2.44	216,487	0.49
Stop loss insurance premiums	646,743	1.19	645,874	1.47
Less: stop loss recoveries	(231,423)	(0.43)	-	-
PCORI 720 excise tax	11,576	0.02	12,236	0.03
Administrative expenses	2,127,509	3.91	1,921,609	4.38
Total deductions	<u>39,224,904</u>	<u>72.04</u>	<u>40,604,054</u>	<u>92.54</u>
Net change	<u>\$ 15,223,261</u>	<u>27.96 %</u>	<u>\$ 3,274,283</u>	<u>7.46 %</u>



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JANUARY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Computer expense and programming	\$ 168,771	\$ 156,192
Depreciation	8,663	9,668
Fiduciary liability insurance	52,404	51,012
Insurance - general	40,265	34,941
Office equipment rentals and maintenance	7,915	5,153
Office supplies and expense	39,919	47,204
Other consulting	12,000	-
Payroll taxes	46,302	43,164
Postage	61,773	55,612
Printing and stationery	20,730	20,245
Professional fees		
Accounting services - compliance audits	7,208	9,621
Actuarial fees	121,313	127,208
Auditing fees	82,000	82,000
Legal fees	225,166	166,610
Rent	102,229	100,204
Salaries - staff	595,317	555,143
Telephone	8,755	9,016
Trustee compensation and benefits	69,441	-
Trustee meeting and conference expenses	41,867	41,850
Utilities	11,588	12,860
Welfare and pension contributions	<u>403,883</u>	<u>393,906</u>
 Total	 <u>\$ 2,127,509</u>	 <u>\$ 1,921,609</u>



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

SCHEDULE OF EMPLOYER CONTRIBUTIONS

YEAR ENDED JANUARY 31, 2024

<u>Company</u>	<u>Amount</u>
Arkansas Best Freight	\$ 11,638,185
YRC Worldwide	6,957,080
Pacific Rail Services	6,614,824
Southern Glazer's	4,567,971
Cassens Transport Company	3,508,842
Breakthru Beverage	3,316,250
Auto Warehousing Company	1,756,251
USF Holland	1,524,273
Other employers contributing less than \$1,000,000 each	<u>4,641,778</u>
Total employer cash contributions	44,525,455
Add: employer contributions receivable - end of year	3,094,400
Deduct: employer contributions receivable - beginning of year	<u>(3,916,411)</u>
Total employer contribution income	<u>\$ 43,703,444</u>

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

FIVE YEAR SUMMARY OF OPERATIONS

JANUARY 31,

	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Additions					
Investment income (loss) - net	\$ 9,419,591	\$ (6,226,946)	\$ 4,287,297	\$ 9,469,020	\$ 9,183,309
Employer contributions	43,703,444	49,493,195	47,460,379	49,362,040	54,330,190
COBRA subsidy	-	28,563	139,187	-	-
Participant and retiree contributions	879,534	465,755	585,546	653,847	676,361
Other income	<u>445,596</u>	<u>117,770</u>	<u>117,666</u>	<u>386,667</u>	<u>239,610</u>
Total additions	<u>54,448,165</u>	<u>43,878,337</u>	<u>52,590,075</u>	<u>59,871,574</u>	<u>64,429,470</u>
Deductions					
Cost of benefits	37,097,395	38,682,445	46,320,511	41,784,716	49,718,752
Administrative expenses	<u>2,127,509</u>	<u>1,921,609</u>	<u>2,039,918</u>	<u>1,978,138</u>	<u>3,048,896</u>
Total deductions	<u>39,224,904</u>	<u>40,604,054</u>	<u>48,360,429</u>	<u>43,762,854</u>	<u>52,767,648</u>
Net change	15,223,261	3,274,283	4,229,646	16,108,720	11,661,822
Net assets available for benefits					
Beginning of year	<u>128,179,630</u>	<u>124,905,347</u>	<u>120,675,701</u>	<u>104,566,981</u>	<u>92,905,159</u>
End of year	<u>\$ 143,402,891</u>	<u>\$ 128,179,630</u>	<u>\$ 124,905,347</u>	<u>\$ 120,675,701</u>	<u>\$ 104,566,981</u>



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	Cash equivalents						
	DREYFUS TREAS & AGY CASH MG	Cash equivalent	N/A	N/A	435,988	\$ 435,988	\$ 435,988
	BANK OF AMERICA	Cash equivalent	N/A	N/A	4,908,293	4,908,293	4,908,293
	BANK OF NEW YORK MELLON	Cash equivalent	N/A	N/A	3,033,082	3,033,396	3,033,396
	Total cash equivalents - line 1c(1)					8,377,677	8,377,677
	U.S. Government and municipal obligations						
	U.S. Government obligations						
	FRESB 2018-SB55 MORT SB55 A10F	U.S. Government obligation	9/25/2028	VAR	52,803	52,435	50,276
	FHLMC POOL #C9-1850	U.S. Government obligation	09/01/35	4.00%	43,943	47,754	42,933
	FHLMC POOL #A9-7047	U.S. Government obligation	02/01/41	4.50%	14,645	15,730	14,604
	FHLMC POOL #Z1-1455	U.S. Government obligation	07/01/42	3.50%	102,118	94,140	95,764
	FHLMC POOL #SC-0047	U.S. Government obligation	01/01/40	3.00%	102,096	108,749	94,363
	FHLMC POOL #SC-0300	U.S. Government obligation	07/01/42	3.00%	151,452	137,822	137,169
	FHLMC POOL #SD-1714	U.S. Government obligation	11/01/49	3.00%	146,595	130,630	130,874
	FHLMC POOL #SD-3582	U.S. Government obligation	10/01/49	3.50%	143,763	124,243	134,063
	FHLMC POOL #G6-0876	U.S. Government obligation	03/01/42	4.00%	28,477	30,061	27,670
	FHLMC POOL #G6-0985	U.S. Government obligation	05/01/47	3.00%	177,229	169,644	159,037
	FHLMC POOL #G6-1996	U.S. Government obligation	01/01/46	4.00%	23,701	24,775	22,862
	FNMA GTD REMIC P/T 12-80	U.S. Government obligation	08/25/42	3.50%	132,480	127,233	122,910
	FNMA GTD REMIC P/T 19-M4	U.S. Government obligation	02/25/31	3.61%	54,964	53,654	52,133
	FNMA GTD REMIC P/T 19-M1	U.S. Government obligation	09/25/28	VAR	47,822	45,011	46,281
	FNMA GTD REMIC P/T 21-66	U.S. Government obligation	08/25/49	VAR	100,799	110,700	103,699
	FNMA GTD REMIC P/T 21-M17	U.S. Government obligation	07/25/31	VAR	95,000	82,665	78,469
	FNMA GTD REMIC P/T 23-M5	U.S. Government obligation	07/25/49	VAR	75,000	72,668	73,640
	FHLMC MULTICLASS MTG K119 A2	U.S. Government obligation	09/25/30	1.57%	55,000	42,644	46,038
	FHLMC MULTICLASS MTG 1519 A2	U.S. Government obligation	12/25/35	2.01%	90,000	72,031	68,504
	FHLMC MULTICLASS MTG 1514 A1	U.S. Government obligation	07/25/34	2.48%	61,585	61,890	54,714
	FHLMC MULTICLASS MTG 1516 A1	U.S. Government obligation	01/25/35	1.24%	32,963	32,962	26,588
	FHLMC MULTICLASS MTG K117 A2	U.S. Government obligation	08/25/30	1.41%	45,000	38,320	37,371
	FHLMC MULTICLASS MTG 150 A2	U.S. Government obligation	09/25/32	VAR	85,000	80,358	80,264
	FNMA POOL #0AH1831	U.S. Government obligation	12/01/40	4.00%	22,615	24,416	21,784
	FNMA POOL #0AL9135	U.S. Government obligation	01/01/43	4.00%	37,578	37,632	36,198
	FNMA POOL #0AQ0413	U.S. Government obligation	10/01/42	3.50%	54,847	55,992	51,458
	FNMA POOL #0AV0692	U.S. Government obligation	12/01/43	4.00%	33,895	36,555	32,650
	FNMA POOL #0725229	U.S. Government obligation	03/01/34	6.00%	21,210	24,485	21,961
	FNMA POOL #0BF0209	U.S. Government obligation	02/01/42	3.50%	77,585	82,711	73,171
	FNMA POOL #0BF0214	U.S. Government obligation	02/01/52	3.50%	106,690	116,342	99,087
	FNMA POOL #0BF0394	U.S. Government obligation	07/01/51	4.50%	131,830	134,271	129,803
	FNMA POOL #0BM1257	U.S. Government obligation	04/01/37	2.50%	109,120	105,812	98,854
	FNMA POOL #0BM3484	U.S. Government obligation	02/01/48	3.00%	108,780	94,537	97,490
	FNMA POOL #0BM5330	U.S. Government obligation	12/01/37	2.50%	76,618	79,923	69,392
	FNMA POOL #0FM1647	U.S. Government obligation	07/01/38	4.00%	21,010	22,078	20,397
	FNMA POOL #0FM3079	U.S. Government obligation	02/01/43	4.00%	129,056	130,105	124,315
	FNMA POOL #0FM3751	U.S. Government obligation	08/01/43	3.00%	107,132	97,474	97,427
	FNMA POOL #0FM7607	U.S. Government obligation	04/01/38	3.00%	97,749	104,103	92,382
	FNMA POOL #0FS1203	U.S. Government obligation	01/01/28	3.00%	173,460	157,334	155,572
	FNMA POOL #0FS2119	U.S. Government obligation	03/01/46	4.00%	129,700	133,409	124,937
	FNMA POOL #0FS2892	U.S. Government obligation	11/01/45	4.00%	143,099	135,095	139,073
	FNMA POOL #0FS3389	U.S. Government obligation	01/01/53	3.00%	95,649	87,983	85,204
	FNMA POOL #0FS3462	U.S. Government obligation	09/01/42	2.50%	75,725	68,117	66,893
	FNMA POOL #0FS3446	U.S. Government obligation	05/01/42	3.00%	160,147	143,958	145,057
	FNMA POOL #0FS4084	U.S. Government obligation	02/01/42	2.50%	171,767	151,435	151,731
	FNMA POOL #0FS4537	U.S. Government obligation	12/01/47	3.00%	172,593	152,252	156,972
	FNMA POOL #0890644	U.S. Government obligation	08/01/35	4.00%	33,624	36,188	32,903
	FNMA POOL #0MA1959	U.S. Government obligation	07/01/34	3.50%	29,833	31,222	28,601
	FNMA POOL #0MA2164	U.S. Government obligation	02/01/35	3.50%	32,498	34,423	31,091
	FNMA POOL #0MA2198	U.S. Government obligation	03/01/35	3.50%	50,209	51,766	48,035
	FNMA POOL #0MA2833	U.S. Government obligation	12/01/46	3.00%	151,134	142,539	135,265
	FNMA POOL #0MA2914	U.S. Government obligation	02/01/37	4.00%	22,786	24,239	22,214
	FNMA POOL #0MA2937	U.S. Government obligation	03/01/37	4.00%	26,226	27,751	25,565
	FNMA POOL #0MA3440	U.S. Government obligation	08/01/38	3.50%	21,745	21,602	20,619
	FNMA POOL #0MA4570	U.S. Government obligation	02/01/42	2.00%	148,136	134,365	125,693
	FNMA POOL #0MA4587	U.S. Government obligation	03/01/42	2.50%	175,800	163,824	153,892
	GNMA II POOL #0MA3597	U.S. Government obligation	04/20/46	3.50%	110,661	110,523	103,651
	GNMA II POOL #0737851	U.S. Government obligation	01/20/41	4.00%	80,891	75,558	78,393
	GNMA II POOL #0784916	U.S. Government obligation	01/20/50	4.50%	21,525	23,315	21,695
	GNMA II POOL #0784052	U.S. Government obligation	07/20/44	5.50%	27,398	30,686	28,473
	GNMA GTD REMIC P/T 18-103 WY	U.S. Government obligation	02/20/48	VAR	114,829	119,996	116,330
	GNMA GTD REMIC P/T 18-128 KW	U.S. Government obligation	11/20/47	VAR	44,096	51,151	46,205
	GNMA GTD REMIC P/T 18-164 KW	U.S. Government obligation	11/20/48	VAR	118,713	120,940	119,246
	GNMA GTD REMIC P/T 19-137	U.S. Government obligation	04/20/49	VAR	49,799	56,880	51,389



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

EIN NO.: 36-2153764
PLAN NO.: 501

		(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	Cost	Current Value
	GNMA GTD REMIC P/T 19-152	U.S. Government obligation	12/20/49	VAR	29,556	\$ 32,817	\$ 29,312
	GNMA GTD REMIC P/T 23-32	U.S. Government obligation	06/20/45	VAR	90,720	92,875	91,042
	SBA GTD PARTN CTFS 2023-25A	U.S. Government obligation	01/01/48	14.91%	86,675	88,361	86,979
	SBA GTD PARTN CTFS 2023-25B	U.S. Government obligation	02/01/48	14.91%	88,251	88,306	87,086
	SBA GTD PARTN CTFS 2023-25D	U.S. Government obligation	04/01/48	14.48%	49,203	47,773	48,093
	SBA GTD PARTN CTFS 2023-25F	U.S. Government obligation	06/01/48	14.93%	83,542	83,542	83,945
	SBA GTD PARTN CTFS 2023-25H	U.S. Government obligation	08/01/48	15.15%	130,000	130,000	132,162
	SBA GTD PARTN CTFS 2023-25I	U.S. Government obligation	09/01/48	15.41%	90,000	90,000	92,681
	SBA GTD PARTN CTFS 2023-25A	U.S. Government obligation	01/01/49	15.05%	70,000	70,000	70,831
	U S TREASURY BOND	U.S. Government obligation	02/15/45	2.50%	242,000	201,344	179,997
	U S TREASURY BOND	U.S. Government obligation	11/15/48	3.75%	1,717,000	1,544,670	1,460,463
	U S TREASURY BOND	U.S. Government obligation	08/15/41	1.75%	589,000	403,656	403,235
	U S TREASURY BOND	U.S. Government obligation	11/15/42	4.00%	225,000	230,899	215,552
	U S TREASURY BOND	U.S. Government obligation	02/15/53	3.63%	240,000	227,583	215,100
	U S TREASURY BOND	U.S. Government obligation	02/15/43	3.88%	1,905,000	1,805,861	1,790,109
	U S TREASURY BOND	U.S. Government obligation	08/15/52	4.13%	226,000	216,743	221,869
	U S TREASURY NOTE	U.S. Government obligation	01/31/27	1.50%	455,000	432,883	423,045
	U S TREASURY NOTE	U.S. Government obligation	08/31/26	0.75%	195,000	188,677	179,285
	U S TREASURY NOTE	U.S. Government obligation	01/31/27	2.38%	1,083,000	1,015,959	1,006,302
	U S TREASURY NOTE	U.S. Government obligation	05/15/32	2.88%	113,000	102,649	104,397
	U S TREASURY NOTE	U.S. Government obligation	07/31/27	2.75%	592,000	561,811	568,598
	U S TREASURY NOTE	U.S. Government obligation	12/21/27	3.88%	137,000	135,738	136,674
	U S TREASURY NOTE	U.S. Government obligation	01/15/26	3.88%	251,000	246,461	249,292
	U S TREASURY NOTE	U.S. Government obligation	04/30/23	3.50%	1,258,000	1,209,924	1,228,323
	U S TREASURY NOTE	U.S. Government obligation	11/15/23	4.50%	1,033,000	1,059,537	1,077,387
	Total U.S. Government obligations - line 1c(2)					15,497,175	15,163,053
	Municipal obligations						
	CALIFORNIA ST HLTH FACS FING A	Municipal obligation	06/01/37	4.19%	65,000	65,000	60,145
	CALIFORNIA ST	Municipal obligation	04/01/38	4.60%	15,000	13,388	14,438
	CALIFORNIA ST	Municipal obligation	03/01/28	5.13%	60,000	59,846	60,545
	CALIFORNIA ST UNIV REVENUE	Municipal obligation	11/1/2053	5.18%	110,000	110,000	110,139
	FLORIDA ST HSG FIN CORP REVENU	Municipal obligation	1/1/2043	2.55%	11,165	11,054	9,528
	FLORIDA ST BRD OF ADMIN FIN CO	Municipal obligation	7/1/2030	2.15%	20,000	19,895	17,086
	JOBOSHOIO BEVERAGE SYS STW D LIQ	Municipal obligation	1/1/2038	2.83%	25,000	21,638	20,564
	LOS ANGELES CA DEPT WTR & PWR	Municipal obligation	7/1/2039	2.98%	70,000	72,954	74,102
	LOS ANGELES CA DEPT OF WTR & P	Municipal obligation	7/1/2039	6.00%	45,000	45,661	48,147
	LOS ANGELES CA UNIF SCH DIST	Municipal obligation	7/2/2034	6.75%	45,000	50,141	50,904
	LOS ANGELES CNTY CA MET TRANSP	Municipal obligation	6/1/2039	5.73%	85,000	88,504	89,223
	MASSACHUSETTS ST SCH BLDG AUTH	Municipal obligation	10/15/2040	3.40%	5,000	4,013	4,227
	MASSACHUSETTS ST SPL OBLG REVE	Municipal obligation	7/15/2031	4.11%	29,674	28,706	29,332
	MINNESOTA ST HSG FIN AGY HO M EO	Municipal obligation	8/1/2049	3.23%	8,630	8,653	7,583
	NEW YORK NY	Municipal obligation	12/1/2037	6.27%	40,000	41,607	44,670
	NEW YORK NY	Municipal obligation	10/1/2053	5.82%	25,000	25,048	28,202
	NEW YORK CITY NY TRANSITIONAL	Municipal obligation	8/1/2037	5.77%	35,000	37,148	36,763
	NEW YORK ST DORM AUTH ST PERSO	Municipal obligation	3/15/2034	2.20%	55,000	55,000	44,112
	NEW YORK ST URBAN DEV CORP REV	Municipal obligation	3/15/2033	3.90%	5,000	4,593	4,752
	NEW YORK TRANSPRTN DEV CORP LE	Municipal obligation	9/1/2035	4.25%	35,000	34,825	34,107
	OREGON EDU DIST FULL FAITH &	Municipal obligation	6/30/2040	2.90%	35,000	35,000	27,137
	RIVERSIDE CNTY CA PENNS OBLG	Municipal obligation	2/15/2038	3.82%	50,000	49,493	46,100
	SONOMA CNTY CA PENNS OBLG	Municipal obligation	12/1/2029	6.00%	35,000	37,026	36,486
	SOUTH CAROLINA ST STUDENT LOAN	Municipal obligation	10/27/2036	VAR	99,961	99,557	99,513
	TEXAS NATURAL GAS SECURITIZTN	Municipal obligation	4/1/2035	5.10%	50,000	48,856	51,067
	TEXAS NATURAL GAS SECURITIZTN	Municipal obligation	4/1/2040	5.17%	180,000	175,722	187,442
	TEXAS ST	Municipal obligation	4/1/2039	5.52%	60,000	64,903	64,163
	TEXAS ST TRANSPRTN COMMISSION	Municipal obligation	4/1/2042	2.56%	5,000	3,899	3,802
	TEXAS ST TRANSPRTN COMMISSION	Municipal obligation	10/1/2044	2.47%	25,000	17,655	17,632
	UNVI OF CALIFORNIA CA REVENUES	Municipal obligation	5/15/2043	5.77%	10,000	10,535	10,634
	UNVI OF VIRGINIA CA REVENUES	Municipal obligation	9/1/2039	6.20%	10,000	10,885	11,443
	VIRGINIA ST CMWLTH TRANSPRTN B	Municipal obligation	5/15/2035	5.35%	60,000	66,094	61,692
	VIRGINIA ST HSG DEV AUTH CMWL	Municipal obligation	7/25/2051	2.13%	93,735	90,509	70,943
	Total municipal obligations - line 1c(15)					1,507,808	1,476,623
	Total U.S. Government and municipal obligations					17,004,983	16,639,676
	Corporate obligations						
	Corporate obligations - preferred						
	AMEREN CORP	Corporate obligation - preferred	3/15/2028	1.75%	70,000	60,334	62,119
	AMERICAN AIRLINES 2017-2 CLASS	Corporate obligation - preferred	4/15/2031	3.38%	98,326	87,194	90,249
	AMERICAN AIRLINES 2016-2 CLASS	Corporate obligation - preferred	11/15/2027	3.58%	45,021	40,293	42,042
	AMERICAN HOMES 4 RENT LP	Corporate obligation - preferred	7/15/2031	2.38%	60,000	47,580	49,274
	AMGEN INC	Corporate obligation - preferred	3/2/2033	5.25%	70,000	69,691	71,342
	AON CORP / AON GLOBAL HOLDINGS	Corporate obligation - preferred	8/23/2031	2.05%	90,000	89,741	73,536
	BHP BILLITON FINANCE USA LTD	Corporate obligation - preferred	9/8/2030	5.25%	85,000	84,777	87,616
	BBCMS MORTGAGE TRUST 20 C1 A5	Corporate obligation - preferred	6/15/2030	5.25%	75,000	77,024	73,777
	BANK OF AMERICA CORP	Corporate obligation - preferred	3/5/2029	VAR	60,000	55,991	57,663

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP	Corporate obligation - preferred	7/22/2027	VAR	65,000	\$ 65,593	\$ 59,926
	BANK OF AMERICA CORP	Corporate obligation - preferred	4/25/2034	VAR	65,000	65,000	65,329
	BANK OF NEW YORK MELLON CORP/T	Corporate obligation - preferred	6/13/2033	VAR	50,000	44,686	47,361
	BANK OF NEW YORK MELLON CORP/T	Corporate obligation - preferred	10/25/2029	VAR	35,000	35,000	37,151
	BANK OF NOVA SCOTIA/THE	Corporate obligation - preferred	6/12/2023	5.25%	70,000	69,733	71,242
	BANK OF NOVA SCOTIA/THE	Corporate obligation - preferred	2/1/2034	5.65%	70,000	69,931	72,302
	BANK 2020-BNK28 BN28 A4	Corporate obligation - preferred	3/15/2063	1.84%	35,000	36,049	29,097
	BANK 2020-BNK28 BN28 ASB	Corporate obligation - preferred	9/15/2060	3.27%	78,301	76,563	76,155
	BARCLAYS PLC	Corporate obligation - preferred	11/2/2028	VAR	40,000	40,028	42,740
	TRUIST BANK	Corporate obligation - preferred	9/17/2029	VAR	90,000	87,082	85,199
	BBCMS MORTGAGE TRUST 20 C14 A5	Corporate obligation - preferred	2/15/2055	VAR	75,000	75,000	64,867
	BBCMS MORTGAGE TRUST 20 C20 A5	Corporate obligation - preferred	7/15/2056	5.58%	105,000	108,418	110,730
	BBCMS MORTGAGE TRUST 20 C24 A5	Corporate obligation - preferred	2/15/2057	5.42%	55,000	56,647	57,384
	BENCHMARK 2020-B19 MORT B19 AS	Corporate obligation - preferred	9/15/2053	2.15%	20,000	20,598	15,860
	BENCHMARK 2021-B29 MORT B29 AS	Corporate obligation - preferred	9/15/2054	2.39%	35,000	33,786	29,430
	TRUSTEES OF BOSTON UNIVERSITY	Corporate obligation - preferred	7/15/2097	7.63%	45,000	59,975	48,871
	BP CAPITAL MARKETS AMERICA INC	Corporate obligation - preferred	2/13/2033	4.81%	85,000	84,842	84,888
	BROADCOM INC	Corporate obligation - preferred	11/15/2030	4.15%	80,000	73,743	76,260
	BROOKFIELD FINANCE INC	Corporate obligation - preferred	1/5/2034	6.35%	60,000	62,998	64,235
	CLI FUNDING VI LLC 1A A 144A	Corporate obligation - preferred	9/18/2045	2.08%	65,900	66,667	59,301
	COMM	Corporate obligation - preferred	7/10/2050	3.90%	110,000	114,467	107,686
	CWABS INC ASSET-BACKED CE 5 1A	Corporate obligation - preferred	10/25/2034	VAR	53,795	50,568	51,980
	CANADIAN IMPERIAL BANK OF COMM	Corporate obligation - preferred	4/28/2028	5.00%	75,000	75,000	75,426
	CARVANA AUTO RECEIVABLES N3 D	Corporate obligation - preferred	6/12/2028	1.58%	68,288	68,344	65,655
	CENTENE CORP	Corporate obligation - preferred	2/15/2030	3.38%	75,000	64,529	67,088
	CHARTER COMMUNICATIONS OPERATIONS	Corporate obligation - preferred	6/1/2041	3.50%	40,000	39,818	27,876
	CITIGROUP INC	Corporate obligation - preferred	6/9/2027	VAR	60,000	60,000	55,137
	CITIGROUP MORTGAGE LOAN	Corporate obligation - preferred	11/25/2034	VAR	1,000	1,071	995
	CITIGROUP INC	Corporate obligation - preferred	5/25/2034	VAR	45,000	45,000	46,703
	COMCAST CORP	Corporate obligation - preferred	11/1/2049	4.00%	80,000	59,437	65,876
	DRIVE AUTO RECEIVABLES TRU 1 D	Corporate obligation - preferred	1/16/2029	1.45%	180,000	174,405	173,617
	DUKE ENERGY CAROLINAS LLC	Corporate obligation - preferred	1/15/2033	4.95%	70,000	70,154	70,505
	DUKE ENERGY INDIANA LLC	Corporate obligation - preferred	4/1/2050	2.75%	105,000	103,940	66,996
	ENBRIDGE INC	Corporate obligation - preferred	11/15/2028	6.00%	45,000	44,951	47,211
	ENBRIDGE INC	Corporate obligation - preferred	11/15/2053	6.70%	45,000	49,155	51,977
	ENERGY TRANSFER LP	Corporate obligation - preferred	2/15/2033	5.75%	85,000	84,945	87,133
	ESSEX PORTFOLIO LP	Corporate obligation - preferred	1/15/2030	3.00%	40,000	36,106	35,675
	EXETER AUTOMOBILE	Corporate obligation - preferred	1/17/2028	3.00%	155,000	154,989	147,056
	FIFTH THIRD BANK NA	Corporate obligation - preferred	10/27/2025	VAR	55,000	55,116	55,078
	FORD CREDIT AUTO LEASE TRU A B	Corporate obligation - preferred	6/15/2026	5.29%	165,000	164,985	164,484
	GMACM MORTGAGE LOAN TRU GH1 M1	Corporate obligation - preferred	7/25/2035	VAR	113,185	114,741	110,686
	GS MORTGAGE SECURITIES GC45 A5	Corporate obligation - preferred	2/13/2053	2.91%	85,000	88,808	75,853
	GM FINANCIAL AUTOMOBILE LE	Corporate obligation - preferred	2/20/2026	2.64%	165,000	162,870	162,357
	GENERAL MOTORS FINANCIAL CO IN	Corporate obligation - preferred	4/6/2023	5.85%	80,000	80,055	82,056
	GENERAL MOTORS FINANCIAL CO IN	Corporate obligation - preferred	1/7/2034	6.10%	75,000	74,882	77,207
	GOLDMAN SACHS GROUP INC/THE	Corporate obligation - preferred	1/27/2032	VAR	75,000	75,469	60,986
	GOLDMAN SACHS GROUP INC/THE	Corporate obligation - preferred	1/9/2034	VAR	70,000	70,000	65,222
	HARLEY-DAVIDSON MOTORCYCL A A4	Corporate obligation - preferred	6/17/2030	4.97%	110,000	109,992	110,354
	HUMANA INC	Corporate obligation - preferred	12/1/2028	5.75%	60,000	61,148	62,138
	HUNTINGTON NATIONAL BANK/THE	Corporate obligation - preferred	1/10/2030	5.65%	50,000	50,460	50,744
	HYUNDAI AUTO RECEIVABLES T C C	Corporate obligation - preferred	6/15/2028	1.66%	105,000	104,991	97,764
	INTUIT INC	Corporate obligation - preferred	9/15/2053	5.50%	65,000	66,808	69,141
	J.P. MORGAN MORTGAGE 1 A2 144A	Corporate obligation - preferred	7/25/2052	VAR	139,912	127,364	118,816
	JP MORGAN MORTGAGE T 3 B2 144A	Corporate obligation - preferred	10/25/2046	VAR	42,764	43,132	39,815
	JP MORGAN MORTGAGE TRUS A3 2A1	Corporate obligation - preferred	6/25/2035	VAR	110,442	112,840	95,149
	JPMBB COMMERCIAL MORTGA C30 A5	Corporate obligation - preferred	7/15/2048	3.82%	135,000	134,277	129,514
	JPMBB COMMERCIAL MORTGA C31 A3	Corporate obligation - preferred	8/15/2048	3.80%	66,751	63,082	64,473
	JPMORGAN CHASE & CO	Corporate obligation - preferred	6/1/2028	VAR	105,000	106,221	96,346
	JPMORGAN CHASE & CO	Corporate obligation - preferred	1/23/2035	VAR	55,000	55,000	55,871
	LOUISIANA LOCAL GOVERNMENT ELL A2	Corporate obligation - preferred	02/01/2033	4.145%	55,000	54,142	53,849
	LOUISIANA LOCAL GOVERNMENT ELL A4	Corporate obligation - preferred	08/01/2039	4.475%	65,000	59,759	62,109
	MARSHFIELD CLINIC HEALTH SYSTE	Corporate obligation - preferred	02/15/2030	2.703%	35,000	35,000	30,207
	MORGAN STANLEY	Corporate obligation - preferred	9/20/2027	VAR	80,000	80,129	73,418
	MORGAN STANLEY	Corporate obligation - preferred	11/01/2034	VAR	85,000	89,068	93,985
	MORGAN STANLEY BANK OF C31 A4	Corporate obligation - preferred	11/15/2049	2.840%	72,842	67,533	69,174
	MVW	Corporate obligation - preferred	10/20/2038	2.440%	14,035	14,225	13,253
	NATIONAL RURAL UTILITIES COOPE	Corporate obligation - preferred	02/07/2029	4.850%	105,000	104,967	105,790
	NAVIENT PRIVATE ED DA A2A 144A	Corporate obligation - preferred	12/15/2059	4.000%	25,682	24,462	24,894
	NAVIENT PRIVATE ED DA A2B 144A	Corporate obligation - preferred	12/15/2059	VAR	23,706	23,617	23,488
	NAVIENT PRIVATE EDU D A2B 144A	Corporate obligation - preferred	12/15/2059	VAR	65,645	66,117	65,378
	NAVIENT PRIVATE ED CA A2A 144A	Corporate obligation - preferred	11/15/2068	2.150%	67,292	69,432	62,736
	NAVIENT PRIVATE EDUC EA A 144A	Corporate obligation - preferred	12/16/2069	0.970%	81,039	69,144	70,330
	NAVIENT STUDENT LO BA A2A 144A	Corporate obligation - preferred	12/15/2059	3.390%	44,509	44,507	42,745
	NAVIENT STUDENT LOA EA A2 144A	Corporate obligation - preferred	12/15/2059	4.000%	10,621	10,682	10,431
	NEW RESIDENTIAL MO 1A A1B 144A	Corporate obligation - preferred	10/25/2059	VAR	148,201	144,829	138,294
	NEW RESIDENTIAL MO 3A A1A 144A	Corporate obligation - preferred	11/25/2058	VAR	76,535	81,366	71,568
	NEW RESIDENTIAL MO 6A A1B 144A	Corporate obligation - preferred	09/25/2059	VAR	1,551,224	151,511	144,854
	NEW RESIDENTIAL MOR 2A A1 144A	Corporate obligation - preferred	02/25/2058	VAR	76,056	79,590	73,645

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	NEW RESIDENTIAL MOR 2A A3 144A	Corporate obligation - preferred	05/25/2054	VAR	51,406	\$ 55,470	\$ 48,186
	NEW RESIDENTIAL MOR 3A A1 144A	Corporate obligation - preferred	04/25/2057	VAR	132,347	134,558	125,094
	NEW RESIDENTIAL MOR 6A A1 144A	Corporate obligation - preferred	08/27/2057	VAR	94,970	100,353	90,230
	NEXTERA ENERGY CAPITAL HOLDING	Corporate obligation - preferred	03/15/2034	5.250%	85,000	84,787	85,491
	OKLAHOMA DEVELOPMENT F I PSO A1	Corporate obligation - preferred	12/01/2033	4.135%	37,279	37,280	36,392
	OSCAR US FUNDING XV 1A A6	Corporate obligation - preferred	12/10/2027	5.810%	125,000	124,987	125,849
	PECO ENERGY CO	Corporate obligation - preferred	08/15/2052	4.375%	75,000	74,690	65,915
	PG&E WILDFIRE RECOVERY FUNDING	Corporate obligation - preferred	12/01/2049	4.451%	35,000	29,464	32,139
	PG&E WILDFIRE RECOVERY FUNDING	Corporate obligation - preferred	06/01/2054	5.099%	10,000	9,814	9,936
	PG&E RECOVERY FUNDING	Corporate obligation - preferred	07/15/2049	5.536%	20,000	20,435	20,738
	DOC DR LLC	Corporate obligation - preferred	01/15/2028	3.950%	70,000	65,897	67,106
	DOC DR LLC	Corporate obligation - preferred	11/01/2031	2.625%	50,000	49,895	41,135
	PRESTIGE AUTO RECEIVABLE	Corporate obligation - preferred	12/15/2027	6.640%	105,000	104,992	106,626
	REALTY INCOME CORP	Corporate obligation - preferred	01/15/2031	3.250%	120,000	105,551	108,062
	REALTY INCOME CORP	Corporate obligation - preferred	01/15/2027	3.200%	65,000	64,939	62,111
	REALTY INCOME CORP	Corporate obligation - preferred	02/15/2031	3.200%	75,000	76,142	66,947
	RETAINED VANTAGE D 1A A2A 144A	Corporate obligation - preferred	09/15/2048	5.000%	100,000	90,924	94,772
	SFS AUTO RECEIVABLE 1A A3 144A	Corporate obligation - preferred	10/20/2028	5.470%	105,000	104,989	106,237
	SCE RECOVERY FUNDING LLC	Corporate obligation - preferred	06/15/2042	4.697%	38,550	38,306	37,961
	SMB PRIVATE EDUCA PTA A2A 144A	Corporate obligation - preferred	09/15/2054	1.600%	73,751	66,019	66,865
	SANTANDER HOLDINGS USA INC	Corporate obligation - preferred	06/12/2029	VAR	50,000	49,524	51,825
	SANTANDER DRIVE AUTO RECEI 4 D	Corporate obligation - preferred	10/15/2027	1.670%	105,000	104,967	99,636
	SANTANDER DRIVE AUTO RECEI 5 B	Corporate obligation - preferred	12/17/2029	6.160%	90,000	89,977	92,480
	CHARLES SCHWAB CORP/THE	Corporate obligation - preferred	11/17/2029	VAR	65,000	65,000	67,943
	SMB PRIVATE EDUCATI B A2A 144A	Corporate obligation - preferred	10/15/2035	2.820%	20,876	20,527	20,192
	SOFI PROFESSIONAL L A AFX 144A	Corporate obligation - preferred	08/17/2043	1.030%	32,035	26,872	27,931
	STATE STREET CORP	Corporate obligation - preferred	05/13/2033	VAR	60,000	60,336	57,161
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate obligation - preferred	03/28/2028	4.950%	80,000	79,958	80,558
	TARGA RESOURCES PARTNERS LP /	Corporate obligation - preferred	02/01/2031	4.875%	45,000	43,200	43,155
	TEACHERS INSURANCE & ANNU 144A	Corporate obligation - preferred	05/15/2050	3.300%	80,000	85,462	57,642
	TORONTO-DOMINION BANK/THE	Corporate obligation - preferred	09/15/2027	4.693%	55,000	55,000	54,891
	TORONTO-DOMINION BANK/THE	Corporate obligation - preferred	01/10/2028	5.156%	75,000	75,000	76,056
	TORONTO-DOMINION BANK/THE	Corporate obligation - preferred	09/17/2027	5.532%	50,000	50,000	50,896
	UNIVERSITY OF NOTRE DAME DU LA	Corporate obligation - preferred	02/15/2045	3.438%	10,000	8,136	8,227
	US BANCORP	Corporate obligation - preferred	01/23/2035	VAR	125,000	125,917	127,696
	UNIVERSITY OF SOUTHERN CALIFOR	Corporate obligation - preferred	10/01/2039	3.028%	35,000	28,554	28,919
	VANTAGE DATA CENTER 1A A2 144A	Corporate obligation - preferred	10/15/2046	2.165%	80,000	69,864	72,337
	VERIZON MASTER TRUST 1 B	Corporate obligation - preferred	05/20/2027	0.690%	110,000	110,310	108,297
	WELLS FARGO & CO	Corporate obligation - preferred	04/24/2034	VAR	45,000	45,000	45,353
	WELLS FARGO & CO	Corporate obligation - preferred	10/28/2030	VAR	75,000	75,000	76,620
	WELLS FARGO & CO	Corporate obligation - preferred	10/30/2030	VAR	110,000	103,716	97,936
	Total corporate obligations - preferred line 1c(3)(A)					9,146,176	8,868,283
	Corporate obligations - all other						
	AT&T INC	Corporate obligation - all other	6/1/2051	3.65%	80,000	76,560	59,492
	AIR LEASE CORP	Corporate obligation - all other	12/1/2030	3.13%	50,000	41,124	43,507
	ALEXANDRIA REAL ESTATE EQUITE	Corporate obligation - all other	7/30/2029	4.50%	30,000	28,484	29,161
	ALEXANDRIA REAL ESTATE EQUITE	Corporate obligation - all other	7/1/2030	4.70%	35,000	32,859	34,125
	*AMERICAN EXPRESS CREDIT AC 3 A	Corporate obligation - all other	8/15/2027	3.75%	140,000	139,998	137,901
	AMERICAN HOMES 4 RENT LP	Corporate obligation - all other	2/15/2028	4.25%	35,000	33,195	34,018
	AMERICO LIFE INC 144A	Corporate obligation - all other	4/15/2031	3.45%	50,000	49,858	39,311
	AMERIQUEST MORTGAGE SECU R6 M2	Corporate obligation - all other	7/25/2034	VAR	7,205	7,329	7,177
	APPLE INC	Corporate obligation - all other	8/8/2052	3.95%	45,000	38,797	38,587
	AUTONATION INC	Corporate obligation - all other	8/1/2031	2.40%	85,000	64,299	67,928
	BX TRUST 2019-OC11 OC11 D 144A	Corporate obligation - all other	12/9/2041	VAR	45,000	45,766	39,670
	BANK OF AMERICA CORP	Corporate obligation - all other	9/15/2029	VAR	75,000	73,341	77,498
	BANK 2022-BNK43 BNK43 A5	Corporate obligation - all other	8/15/2055	4.40%	85,000	77,277	81,892
	BANK OF MONTREAL	Corporate obligation - all other	12/15/2032	VAR	60,000	61,671	55,706
	BEAR STEARNS ARM TRUST 9 22A1	Corporate obligation - all other	11/25/2034	VAR	22,925	23,136	21,112
	BEAR STEARNS ALT-A TRUST 1 5A1	Corporate obligation - all other	2/25/2034	VAR	62,989	63,715	58,071
	BEAR STEARNS ARM TRUST 10 12A3	Corporate obligation - all other	1/25/2035	VAR	113,805	115,188	106,877
	BEAR STEARNS ARM TRUST 20 3 2A	Corporate obligation - all other	7/25/2034	VAR	99,791	100,542	91,366
	BENCHMARK 2019-B10 MORT B10 A4	Corporate obligation - all other	3/15/2062	VAR	75,000	69,545	70,773
	BENCHMARK 2020-B21 MORT B21 A5	Corporate obligation - all other	12/17/2053	1.98%	65,000	54,803	53,521
	BP CAPITAL MARKETS AMERICA INC	Corporate obligation - all other	4/10/2029	4.70%	45,000	44,991	45,233
	BRISTOL-MYERS SQUIBB CO	Corporate obligation - all other	11/15/2053	6.25%	65,000	67,308	73,535
	CIM TRUST 2019-J1 J1 AM 144A	Corporate obligation - all other	8/25/2049	VAR	26,968	27,606	24,403
	CSMC TRUST 2014-I IVR3 B2 144A	Corporate obligation - all other	7/25/2044	VAR	52,715	53,831	50,122
	COMM 2019-GC44 MORTGAG GC44 A5	Corporate obligation - all other	8/15/2057	2.95%	55,000	59,651	49,568
	ALTERNATIVE LOAN TRUST 2CB 1A9	Corporate obligation - all other	3/25/2034	5.75%	118,673	116,146	119,123
	ALTERNATIVE LOAN TRUST 12CB 3A1	Corporate obligation - all other	7/25/2034	5.50%	86,658	85,821	85,308
	ALTERNATIVE LOAN TRUST 16CB 1A6	Corporate obligation - all other	7/25/2034	5.50%	59,433	61,366	57,946
	CAL FUNDING I V LTD 1A A 144A	Corporate obligation - all other	9/25/2045	2.22%	71,666	72,764	64,766
	CAPITAL ONE FINANCIAL CORP	Corporate obligation - all other	7/29/2032	VAR	85,000	84,577	64,284
	CAPITAL ONE FINANCIAL CORP	Corporate obligation - all other	11/2/2032	VAR	65,000	65,108	52,215
	CAPITAL ONE FINANCIAL CORP	Corporate obligation - all other	11/3/2032	VAR	50,000	44,320	44,887
	CAPITAL ONE MULTI-ASSET E A2 A	Corporate obligation - all other	5/15/2027	3.49%	205,000	204,967	201,363

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value		Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
			Maturity Date	Interest Rate			
	CENTERPOINT ENERGY HOUSTON ELE	Corporate obligation - all other	4/1/2033	4.95%	70,000	\$ 69,829	\$ 70,680
	CHARTER COMMUNICATIONS OPERATI	Corporate obligation - all other	10/23/2035	6.38%	35,000	46,163	35,245
	CHARTER COMMUNICATIONS OPERATI	Corporate obligation - all other	3/15/2028	4.20%	85,000	72,029	73,365
	CHASE MORTGAGE FIN SH2 M3 144A	Corporate obligation - all other	12/25/2045	VAR	39,078	39,095	35,119
	CITIGROUP INC	Corporate obligation - all other	1/29/2031	VAR	75,000	75,000	65,401
	COMERICA INC	Corporate obligation - all other	01/30/2030	VAR	55,000	55,000	54,837
	CSFB MORTGAGE-BACKED AR30 5A1	Corporate obligation - all other	1/25/2034	VAR	80,495	80,458	78,295
	CREDIT SUISSE FIRST BOS 23 6A1	Corporate obligation - all other	9/25/2033	6.50%	101,941	103,952	102,029
	DCP MIDSTREAM OPERATING LP	Corporate obligation - all other	7/15/2027	5.63%	80,000	80,049	81,502
	DC OFFICE TRUST 201 MTC D 144A	Corporate obligation - all other	9/15/2045	VAR	100,000	99,563	63,011
	DTE ELECTRIC CO	Corporate obligation - all other	04/01/2033	5.200%	70,000	73,146	72,036
	DRIVE AUTO RECEIVABLES TRU 2 D	Corporate obligation - all other	3/15/2029	1.39%	90,000	89,988	85,748
	ELEVANCE HEALTH INC	Corporate obligation - all other	2/15/1953	5.13%	85,000	84,766	83,233
	EQUINIX INC	Corporate obligation - all other	7/15/2030	2.15%	50,000	40,555	42,200
	ESSEX PORTFOLIO LP	Corporate obligation - all other	6/15/2031	2.55%	35,000	27,925	29,311
	EVERSOURCE ENERGY	Corporate obligation - all other	8/15/2030	1.65%	75,000	61,174	60,734
	EXPEDIA GROUP INC	Corporate obligation - all other	2/15/2028	3.80%	70,000	67,029	67,135
	FREMF 2015-K46 MORT K46 B 144A	Corporate obligation - all other	6/25/2048	VAR	100,000	95,457	97,977
	FREMF 2015-K47 MORT K47 C 144A	Corporate obligation - all other	6/25/2048	VAR	85,000	79,877	82,794
	FIRST HORIZON CORP	Corporate obligation - all other	5/26/2025	4.00%	70,000	75,636	68,952
	FISHERS LANE ASSOCIATES L 144A	Corporate obligation - all other	8/5/2030	3.66%	41,997	43,452	39,467
	FLAGSTAR MORTGAGE 3INV B2 144A	Corporate obligation - all other	5/28/2025	VAR	123,453	131,786	112,065
	FORD CREDIT AUTO LEASE TRU B C	Corporate obligation - all other	4/15/2027	6.43%	100,000	99,979	102,301
	GLOBAL MORTGAGE SECU A A1 144A	Corporate obligation - all other	4/25/2032	5.00%	71,178	71,890	68,740
	GLOBAL PAYMENTS INC	Corporate obligation - all other	8/15/2029	3.20%	90,000	88,980	81,424
	GREEN TREE MORTGAG HE1 M6 144A	Corporate obligation - all other	12/25/2032	VAR	32,003	32,053	31,991
	HCA INC	Corporate obligation - all other	9/1/2028	5.63%	45,000	43,948	45,833
	HSBC HOLDINGS PLC	Corporate obligation - all other	9/12/2026	VAR	65,000	63,994	63,870
	HIN TIMESHARE TRUST 2 A B	Corporate obligation - all other	10/9/2039	2.23%	16,074	14,748	15,086
	HEALTHCARE REALTY HOLDINGS LP	Corporate obligation - all other	2/15/2030	3.10%	45,000	46,665	39,407
	HEALTHCARE REALTY HOLDINGS LP	Corporate obligation - all other	1/15/2028	3.63%	45,000	46,909	41,548
	INDYMAC INDX MORTGAGE L AR6 4A	Corporate obligation - all other	10/25/2034	VAR	61,433	62,584	57,292
	INVITATION HOMES OPERATING PAR	Corporate obligation - all other	8/15/2031	2.00%	70,000	58,256	55,323
	IQVIA INC	Corporate obligation - all other	2/1/2029	6.25%	65,000	65,092	67,620
	J.P. MORGAN MORTGAGE 4 A2 144A	Corporate obligation - all other	10/25/2052	VAR	138,522	122,484	122,701
	JIMMY JOHNS FUNDI 1A A 211	Corporate obligation - all other	7/30/2047	4.85%	44,625	44,718	42,855
	JP MORGAN MORTGAG INV2 A2 144A	Corporate obligation - all other	12/25/2051	VAR	172,641	146,584	140,777
	JP MORGAN MORTGAGE ACQ CH1 MV7	Corporate obligation - all other	11/25/2036	VAR	150,000	148,734	153,210
	JP MORGAN MORTGAGE TRU A3 11A3	Corporate obligation - all other	6/25/2035	VAR	116,613	118,205	107,474
	JP MORGAN MORTGAGE TRUS A4 2A1	Corporate obligation - all other	7/25/2035	VAR	28,489	28,951	27,400
	JP MORGAN MORTGAGE T 1 B2 144A VAR RT	Corporate obligation - all other	5/25/1946	VAR	80,688	80,209	75,135
	KEYBANK NA/CLEVELAND OH	Corporate obligation - all other	1/26/2033	5.00%	55,000	55,103	51,126
	KIMCO REALTY OP LLC	Corporate obligation - all other	06/01/2025	3.200%	50,000	41,723	43,344
	KINDER MORGAN INC	Corporate obligation - all other	02/01/2033	4.800%	115,000	108,763	110,141
	LPL HOLDINGS INC	Corporate obligation - all other	11/17/2028	6.750%	50,000	49,965	52,566
	LOUISIANA LOCAL GOVERNME ENO A	Corporate obligation - all other	09/01/2039	5.197%	34,276	33,990	35,120
	MASSACHUSETTS INSTITUTE OF TEC	Corporate obligation - all other	07/01/2116	3.885%	5,000	3,905	3,860
	MASTR ASSET BACKED SEC WMC2 M2	Corporate obligation - all other	08/25/2033	VAR	82,858	84,529	85,210
	MID-STATE TRUST XI	Corporate obligation - all other	07/15/2038	4.864%	33,364	35,538	32,815
	MILL CITY MORTGAGE L2 M1 144A	Corporate obligation - all other	05/25/2058	VAR	134,797	140,863	129,730
	MORGAN STANLEY	Corporate obligation - all other	09/16/2036	VAR	65,000	65,000	51,891
	MORGAN STANLEY	Corporate obligation - all other	04/20/2029	VAR	65,000	65,000	65,389
	MORGAN STANLEY MORTGAGE L 3 3A	Corporate obligation - all other	04/25/2034	6.000%	27,099	28,556	26,690
	MORGAN STANLEY MORTGAGE L 3 4A	Corporate obligation - all other	04/25/2034	VAR	68,836	74,644	67,771
	NEW RESIDENTIAL MOR 1A B2 144A	Corporate obligation - all other	12/25/2057	VAR	113,951	124,004	109,397
	NEW RESIDENTIAL MOR 2A B2 144A	Corporate obligation - all other	08/25/2055	VAR	58,806	61,893	56,706
	NEW RESIDENTIAL MOR 2A B3 144A	Corporate obligation - all other	02/25/2058	VAR	86,886	95,222	83,439
	NMEF FUNDING 2022-B A2 144A	Corporate obligation - all other	06/15/2029	6.070%	100,415	100,414	100,980
	NASDAQ INC	Corporate obligation - all other	02/15/2034	5.550%	70,000	70,280	72,426
	OLD REPUBLIC INTERNATIONAL COR	Corporate obligation - all other	08/26/2026	3.875%	70,000	68,124	67,831
	OLD REPUBLIC INTERNATIONAL COR	Corporate obligation - all other	06/11/2051	3.850%	85,000	84,940	63,557
	ORACLE CORP	Corporate obligation - all other	03/25/2051	3.950%	105,000	95,436	81,604
	ORLANDO HEALTH OBLIGATED GROUP	Corporate obligation - all other	10/01/2044	4.416%	5,000	4,617	4,160
	PG&E WILDFIRE RECOVERY FUNDING	Corporate obligation - all other	12/01/2053	4.674%	110,000	93,874	103,696
	PUBLIC SERVICE CO OF OKLAHOMA	Corporate obligation - all other	01/15/2033	5.250%	90,000	90,543	90,667
	RCKT MORTGAGE TR CES2 A1B 144A	Corporate obligation - all other	09/25/2043	VAR	128,598	128,598	130,741
	RAYMOND JAMES FINANCIAL INC	Corporate obligation - all other	04/01/2051	3.750%	90,000	90,462	67,587
	CITIZENS BANK NA/PROVIDENCE RI	Corporate obligation - all other	08/09/2028	VAR	60,000	59,624	57,811
	REGENCY CENTERS LP	Corporate obligation - all other	03/15/2028	4.125%	50,000	45,600	48,148
	REPUBLIC SERVICES INC	Corporate obligation - all other	12/15/2033	5.000%	95,000	94,728	95,863
	REXFORD INDUSTRIAL REALTY LP	Corporate obligation - all other	12/01/2030	2.125%	105,000	91,142	86,429
	REXFORD INDUSTRIAL REALTY LP	Corporate obligation - all other	09/01/2031	2.150%	40,000	30,946	32,143
	CHARLES SCHWAB CORP/THE	Corporate obligation - all other	05/19/2034	VAR	65,000	65,000	67,279
	SHELLPOINT ASSET FUN 1 B2 144A	Corporate obligation - all other	07/25/2043	VAR	4,594	4,637	4,515
	STEWART INFORMATION SERVICES C	Corporate obligation - all other	11/15/2031	3.600%	60,000	59,960	47,221
	STRUCTURED ADJUSTABLE RA 1 1A1	Corporate obligation - all other	02/25/2035	VAR	107,177	102,890	100,052
	T-MOBILE USA INC	Corporate obligation - all other	04/15/2029	3.375%	80,000	71,378	74,306
	TACO BELL FUNDING 1A A211 144A	Corporate obligation - all other	08/25/2051	2.294%	83,512	67,997	72,430

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	TOWD POINT MORTGAG MH1 M1 144A	Corporate obligation - all other	11/25/2058	VAR	120,000	\$ 120,563	\$ 116,416
	TOWD POINT MORTGAG MH1 M2 144A	Corporate obligation - all other	11/25/2058	VAR	115,000	116,518	109,940
	TOYOTA MOTOR CREDIT CORP	Corporate obligation - all other	01/05/2029	4.650%	70,000	69,904	70,240
	TRANSCANADA PIPELINES LTD	Corporate obligation - all other	10/12/2031	2.500%	55,000	54,638	45,975
	TRUIST FINANCIAL CORP	Corporate obligation - all other	10/30/2029	VAR RT	55,000	56,399	59,374
	TRUIST FINANCIAL CORP	Corporate obligation - all other	01/24/2035	VAR RT	70,000	70,057	71,040
	US BANCORP	Corporate obligation - all other	11/03/2036	VAR	60,000	60,000	47,024
	VANTAGE DATA CENTER 1A A2 144A	Corporate obligation - all other	07/15/2044	3.188%	62,129	61,547	61,188
	VERIZON COMMUNICATIONS INC	Corporate obligation - all other	03/21/2031	2.550%	100,000	91,225	85,858
	VERIZON COMMUNICATIONS INC C	Corporate obligation - all other	05/20/2027	0.890%	90,000	90,084	88,562
	VERIZON MASTER TRUST 1 A	Corporate obligation - all other	01/22/2029	4.490%	135,000	134,971	134,324
	WAMU MORTGAGE PASS-THR CB4 11A	Corporate obligation - all other	12/25/2034	6.000%	19,900	20,803	19,660
	WAMU MORTGAGE PASS-THRO AR5 A7	Corporate obligation - all other	06/25/2033	VAR	69,604	70,352	68,610
	WAMU MORTGAGE PASS-THRO S3 1A4	Corporate obligation - all other	07/25/2034	5.000%	7,264	7,544	7,094
	WEC ENERGY GROUP INC	Corporate obligation - all other	12/15/2028	2.200%	25,000	22,161	22,296
	KIMCO REALTY OP LLC	Corporate obligation - all other	06/01/2025	3.850%	60,000	60,236	58,587
	WENDY'S FUNDING L 1A A 211	Corporate obligation - all other	03/15/2048	3.884%	103,396	95,743	97,811
	Total corporate obligations - all other line 1c(3)(B)					<u>8,955,488</u>	<u>8,560,209</u>
	Corporate stocks - preferred						
	ACE CAPITAL TRUST II	Corporate stocks - preferred	04/01/2030	9.700%	40,000	56,686	46,926
	Total corporate stocks - preferred line 1c(4)(A)					<u>56,686</u>	<u>46,926</u>
	Total corporate obligations					<u>18,158,350</u>	<u>17,475,418</u>
	Common Collective Trust						
	NHIT SHORT DURATION FIXED INCOME TRUST	Common collective trust	N/A	N/A	4,327,668	46,516,678	50,850,095
	Total common collective trust line 1c(9)					<u>46,516,678</u>	<u>50,850,095</u>
	Registered Investment Companies						
	VANGUARD RUSSELL 1000-INST	Registered investment company	N/A	N/A	77,849	15,982,561	33,159,896
	VANGUARD RUSSELL 2000-INST	Registered investment company	N/A	N/A	27,902	5,520,891	8,320,841
	Total registered investment companies line 1c(13)					<u>21,503,452</u>	<u>41,480,737</u>
	Invested Cash Collateral Held for Securities on Loan						
	JP MORGAN CHASE & CO	Invested cash collateral for securities on loan	1/23/2035	0.010%	55,000	55,563	57,200
	ACE CAPITAL TRUST II	Invested cash collateral for securities on loan	4/1/2030	9.700%	40,000	48,209	49,200
	UNIVERSITY OF NOTRE DAME DU LA	Invested cash collateral for securities on loan	2/15/2045	3.440%	10,000	8,320	8,500
	KEYBANK NA/CLEVELAND OH	Invested cash collateral for securities on loan	1/26/2033	5.000%	55,000	51,232	52,250
	WELLS FARGO & CO	Invested cash collateral for securities on loan	7/25/2029	0.010%	75,000	76,364	78,000
	BP CAPITAL MARKETS AMERICA INC	Invested cash collateral for securities on loan	4/10/2029	4.700%	45,000	45,269	46,350
	CHARTER COMMUNICATIONS OPERATI	Invested cash collateral for securities on loan	6/1/2041	3.500%	40,000	27,984	28,800
	BANK OF AMERICA CORP	Invested cash collateral for securities on loan	4/25/2034	0.010%	65,000	64,911	66,300
	Total invested cash collateral held for securities on loan - Line 1c(15)					<u>377,852</u>	<u>386,600</u>
	Total assets (held at end of year)					<u>\$ 111,938,992</u>	<u>\$ 135,210,203</u>



INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL NO. 710 HEALTH AND WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(j)

EIN NO.: 36-2153764
PLAN NO.: 501

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
<u>Purchases</u>					
Dreyfus Treas & Agy Csh Csh Mg	\$ 10,359,652	\$ -	\$ 10,359,652	\$ 10,359,652	\$ -
NHIT SHORT DURATION FIXED INCOME TRUST	8,000,000	-	8,000,000	8,000,000	-
<u>Sales</u>					
Dreyfus Treas & Agy Csh Csh Mg	-	10,344,151	10,344,151	10,344,151	-
NHIT SHORT DURATION FIXED INCOME TRUST	-	44,883	42,341	44,883	2,542



**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	Cash equivalents						
	DREYFUS TREAS & AGY CASH MG	Cash equivalent	N/A	N/A	435,988	\$ 435,988	\$ 435,988
	BANK OF AMERICA	Cash equivalent	N/A	N/A	4,908,293	4,908,293	4,908,293
	BANK OF NEW YORK MELLON	Cash equivalent	N/A	N/A	3,033,082	3,033,396	3,033,396
	Total cash equivalents - line 1c(1)					8,377,677	8,377,677
	U.S. Government and municipal obligations						
	U.S. Government obligations						
	FRESB 2018-SB55 MORT SB55 A10F	U.S. Government obligation	9/25/2028	VAR	52,803	52,435	50,276
	FHLMC POOL #C9-1850	U.S. Government obligation	09/01/35	4.00%	43,943	47,754	42,933
	FHLMC POOL #A9-7047	U.S. Government obligation	02/01/41	4.50%	14,645	15,730	14,604
	FHLMC POOL #Z1-1455	U.S. Government obligation	07/01/42	3.50%	102,118	94,140	95,764
	FHLMC POOL #SC-0047	U.S. Government obligation	01/01/40	3.00%	102,096	108,749	94,363
	FHLMC POOL #SC-0300	U.S. Government obligation	07/01/42	3.00%	151,452	137,822	137,169
	FHLMC POOL #SD-1714	U.S. Government obligation	11/01/49	3.00%	146,595	130,630	130,874
	FHLMC POOL #SD-3582	U.S. Government obligation	10/01/49	3.50%	143,763	124,243	134,063
	FHLMC POOL #G6-0876	U.S. Government obligation	03/01/42	4.00%	28,477	30,061	27,670
	FHLMC POOL #G6-0985	U.S. Government obligation	05/01/47	3.00%	177,229	169,644	159,037
	FHLMC POOL #G6-1996	U.S. Government obligation	01/01/46	4.00%	23,701	24,775	22,862
	FNMA GTD REMIC P/T 12-80	U.S. Government obligation	08/25/42	3.50%	132,480	127,233	122,910
	FNMA GTD REMIC P/T 19-M4	U.S. Government obligation	02/25/31	3.61%	54,964	53,654	52,133
	FNMA GTD REMIC P/T 19-M1	U.S. Government obligation	09/25/28	VAR	47,822	45,011	46,281
	FNMA GTD REMIC P/T 21-66	U.S. Government obligation	08/25/49	VAR	100,799	110,700	103,699
	FNMA GTD REMIC P/T 21-M17	U.S. Government obligation	07/25/31	VAR	95,000	82,665	78,469
	FNMA GTD REMIC P/T 23-M5	U.S. Government obligation	07/25/49	VAR	75,000	72,668	73,640
	FHLMC MULTICLASS MTG K119 A2	U.S. Government obligation	09/25/30	1.57%	55,000	42,644	46,038
	FHLMC MULTICLASS MTG 1519 A2	U.S. Government obligation	12/25/35	2.01%	90,000	72,031	68,504
	FHLMC MULTICLASS MTG 1514 A1	U.S. Government obligation	07/25/34	2.48%	61,585	61,890	54,714
	FHLMC MULTICLASS MTG 1516 A1	U.S. Government obligation	01/25/35	1.24%	32,963	32,962	26,588
	FHLMC MULTICLASS MTG K117 A2	U.S. Government obligation	08/25/30	1.41%	45,000	38,320	37,371
	FHLMC MULTICLASS MTG 150 A2	U.S. Government obligation	09/25/32	VAR	85,000	80,358	80,264
	FNMA POOL #0AH1831	U.S. Government obligation	12/01/40	4.00%	22,615	24,416	21,784
	FNMA POOL #0AL9135	U.S. Government obligation	01/01/43	4.00%	37,578	37,632	36,198
	FNMA POOL #0AQ0413	U.S. Government obligation	10/01/42	3.50%	54,847	55,992	51,458
	FNMA POOL #0AV0692	U.S. Government obligation	12/01/43	4.00%	33,895	36,555	32,650
	FNMA POOL #0725229	U.S. Government obligation	03/01/34	6.00%	21,210	24,485	21,961
	FNMA POOL #0BF0209	U.S. Government obligation	02/01/42	3.50%	77,585	82,711	73,171
	FNMA POOL #0BF0214	U.S. Government obligation	02/01/52	3.50%	106,690	116,342	99,087
	FNMA POOL #0BF0394	U.S. Government obligation	07/01/51	4.50%	131,830	134,271	129,803
	FNMA POOL #0BM1257	U.S. Government obligation	04/01/37	2.50%	109,120	105,812	98,854
	FNMA POOL #0BM3484	U.S. Government obligation	02/01/48	3.00%	108,780	94,537	97,490
	FNMA POOL #0BM5330	U.S. Government obligation	12/01/37	2.50%	76,618	79,923	69,392
	FNMA POOL #0FM1647	U.S. Government obligation	07/01/38	4.00%	21,010	22,078	20,397
	FNMA POOL #0FM3079	U.S. Government obligation	02/01/43	4.00%	129,056	130,105	124,315
	FNMA POOL #0FM3751	U.S. Government obligation	08/01/43	3.00%	107,132	97,474	97,427
	FNMA POOL #0FM7607	U.S. Government obligation	04/01/38	3.00%	97,749	104,103	92,382
	FNMA POOL #0FS1203	U.S. Government obligation	01/01/28	3.00%	173,460	157,334	155,572
	FNMA POOL #0FS2119	U.S. Government obligation	03/01/46	4.00%	129,700	133,409	124,937
	FNMA POOL #0FS2892	U.S. Government obligation	11/01/45	4.00%	143,099	135,095	139,073
	FNMA POOL #0FS3389	U.S. Government obligation	01/01/53	3.00%	95,649	87,983	85,204
	FNMA POOL #0FS3462	U.S. Government obligation	09/01/42	2.50%	75,725	68,117	66,893
	FNMA POOL #0FS3446	U.S. Government obligation	05/01/42	3.00%	160,147	143,958	145,057
	FNMA POOL #0FS4084	U.S. Government obligation	02/01/42	2.50%	171,767	151,435	151,731
	FNMA POOL #0FS4537	U.S. Government obligation	12/01/47	3.00%	172,593	152,252	156,972
	FNMA POOL #0890644	U.S. Government obligation	08/01/35	4.00%	33,624	36,188	32,903
	FNMA POOL #0MA1959	U.S. Government obligation	07/01/34	3.50%	29,833	31,222	28,601
	FNMA POOL #0MA2164	U.S. Government obligation	02/01/35	3.50%	32,498	34,423	31,091
	FNMA POOL #0MA2198	U.S. Government obligation	03/01/35	3.50%	50,209	51,766	48,035
	FNMA POOL #0MA2833	U.S. Government obligation	12/01/46	3.00%	151,134	142,539	135,265
	FNMA POOL #0MA2914	U.S. Government obligation	02/01/37	4.00%	22,786	24,239	22,214
	FNMA POOL #0MA2937	U.S. Government obligation	03/01/37	4.00%	26,226	27,751	25,565
	FNMA POOL #0MA3440	U.S. Government obligation	08/01/38	3.50%	21,745	21,602	20,619
	FNMA POOL #0MA4570	U.S. Government obligation	02/01/42	2.00%	148,136	134,365	125,693
	FNMA POOL #0MA4587	U.S. Government obligation	03/01/42	2.50%	175,800	163,824	153,892
	GNMA II POOL #0MA3597	U.S. Government obligation	04/20/46	3.50%	110,661	110,523	103,651
	GNMA II POOL #0737851	U.S. Government obligation	01/20/41	4.00%	80,891	75,558	78,393
	GNMA II POOL #0784916	U.S. Government obligation	01/20/50	4.50%	21,525	23,315	21,695
	GNMA II POOL #0784052	U.S. Government obligation	07/20/44	5.50%	27,398	30,686	28,473
	GNMA GTD REMIC P/T 18-103 WY	U.S. Government obligation	02/20/48	VAR	114,829	119,996	116,330
	GNMA GTD REMIC P/T 18-128 KW	U.S. Government obligation	11/20/47	VAR	44,096	51,151	46,205
	GNMA GTD REMIC P/T 18-164 KW	U.S. Government obligation	11/20/48	VAR	118,713	120,940	119,246
	GNMA GTD REMIC P/T 19-137	U.S. Government obligation	04/20/49	VAR	49,799	56,880	51,389



INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL NO. 710 HEALTH AND WELFARE FUND

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

EIN NO.: 36-2153764
PLAN NO.: 501

		(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value	
	GNMA GTD REMIC P/T 19-152	U.S. Government obligation	12/20/49	VAR	29,556	\$ 32,817	\$ 29,312	
	GNMA GTD REMIC P/T 23-32	U.S. Government obligation	06/20/45	VAR	90,720	92,875	91,042	
	SBA GTD PARTN CTFS 2023-25A	U.S. Government obligation	01/01/48	14.91%	86,675	88,361	86,979	
	SBA GTD PARTN CTFS 2023-25B	U.S. Government obligation	02/01/48	14.91%	88,251	88,306	87,086	
	SBA GTD PARTN CTFS 2023-25D	U.S. Government obligation	04/01/48	14.48%	49,203	47,773	48,093	
	SBA GTD PARTN CTFS 2023-25F	U.S. Government obligation	06/01/48	14.93%	83,542	83,542	83,945	
	SBA GTD PARTN CTFS 2023-25H	U.S. Government obligation	08/01/48	15.15%	130,000	130,000	132,162	
	SBA GTD PARTN CTFS 2023-25I	U.S. Government obligation	09/01/48	15.41%	90,000	90,000	92,681	
	SBA GTD PARTN CTFS 2023-25A	U.S. Government obligation	01/01/49	15.05%	70,000	70,000	70,831	
	U S TREASURY BOND	U.S. Government obligation	02/15/45	2.50%	242,000	201,344	179,997	
	U S TREASURY BOND	U.S. Government obligation	11/15/48	3.75%	1,717,000	1,544,670	1,460,463	
	U S TREASURY BOND	U.S. Government obligation	08/15/41	1.75%	589,000	403,656	403,235	
	U S TREASURY BOND	U.S. Government obligation	11/15/42	4.00%	225,000	230,899	215,552	
	U S TREASURY BOND	U.S. Government obligation	02/15/53	3.63%	240,000	227,583	215,100	
	U S TREASURY BOND	U.S. Government obligation	02/15/43	3.88%	1,905,000	1,805,861	1,790,109	
	U S TREASURY BOND	U.S. Government obligation	08/15/52	4.13%	226,000	216,743	221,869	
	U S TREASURY NOTE	U.S. Government obligation	01/31/27	1.50%	455,000	432,883	423,045	
	U S TREASURY NOTE	U.S. Government obligation	08/31/26	0.75%	195,000	188,677	179,285	
	U S TREASURY NOTE	U.S. Government obligation	01/31/27	2.38%	1,083,000	1,015,959	1,006,302	
	U S TREASURY NOTE	U.S. Government obligation	05/15/32	2.88%	113,000	102,649	104,397	
	U S TREASURY NOTE	U.S. Government obligation	07/31/27	2.75%	592,000	561,811	568,598	
	U S TREASURY NOTE	U.S. Government obligation	12/21/27	3.88%	137,000	135,738	136,674	
	U S TREASURY NOTE	U.S. Government obligation	01/15/26	3.88%	251,000	246,461	249,292	
	U S TREASURY NOTE	U.S. Government obligation	04/30/23	3.50%	1,258,000	1,209,924	1,228,323	
	U S TREASURY NOTE	U.S. Government obligation	11/15/23	4.50%	1,033,000	1,059,537	1,077,387	
	Total U.S. Government obligations - line 1c(2)						15,497,175	15,163,053
	Municipal obligations							
	CALIFORNIA ST HLTH FACS FING A	Municipal obligation	06/01/37	4.19%	65,000	65,000	60,145	
	CALIFORNIA ST	Municipal obligation	04/01/38	4.60%	15,000	13,388	14,438	
	CALIFORNIA ST	Municipal obligation	03/01/28	5.13%	60,000	59,846	60,545	
	CALIFORNIA ST UNIV REVENUE	Municipal obligation	11/1/2053	5.18%	110,000	110,000	110,139	
	FLORIDA ST HSG FIN CORP REVENU	Municipal obligation	1/1/2043	2.55%	11,165	11,054	9,528	
	FLORIDA ST BRD OF ADMIN FIN CO	Municipal obligation	7/1/2030	2.15%	20,000	19,895	17,086	
	JOBOSHOIO BEVERAGE SYS STW D LIQ	Municipal obligation	1/1/2038	2.83%	25,000	21,638	20,564	
	LOS ANGELES CA DEPT WTR & PWR	Municipal obligation	7/1/2039	2.98%	70,000	72,954	74,102	
	LOS ANGELES CA DEPT OF WTR & P	Municipal obligation	7/1/2039	6.00%	45,000	45,661	48,147	
	LOS ANGELES CA UNIF SCH DIST	Municipal obligation	7/2/2034	6.75%	45,000	50,141	50,904	
	LOS ANGELES CNTY CA MET TRANSP	Municipal obligation	6/1/2039	5.73%	85,000	88,504	89,223	
	MASSACHUSETTS ST SCH BLDG AUTH	Municipal obligation	10/15/2040	3.40%	5,000	4,013	4,227	
	MASSACHUSETTS ST SPL OBLG REVE	Municipal obligation	7/15/2031	4.11%	29,674	28,706	29,332	
	MINNESOTA ST HSG FIN AGY HO M EO	Municipal obligation	8/1/2049	3.23%	8,630	8,653	7,583	
	NEW YORK NY	Municipal obligation	12/1/2037	6.27%	40,000	41,607	44,670	
	NEW YORK NY	Municipal obligation	10/1/2053	5.82%	25,000	25,048	28,202	
	NEW YORK CITY NY TRANSITIONAL	Municipal obligation	8/1/2037	5.77%	35,000	37,148	36,763	
	NEW YORK ST DORM AUTH ST PERSO	Municipal obligation	3/15/2034	2.20%	55,000	55,000	44,112	
	NEW YORK ST URBAN DEV CORP REV	Municipal obligation	3/15/2033	3.90%	5,000	4,593	4,752	
	NEW YORK TRANSPRTN DEV CORP LE	Municipal obligation	9/1/2035	4.25%	35,000	34,825	34,107	
	OREGON EDU DIST FULL FAITH &	Municipal obligation	6/30/2040	2.90%	35,000	35,000	27,137	
	RIVERSIDE CNTY CA PENNS OBLG	Municipal obligation	2/15/2038	3.82%	50,000	49,493	46,100	
	SONOMA CNTY CA PENNS OBLG	Municipal obligation	12/1/2029	6.00%	35,000	37,026	36,486	
	SOUTH CAROLINA ST STUDENT LOAN	Municipal obligation	10/27/2036	VAR	99,961	99,557	99,513	
	TEXAS NATURAL GAS SECURITIZTN	Municipal obligation	4/1/2035	5.10%	50,000	48,856	51,067	
	TEXAS NATURAL GAS SECURITIZTN	Municipal obligation	4/1/2040	5.17%	180,000	175,722	187,442	
	TEXAS ST	Municipal obligation	4/1/2039	5.52%	60,000	64,903	64,163	
	TEXAS ST TRANSPRTN COMMISSION	Municipal obligation	4/1/2042	2.56%	5,000	3,899	3,802	
	TEXAS ST TRANSPRTN COMMISSION	Municipal obligation	10/1/2044	2.47%	25,000	17,655	17,632	
	UNVI OF CALIFORNIA CA REVENUES	Municipal obligation	5/15/2043	5.77%	10,000	10,535	10,634	
	UNVI OF VIRGINIA CA REVENUES	Municipal obligation	9/1/2039	6.20%	10,000	10,885	11,443	
	VIRGINIA ST CMWLTH TRANSPRTN B	Municipal obligation	5/15/2035	5.35%	60,000	66,094	61,692	
	VIRGINIA ST HSG DEV AUTH CMWL	Municipal obligation	7/25/2051	2.13%	93,735	90,509	70,943	
	Total municipal obligations - line 1c(15)						1,507,808	1,476,623
	Total U.S. Government and municipal obligations						17,004,983	16,639,676
	Corporate obligations							
	Corporate obligations - preferred							
	AMEREN CORP	Corporate obligation - preferred	3/15/2028	1.75%	70,000	60,334	62,119	
	AMERICAN AIRLINES 2017-2 CLASS	Corporate obligation - preferred	4/15/2031	3.38%	98,326	87,194	90,249	
	AMERICAN AIRLINES 2016-2 CLASS	Corporate obligation - preferred	11/15/2027	3.58%	45,021	40,293	42,042	
	AMERICAN HOMES 4 RENT LP	Corporate obligation - preferred	7/15/2031	2.38%	60,000	47,580	49,274	
	AMGEN INC	Corporate obligation - preferred	3/2/2033	5.25%	70,000	69,691	71,342	
	AON CORP / AON GLOBAL HOLDINGS	Corporate obligation - preferred	8/23/2031	2.05%	90,000	89,741	73,536	
	BHP BILLITON FINANCE USA LTD	Corporate obligation - preferred	9/8/2030	5.25%	85,000	84,777	87,616	
	BBCMS MORTGAGE TRUST 20 C1 A5	Corporate obligation - preferred	6/15/2030	5.25%	75,000	77,024	73,777	
	BANK OF AMERICA CORP	Corporate obligation - preferred	3/5/2029	VAR	60,000	55,991	57,663	

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP	Corporate obligation - preferred	7/22/2027	VAR	65,000	\$ 65,593	\$ 59,926
	BANK OF AMERICA CORP	Corporate obligation - preferred	4/25/2034	VAR	65,000	65,000	65,329
	BANK OF NEW YORK MELLON CORP/T	Corporate obligation - preferred	6/13/2033	VAR	50,000	44,686	47,361
	BANK OF NEW YORK MELLON CORP/T	Corporate obligation - preferred	10/25/2029	VAR	35,000	35,000	37,151
	BANK OF NOVA SCOTIA/THE	Corporate obligation - preferred	6/12/2023	5.25%	70,000	69,733	71,242
	BANK OF NOVA SCOTIA/THE	Corporate obligation - preferred	2/1/2034	5.65%	70,000	69,931	72,302
	BANK 2020-BNK28 BN28 A4	Corporate obligation - preferred	3/15/2063	1.84%	35,000	36,049	29,097
	BANK 2020-BNK28 BN28 ASB	Corporate obligation - preferred	9/15/2060	3.27%	78,301	76,563	76,155
	BARCLAYS PLC	Corporate obligation - preferred	11/2/2028	VAR	40,000	40,028	42,740
	TRUIST BANK	Corporate obligation - preferred	9/17/2029	VAR	90,000	87,082	85,199
	BBCMS MORTGAGE TRUST 20 C14 A5	Corporate obligation - preferred	2/15/2055	VAR	75,000	75,000	64,867
	BBCMS MORTGAGE TRUST 20 C20 A5	Corporate obligation - preferred	7/15/2056	5.58%	105,000	108,418	110,730
	BBCMS MORTGAGE TRUST 20 C24 A5	Corporate obligation - preferred	2/15/2057	5.42%	55,000	56,647	57,384
	BENCHMARK 2020-B19 MORT B19 AS	Corporate obligation - preferred	9/15/2053	2.15%	20,000	20,598	15,860
	BENCHMARK 2021-B29 MORT B29 AS	Corporate obligation - preferred	9/15/2054	2.39%	35,000	33,786	29,430
	TRUSTEES OF BOSTON UNIVERSITY	Corporate obligation - preferred	7/15/2097	7.63%	45,000	59,975	48,871
	BP CAPITAL MARKETS AMERICA INC	Corporate obligation - preferred	2/13/2033	4.81%	85,000	84,842	84,888
	BROADCOM INC	Corporate obligation - preferred	11/15/2030	4.15%	80,000	73,743	76,260
	BROOKFIELD FINANCE INC	Corporate obligation - preferred	1/5/2034	6.35%	60,000	62,998	64,235
	CLI FUNDING VI LLC 1A A 144A	Corporate obligation - preferred	9/18/2045	2.08%	65,900	66,667	59,301
	COMM	Corporate obligation - preferred	7/10/2050	3.90%	110,000	114,467	107,686
	CWABS INC ASSET-BACKED CE 5 1A	Corporate obligation - preferred	10/25/2034	VAR	53,795	50,568	51,980
	CANADIAN IMPERIAL BANK OF COMM	Corporate obligation - preferred	4/28/2028	5.00%	75,000	75,000	75,426
	CARVANA AUTO RECEIVABLES N3 D	Corporate obligation - preferred	6/12/2028	1.58%	68,288	68,344	65,655
	CENTENE CORP	Corporate obligation - preferred	2/15/2030	3.38%	75,000	64,529	67,088
	CHARTER COMMUNICATIONS OPERATIONS	Corporate obligation - preferred	6/1/2041	3.50%	40,000	39,818	27,876
	CITIGROUP INC	Corporate obligation - preferred	6/9/2027	VAR	60,000	60,000	55,137
	CITIGROUP MORTGAGE LOAN	Corporate obligation - preferred	11/25/2034	VAR	1,000	1,071	995
	CITIGROUP INC	Corporate obligation - preferred	5/25/2034	VAR	45,000	45,000	46,703
	COMCAST CORP	Corporate obligation - preferred	11/1/2049	4.00%	80,000	59,437	65,876
	DRIVE AUTO RECEIVABLES TRU 1 D	Corporate obligation - preferred	1/16/2029	1.45%	180,000	174,405	173,617
	DUKE ENERGY CAROLINAS LLC	Corporate obligation - preferred	1/15/2033	4.95%	70,000	70,154	70,505
	DUKE ENERGY INDIANA LLC	Corporate obligation - preferred	4/1/2050	2.75%	105,000	103,940	66,996
	ENBRIDGE INC	Corporate obligation - preferred	11/15/2028	6.00%	45,000	44,951	47,211
	ENBRIDGE INC	Corporate obligation - preferred	11/15/2053	6.70%	45,000	49,155	51,977
	ENERGY TRANSFER LP	Corporate obligation - preferred	2/15/2033	5.75%	85,000	84,945	87,133
	ESSEX PORTFOLIO LP	Corporate obligation - preferred	1/15/2030	3.00%	40,000	36,106	35,675
	EXETER AUTOMOBILE	Corporate obligation - preferred	1/17/2028	3.00%	155,000	154,989	147,056
	FIFTH THIRD BANK NA	Corporate obligation - preferred	10/27/2025	VAR	55,000	55,116	55,078
	FORD CREDIT AUTO LEASE TRU A B	Corporate obligation - preferred	6/15/2026	5.29%	165,000	164,985	164,484
	GMACM MORTGAGE LOAN TRU GH1 M1	Corporate obligation - preferred	7/25/2035	VAR	113,185	114,741	110,686
	GS MORTGAGE SECURITIES GC45 A5	Corporate obligation - preferred	2/13/2053	2.91%	85,000	88,808	75,853
	GM FINANCIAL AUTOMOBILE LE	Corporate obligation - preferred	2/20/2026	2.64%	165,000	162,870	162,357
	GENERAL MOTORS FINANCIAL CO IN	Corporate obligation - preferred	4/6/2023	5.85%	80,000	80,055	82,056
	GENERAL MOTORS FINANCIAL CO IN	Corporate obligation - preferred	1/7/2034	6.10%	75,000	74,882	77,207
	GOLDMAN SACHS GROUP INC/THE	Corporate obligation - preferred	1/27/2032	VAR	75,000	75,469	60,986
	GOLDMAN SACHS GROUP INC/THE	Corporate obligation - preferred	1/9/2034	VAR	70,000	70,000	65,222
	HARLEY-DAVIDSON MOTORCYCL A A4	Corporate obligation - preferred	6/17/2030	4.97%	110,000	109,992	110,354
	HUMANA INC	Corporate obligation - preferred	12/1/2028	5.75%	60,000	61,148	62,138
	HUNTINGTON NATIONAL BANK/THE	Corporate obligation - preferred	1/10/2030	5.65%	50,000	50,460	50,744
	HYUNDAI AUTO RECEIVABLES T C C	Corporate obligation - preferred	6/15/2028	1.66%	105,000	104,991	97,764
	INTUIT INC	Corporate obligation - preferred	9/15/2053	5.50%	65,000	66,808	69,141
	J.P. MORGAN MORTGAGE 1 A2 144A	Corporate obligation - preferred	7/25/2052	VAR	139,912	127,364	118,816
	JP MORGAN MORTGAGE T 3 B2 144A	Corporate obligation - preferred	10/25/2046	VAR	42,764	43,132	39,815
	JP MORGAN MORTGAGE TRUS A3 2A1	Corporate obligation - preferred	6/25/2035	VAR	110,442	112,840	95,149
	JPMBB COMMERCIAL MORTGA C30 A5	Corporate obligation - preferred	7/15/2048	3.82%	135,000	134,277	129,514
	JPMBB COMMERCIAL MORTGA C31 A3	Corporate obligation - preferred	8/15/2048	3.80%	66,751	63,082	64,473
	JPMORGAN CHASE & CO	Corporate obligation - preferred	6/1/2028	VAR	105,000	106,221	96,346
	JPMORGAN CHASE & CO	Corporate obligation - preferred	1/23/2035	VAR	55,000	55,000	55,871
	LOUISIANA LOCAL GOVERNMENT ELL A2	Corporate obligation - preferred	02/01/2033	4.145%	55,000	54,142	53,849
	LOUISIANA LOCAL GOVERNMENT ELL A4	Corporate obligation - preferred	08/01/2039	4.475%	65,000	59,759	62,109
	MARSHFIELD CLINIC HEALTH SYSTE	Corporate obligation - preferred	02/15/2030	2.703%	35,000	35,000	30,207
	MORGAN STANLEY	Corporate obligation - preferred	9/20/2027	VAR	80,000	80,129	73,418
	MORGAN STANLEY	Corporate obligation - preferred	11/01/2034	VAR	85,000	89,068	93,985
	MORGAN STANLEY BANK OF C31 A4	Corporate obligation - preferred	11/15/2049	2.840%	72,842	67,533	69,174
	MVW	Corporate obligation - preferred	10/20/2038	2.440%	14,035	14,225	13,253
	NATIONAL RURAL UTILITIES COOPE	Corporate obligation - preferred	02/07/2029	4.850%	105,000	104,967	105,790
	NAVIENT PRIVATE ED DA A2A 144A	Corporate obligation - preferred	12/15/2059	4.000%	25,682	24,462	24,894
	NAVIENT PRIVATE ED DA A2B 144A	Corporate obligation - preferred	12/15/2059	VAR	23,706	23,617	23,488
	NAVIENT PRIVATE EDU D A2B 144A	Corporate obligation - preferred	12/15/2059	VAR	65,645	66,117	65,378
	NAVIENT PRIVATE ED CA A2A 144A	Corporate obligation - preferred	11/15/2068	2.150%	67,292	69,432	62,736
	NAVIENT PRIVATE EDUC EA A 144A	Corporate obligation - preferred	12/1/2069	0.970%	81,039	69,144	70,330
	NAVIENT STUDENT LO BA A2A 144A	Corporate obligation - preferred	12/15/2059	3.390%	44,509	44,507	42,745
	NAVIENT STUDENT LOA EA A2 144A	Corporate obligation - preferred	12/15/2059	4.000%	10,621	10,682	10,431
	NEW RESIDENTIAL MO 1A A1B 144A	Corporate obligation - preferred	10/25/2059	VAR	148,201	144,829	138,294
	NEW RESIDENTIAL MO 3A A1A 144A	Corporate obligation - preferred	11/25/2058	VAR	76,535	81,366	71,568
	NEW RESIDENTIAL MO 6A A1B 144A	Corporate obligation - preferred	09/25/2059	VAR	1,551,224	151,511	144,854
	NEW RESIDENTIAL MOR 2A A1 144A	Corporate obligation - preferred	02/25/2058	VAR	76,056	79,590	73,645

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	NEW RESIDENTIAL MOR 2A A3 144A	Corporate obligation - preferred	05/25/2054	VAR	51,406	\$ 55,470	\$ 48,186
	NEW RESIDENTIAL MOR 3A A1 144A	Corporate obligation - preferred	04/25/2057	VAR	132,347	134,558	125,094
	NEW RESIDENTIAL MOR 6A A1 144A	Corporate obligation - preferred	08/27/2057	VAR	94,970	100,353	90,230
	NEXTERA ENERGY CAPITAL HOLDING	Corporate obligation - preferred	03/15/2034	5.250%	85,000	84,787	85,491
	OKLAHOMA DEVELOPMENT F I PSO A1	Corporate obligation - preferred	12/01/2033	4.135%	37,279	37,280	36,392
	OSCAR US FUNDING XV 1A A6	Corporate obligation - preferred	12/10/2027	5.810%	125,000	124,987	125,849
	PECO ENERGY CO	Corporate obligation - preferred	08/15/2052	4.375%	75,000	74,690	65,915
	PG&E WILDFIRE RECOVERY FUNDING	Corporate obligation - preferred	12/01/2049	4.451%	35,000	29,464	32,139
	PG&E WILDFIRE RECOVERY FUNDING	Corporate obligation - preferred	06/01/2054	5.099%	10,000	9,814	9,936
	PG&E RECOVERY FUNDING	Corporate obligation - preferred	07/15/2049	5.536%	20,000	20,435	20,738
	DOC DR LLC	Corporate obligation - preferred	01/15/2028	3.950%	70,000	65,897	67,106
	DOC DR LLC	Corporate obligation - preferred	11/01/2031	2.625%	50,000	49,895	41,135
	PRESTIGE AUTO RECEIVABLE	Corporate obligation - preferred	12/15/2027	6.640%	105,000	104,992	106,626
	REALTY INCOME CORP	Corporate obligation - preferred	01/15/2031	3.250%	120,000	105,551	108,062
	REALTY INCOME CORP	Corporate obligation - preferred	01/15/2027	3.200%	65,000	64,939	62,111
	REALTY INCOME CORP	Corporate obligation - preferred	02/15/2031	3.200%	75,000	76,142	66,947
	RETAINED VANTAGE D 1A A2A 144A	Corporate obligation - preferred	09/15/2048	5.000%	100,000	90,924	94,772
	SFS AUTO RECEIVABLE 1A A3 144A	Corporate obligation - preferred	10/20/2028	5.470%	105,000	104,989	106,237
	SCE RECOVERY FUNDING LLC	Corporate obligation - preferred	06/15/2042	4.697%	38,550	38,306	37,961
	SMB PRIVATE EDUCA PTA A2A 144A	Corporate obligation - preferred	09/15/2054	1.600%	73,751	66,019	66,865
	SANTANDER HOLDINGS USA INC	Corporate obligation - preferred	06/12/2029	VAR	50,000	49,524	51,825
	SANTANDER DRIVE AUTO RECEI 4 D	Corporate obligation - preferred	10/15/2027	1.670%	105,000	104,967	99,636
	SANTANDER DRIVE AUTO RECEI 5 B	Corporate obligation - preferred	12/17/2029	6.160%	90,000	89,977	92,480
	CHARLES SCHWAB CORP/THE	Corporate obligation - preferred	11/17/2029	VAR	65,000	65,000	67,943
	SMB PRIVATE EDUCATI B A2A 144A	Corporate obligation - preferred	10/15/2035	2.820%	20,876	20,527	20,192
	SOFI PROFESSIONAL L A AFX 144A	Corporate obligation - preferred	08/17/2043	1.030%	32,035	26,872	27,931
	STATE STREET CORP	Corporate obligation - preferred	05/13/2033	VAR	60,000	60,336	57,161
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate obligation - preferred	03/28/2028	4.950%	80,000	79,958	80,558
	TARGA RESOURCES PARTNERS LP /	Corporate obligation - preferred	02/01/2031	4.875%	45,000	43,200	43,155
	TEACHERS INSURANCE & ANNU 144A	Corporate obligation - preferred	05/15/2050	3.300%	80,000	85,462	57,642
	TORONTO-DOMINION BANK/THE	Corporate obligation - preferred	09/15/2027	4.693%	55,000	55,000	54,891
	TORONTO-DOMINION BANK/THE	Corporate obligation - preferred	01/10/2028	5.156%	75,000	75,000	76,056
	TORONTO-DOMINION BANK/THE	Corporate obligation - preferred	09/17/2027	5.532%	50,000	50,000	50,896
	UNIVERSITY OF NOTRE DAME DU LA	Corporate obligation - preferred	02/15/2045	3.438%	10,000	8,136	8,227
	US BANCORP	Corporate obligation - preferred	01/23/2035	VAR	125,000	125,917	127,696
	UNIVERSITY OF SOUTHERN CALIFOR	Corporate obligation - preferred	10/01/2039	3.028%	35,000	28,554	28,919
	VANTAGE DATA CENTER 1A A2 144A	Corporate obligation - preferred	10/15/2046	2.165%	80,000	69,864	72,337
	VERIZON MASTER TRUST 1 B	Corporate obligation - preferred	05/20/2027	0.690%	110,000	110,310	108,297
	WELLS FARGO & CO	Corporate obligation - preferred	04/24/2034	VAR	45,000	45,000	45,353
	WELLS FARGO & CO	Corporate obligation - preferred	10/28/2030	VAR	75,000	75,000	76,620
	WELLS FARGO & CO	Corporate obligation - preferred	10/30/2030	VAR	110,000	103,716	97,936
	Total corporate obligations - preferred line 1c(3)(A)					9,146,176	8,868,283
	Corporate obligations - all other						
	AT&T INC	Corporate obligation - all other	6/1/2051	3.65%	80,000	76,560	59,492
	AIR LEASE CORP	Corporate obligation - all other	12/1/2030	3.13%	50,000	41,124	43,507
	ALEXANDRIA REAL ESTATE EQUITE	Corporate obligation - all other	7/30/2029	4.50%	30,000	28,484	29,161
	ALEXANDRIA REAL ESTATE EQUITE	Corporate obligation - all other	7/1/2030	4.70%	35,000	32,859	34,125
	*AMERICAN EXPRESS CREDIT AC 3 A	Corporate obligation - all other	8/15/2027	3.75%	140,000	139,998	137,901
	AMERICAN HOMES 4 RENT LP	Corporate obligation - all other	2/15/2028	4.25%	35,000	33,195	34,018
	AMERICO LIFE INC 144A	Corporate obligation - all other	4/15/2031	3.45%	50,000	49,858	39,311
	AMERIQUEST MORTGAGE SECU R6 M2	Corporate obligation - all other	7/25/2034	VAR	7,205	7,329	7,177
	APPLE INC	Corporate obligation - all other	8/8/2052	3.95%	45,000	38,797	38,587
	AUTONATION INC	Corporate obligation - all other	8/1/2031	2.40%	85,000	64,299	67,928
	BX TRUST 2019-OC11 OC11 D 144A	Corporate obligation - all other	12/9/2041	VAR	45,000	45,766	39,670
	BANK OF AMERICA CORP	Corporate obligation - all other	9/15/2029	VAR	75,000	73,341	77,498
	BANK 2022-BNK43 BNK43 A5	Corporate obligation - all other	8/15/2055	4.40%	85,000	77,277	81,892
	BANK OF MONTREAL	Corporate obligation - all other	12/15/2032	VAR	60,000	61,671	55,706
	BEAR STEARNS ARM TRUST 9 22A1	Corporate obligation - all other	11/25/2034	VAR	22,925	23,136	21,112
	BEAR STEARNS ALT-A TRUST 1 5A1	Corporate obligation - all other	2/25/2034	VAR	62,989	63,715	58,071
	BEAR STEARNS ARM TRUST 10 12A3	Corporate obligation - all other	1/25/2035	VAR	113,805	115,188	106,877
	BEAR STEARNS ARM TRUST 20 3 2A	Corporate obligation - all other	7/25/2034	VAR	99,791	100,542	91,366
	BENCHMARK 2019-B10 MORT B10 A4	Corporate obligation - all other	3/15/2062	VAR	75,000	69,545	70,773
	BENCHMARK 2020-B21 MORT B21 A5	Corporate obligation - all other	12/17/2053	1.98%	65,000	54,803	53,521
	BP CAPITAL MARKETS AMERICA INC	Corporate obligation - all other	4/10/2029	4.70%	45,000	44,991	45,233
	BRISTOL-MYERS SQUIBB CO	Corporate obligation - all other	11/15/2053	6.25%	65,000	67,308	73,535
	CIM TRUST 2019-J1 J1 AM 144A	Corporate obligation - all other	8/25/2049	VAR	26,968	27,606	24,403
	CSMC TRUST 2014-I IVR3 B2 144A	Corporate obligation - all other	7/25/2044	VAR	52,715	53,831	50,122
	COMM 2019-GC44 MORTGAG GC44 A5	Corporate obligation - all other	8/15/2057	2.95%	55,000	59,651	49,568
	ALTERNATIVE LOAN TRUST 2CB 1A9	Corporate obligation - all other	3/25/2034	5.75%	118,673	116,146	119,123
	ALTERNATIVE LOAN TRUST 12CB 3A1	Corporate obligation - all other	7/25/2034	5.50%	86,658	85,821	85,308
	ALTERNATIVE LOAN TRUST 16CB 1A6	Corporate obligation - all other	7/25/2034	5.50%	59,433	61,366	57,946
	CAL FUNDING I V LTD 1A A 144A	Corporate obligation - all other	9/25/2045	2.22%	71,666	72,764	64,766
	CAPITAL ONE FINANCIAL CORP	Corporate obligation - all other	7/29/2032	VAR	85,000	84,577	64,284
	CAPITAL ONE FINANCIAL CORP	Corporate obligation - all other	11/2/2032	VAR	65,000	65,108	52,215
	CAPITAL ONE FINANCIAL CORP	Corporate obligation - all other	11/3/2032	VAR	50,000	44,320	44,887
	CAPITAL ONE MULTI-ASSET E A2 A	Corporate obligation - all other	5/15/2027	3.49%	205,000	204,967	201,363

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value		Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
			Maturity Date	Interest Rate			
	CENTERPOINT ENERGY HOUSTON ELE	Corporate obligation - all other	4/1/2033	4.95%	70,000	\$ 69,829	\$ 70,680
	CHARTER COMMUNICATIONS OPERATI	Corporate obligation - all other	10/23/2035	6.38%	35,000	46,163	35,245
	CHARTER COMMUNICATIONS OPERATI	Corporate obligation - all other	3/15/2028	4.20%	85,000	72,029	73,365
	CHASE MORTGAGE FIN SH2 M3 144A	Corporate obligation - all other	12/25/2045	VAR	39,078	39,095	35,119
	CITIGROUP INC	Corporate obligation - all other	1/29/2031	VAR	75,000	75,000	65,401
	COMERICA INC	Corporate obligation - all other	01/30/2030	VAR	55,000	55,000	54,837
	CSFB MORTGAGE-BACKED AR30 5A1	Corporate obligation - all other	1/25/2034	VAR	80,495	80,458	78,295
	CREDIT SUISSE FIRST BOS 23 6A1	Corporate obligation - all other	9/25/2033	6.50%	101,941	103,952	102,029
	DCP MIDSTREAM OPERATING LP	Corporate obligation - all other	7/15/2027	5.63%	80,000	80,049	81,502
	DC OFFICE TRUST 201 MTC D 144A	Corporate obligation - all other	9/15/2045	VAR	100,000	99,563	63,011
	DTE ELECTRIC CO	Corporate obligation - all other	04/01/2033	5.200%	70,000	73,146	72,036
	DRIVE AUTO RECEIVABLES TRU 2 D	Corporate obligation - all other	3/15/2029	1.39%	90,000	89,988	85,748
	ELEVANCE HEALTH INC	Corporate obligation - all other	2/15/1953	5.13%	85,000	84,766	83,233
	EQUINIX INC	Corporate obligation - all other	7/15/2030	2.15%	50,000	40,555	42,200
	ESSEX PORTFOLIO LP	Corporate obligation - all other	6/15/2031	2.55%	35,000	27,925	29,311
	EVERSOURCE ENERGY	Corporate obligation - all other	8/15/2030	1.65%	75,000	61,174	60,734
	EXPEDIA GROUP INC	Corporate obligation - all other	2/15/2028	3.80%	70,000	67,029	67,135
	FREMF 2015-K46 MORT K46 B 144A	Corporate obligation - all other	6/25/2048	VAR	100,000	95,457	97,977
	FREMF 2015-K47 MORT K47 C 144A	Corporate obligation - all other	6/25/2048	VAR	85,000	79,877	82,794
	FIRST HORIZON CORP	Corporate obligation - all other	5/26/2025	4.00%	70,000	75,636	68,952
	FISHERS LANE ASSOCIATES L 144A	Corporate obligation - all other	8/5/2030	3.66%	41,997	43,452	39,467
	FLAGSTAR MORTGAGE 3INV B2 144A	Corporate obligation - all other	5/28/2025	VAR	123,453	131,786	112,065
	FORD CREDIT AUTO LEASE TRU B C	Corporate obligation - all other	4/15/2027	6.43%	100,000	99,979	102,301
	GLOBAL MORTGAGE SECU A A1 144A	Corporate obligation - all other	4/25/2032	5.00%	71,178	71,890	68,740
	GLOBAL PAYMENTS INC	Corporate obligation - all other	8/15/2029	3.20%	90,000	88,980	81,424
	GREEN TREE MORTGAG HE1 M6 144A	Corporate obligation - all other	12/25/2032	VAR	32,003	32,053	31,991
	HCA INC	Corporate obligation - all other	9/1/2028	5.63%	45,000	43,948	45,833
	HSBC HOLDINGS PLC	Corporate obligation - all other	9/12/2026	VAR	65,000	63,994	63,870
	HIN TIMESHARE TRUST 2 A B	Corporate obligation - all other	10/9/2039	2.23%	16,074	14,748	15,086
	HEALTHCARE REALTY HOLDINGS LP	Corporate obligation - all other	2/15/2030	3.10%	45,000	46,665	39,407
	HEALTHCARE REALTY HOLDINGS LP	Corporate obligation - all other	1/15/2028	3.63%	45,000	46,909	41,548
	INDYMAC INDX MORTGAGE L AR6 4A	Corporate obligation - all other	10/25/2034	VAR	61,433	62,584	57,292
	INVITATION HOMES OPERATING PAR	Corporate obligation - all other	8/15/2031	2.00%	70,000	58,256	55,323
	IQVIA INC	Corporate obligation - all other	2/1/2029	6.25%	65,000	65,092	67,620
	J.P. MORGAN MORTGAGE 4 A2 144A	Corporate obligation - all other	10/25/2052	VAR	138,522	122,484	122,701
	JIMMY JOHN'S FUNDI 1A A 211	Corporate obligation - all other	7/30/2047	4.85%	44,625	44,718	42,855
	JP MORGAN MORTGAG INV2 A2 144A	Corporate obligation - all other	12/25/2051	VAR	172,641	146,584	140,777
	JP MORGAN MORTGAGE ACQ CH1 MV7	Corporate obligation - all other	11/25/2036	VAR	150,000	148,734	153,210
	JP MORGAN MORTGAGE TRU A3 11A3	Corporate obligation - all other	6/25/2035	VAR	116,613	118,205	107,474
	JP MORGAN MORTGAGE TRUS A4 2A1	Corporate obligation - all other	7/25/2035	VAR	28,489	28,951	27,400
	JP MORGAN MORTGAGE T 1 B2 144A VAR RT	Corporate obligation - all other	5/25/1946	VAR	80,688	80,209	75,135
	KEYBANK NA/CLEVELAND OH	Corporate obligation - all other	1/26/2033	5.00%	55,000	55,103	51,126
	KIMCO REALTY OP LLC	Corporate obligation - all other	06/01/2025	3.200%	50,000	41,723	43,344
	KINDER MORGAN INC	Corporate obligation - all other	02/01/2033	4.800%	115,000	108,763	110,141
	LPL HOLDINGS INC	Corporate obligation - all other	11/17/2028	6.750%	50,000	49,965	52,566
	LOUISIANA LOCAL GOVERNME ENO A	Corporate obligation - all other	09/01/2039	5.197%	34,276	33,990	35,120
	MASSACHUSETTS INSTITUTE OF TEC	Corporate obligation - all other	07/01/2116	3.885%	5,000	3,905	3,860
	MASTR ASSET BACKED SEC WMC2 M2	Corporate obligation - all other	08/25/2033	VAR	82,858	84,529	85,210
	MID-STATE TRUST XI	Corporate obligation - all other	07/15/2038	4.864%	33,364	35,538	32,815
	MILL CITY MORTGAGE L2 M1 144A	Corporate obligation - all other	05/25/2058	VAR	134,797	140,863	129,730
	MORGAN STANLEY	Corporate obligation - all other	09/16/2036	VAR	65,000	65,000	51,891
	MORGAN STANLEY	Corporate obligation - all other	04/20/2029	VAR	65,000	65,000	65,389
	MORGAN STANLEY MORTGAGE L 3 3A	Corporate obligation - all other	04/25/2034	6.000%	27,099	28,556	26,690
	MORGAN STANLEY MORTGAGE L 3 4A	Corporate obligation - all other	04/25/2034	VAR	68,836	74,644	67,771
	NEW RESIDENTIAL MOR 1A B2 144A	Corporate obligation - all other	12/25/2057	VAR	113,951	124,004	109,397
	NEW RESIDENTIAL MOR 2A B2 144A	Corporate obligation - all other	08/25/2055	VAR	58,806	61,893	56,706
	NEW RESIDENTIAL MOR 2A B3 144A	Corporate obligation - all other	02/25/2058	VAR	86,886	95,222	83,439
	NMEF FUNDING 2022-B A2 144A	Corporate obligation - all other	06/15/2029	6.070%	100,415	100,414	100,980
	NASDAQ INC	Corporate obligation - all other	02/15/2034	5.550%	70,000	70,280	72,426
	OLD REPUBLIC INTERNATIONAL COR	Corporate obligation - all other	08/26/2026	3.875%	70,000	68,124	67,831
	OLD REPUBLIC INTERNATIONAL COR	Corporate obligation - all other	06/11/2051	3.850%	85,000	84,940	63,557
	ORACLE CORP	Corporate obligation - all other	03/25/2051	3.950%	105,000	95,436	81,604
	ORLANDO HEALTH OBLIGATED GROUP	Corporate obligation - all other	10/01/2044	4.416%	5,000	4,617	4,160
	PG&E WILDFIRE RECOVERY FUNDING	Corporate obligation - all other	12/01/2053	4.674%	110,000	93,874	103,696
	PUBLIC SERVICE CO OF OKLAHOMA	Corporate obligation - all other	01/15/2033	5.250%	90,000	90,543	90,667
	RCKT MORTGAGE TR CES2 A1B 144A	Corporate obligation - all other	09/25/2043	VAR	128,598	128,598	130,741
	RAYMOND JAMES FINANCIAL INC	Corporate obligation - all other	04/01/2051	3.750%	90,000	90,462	67,587
	CITIZENS BANK NA/PROVIDENCE RI	Corporate obligation - all other	08/09/2028	VAR	60,000	59,624	57,811
	REGENCY CENTERS LP	Corporate obligation - all other	03/15/2028	4.125%	50,000	45,600	48,148
	REPUBLIC SERVICES INC	Corporate obligation - all other	12/15/2033	5.000%	95,000	94,728	95,863
	REXFORD INDUSTRIAL REALTY LP	Corporate obligation - all other	12/01/2030	2.125%	105,000	91,142	86,429
	REXFORD INDUSTRIAL REALTY LP	Corporate obligation - all other	09/01/2031	2.150%	40,000	30,946	32,143
	CHARLES SCHWAB CORP/THE	Corporate obligation - all other	05/19/2034	VAR	65,000	65,000	67,279
	SHELLPOINT ASSET FUN 1 B2 144A	Corporate obligation - all other	07/25/2043	VAR	4,594	4,637	4,515
	STEWART INFORMATION SERVICES C	Corporate obligation - all other	11/15/2031	3.600%	60,000	59,960	47,221
	STRUCTURED ADJUSTABLE RA 1 1A1	Corporate obligation - all other	02/25/2035	VAR	107,177	102,890	100,052
	T-MOBILE USA INC	Corporate obligation - all other	04/15/2029	3.375%	80,000	71,378	74,306
	TACO BELL FUNDING 1A A211 144A	Corporate obligation - all other	08/25/2051	2.294%	83,512	67,997	72,430

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION
LOCAL NO. 710 HEALTH AND WELFARE FUND**

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

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(f)

EIN NO.: 36-2153764
PLAN NO.: 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral and shares or par/maturity value	Maturity Date	Interest Rate	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	TOWD POINT MORTGAG MH1 M1 144A	Corporate obligation - all other	11/25/2058	VAR	120,000	\$ 120,563	\$ 116,416
	TOWD POINT MORTGAG MH1 M2 144A	Corporate obligation - all other	11/25/2058	VAR	115,000	116,518	109,940
	TOYOTA MOTOR CREDIT CORP	Corporate obligation - all other	01/05/2029	4.650%	70,000	69,904	70,240
	TRANSCANADA PIPELINES LTD	Corporate obligation - all other	10/12/2031	2.500%	55,000	54,638	45,975
	TRUIST FINANCIAL CORP	Corporate obligation - all other	10/30/2029	VAR RT	55,000	56,399	59,374
	TRUIST FINANCIAL CORP	Corporate obligation - all other	01/24/2035	VAR RT	70,000	70,057	71,040
	US BANCORP	Corporate obligation - all other	11/03/2036	VAR	60,000	60,000	47,024
	VANTAGE DATA CENTER 1A A2 144A	Corporate obligation - all other	07/15/2044	3.188%	62,129	61,547	61,188
	VERIZON COMMUNICATIONS INC	Corporate obligation - all other	03/21/2031	2.550%	100,000	91,225	85,858
	VERIZON COMMUNICATIONS INC C	Corporate obligation - all other	05/20/2027	0.890%	90,000	90,084	88,562
	VERIZON MASTER TRUST 1 A	Corporate obligation - all other	01/22/2029	4.490%	135,000	134,971	134,324
	WAMU MORTGAGE PASS-THR CB4 11A	Corporate obligation - all other	12/25/2034	6.000%	19,900	20,803	19,660
	WAMU MORTGAGE PASS-THRO AR5 A7	Corporate obligation - all other	06/25/2033	VAR	69,604	70,352	68,610
	WAMU MORTGAGE PASS-THRO S3 1A4	Corporate obligation - all other	07/25/2034	5.000%	7,264	7,544	7,094
	WEC ENERGY GROUP INC	Corporate obligation - all other	12/15/2028	2.200%	25,000	22,161	22,296
	KIMCO REALTY OP LLC	Corporate obligation - all other	06/01/2025	3.850%	60,000	60,236	58,587
	WENDY'S FUNDING L 1A A 211	Corporate obligation - all other	03/15/2048	3.884%	103,396	95,743	97,811
	Total corporate obligations - all other line 1c(3)(B)					<u>8,955,488</u>	<u>8,560,209</u>
	Corporate stocks - preferred						
	ACE CAPITAL TRUST II	Corporate stocks - preferred	04/01/2030	9.700%	40,000	56,686	46,926
	Total corporate stocks - preferred line 1c(4)(A)					<u>56,686</u>	<u>46,926</u>
	Total corporate obligations					<u>18,158,350</u>	<u>17,475,418</u>
	Common Collective Trust						
	NHIT SHORT DURATION FIXED INCOME TRUST	Common collective trust	N/A	N/A	4,327,668	46,516,678	50,850,095
	Total common collective trust line 1c(9)					<u>46,516,678</u>	<u>50,850,095</u>
	Registered Investment Companies						
	VANGUARD RUSSELL 1000-INST	Registered investment company	N/A	N/A	77,849	15,982,561	33,159,896
	VANGUARD RUSSELL 2000-INST	Registered investment company	N/A	N/A	27,902	5,520,891	8,320,841
	Total registered investment companies line 1c(13)					<u>21,503,452</u>	<u>41,480,737</u>
	Invested Cash Collateral Held for Securities on Loan						
	JP MORGAN CHASE & CO	Invested cash collateral for securities on loan	1/23/2035	0.010%	55,000	55,563	57,200
	ACE CAPITAL TRUST II	Invested cash collateral for securities on loan	4/1/2030	9.700%	40,000	48,209	49,200
	UNIVERSITY OF NOTRE DAME DU LA	Invested cash collateral for securities on loan	2/15/2045	3.440%	10,000	8,320	8,500
	KEYBANK NA/CLEVELAND OH	Invested cash collateral for securities on loan	1/26/2033	5.000%	55,000	51,232	52,250
	WELLS FARGO & CO	Invested cash collateral for securities on loan	7/25/2029	0.010%	75,000	76,364	78,000
	BP CAPITAL MARKETS AMERICA INC	Invested cash collateral for securities on loan	4/10/2029	4.700%	45,000	45,269	46,350
	CHARTER COMMUNICATIONS OPERATI	Invested cash collateral for securities on loan	6/1/2041	3.500%	40,000	27,984	28,800
	BANK OF AMERICA CORP	Invested cash collateral for securities on loan	4/25/2034	0.010%	65,000	64,911	66,300
	Total invested cash collateral held for securities on loan - Line 1c(15)					<u>377,852</u>	<u>386,600</u>
	Total assets (held at end of year)					<u>\$ 111,938,992</u>	<u>\$ 135,210,203</u>

FOOTNOTES

STATEMENT 1

SALARIES AS SHOWN ON SCHEDULE C REFLECT THE FUND'S ALLOCATED PORTION OF SALARIES. THE FUND INITIALLY PAYS THE ENTIRE SALARY AMOUNT AND IS REIMBURSED BY THE PENSION FUND FOR ITS PORTION.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME	SERVICE CODES
BANK OF NEW YORK MELLON	19
BANK OF NEW YORK MELLON	28
BANK OF NEW YORK MELLON	62
BANK OF NEW YORK MELLON	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST & DIVIDENDS	259,567.	325,597.
PRESCRIPTION REBATES DUE	640,573.	905,218.
PREPAID EXPENSE	74,281.	81,680.
DUE FROM AFFILIATED FUNDS	17,897.	8,145.
TOTAL TO SCHEDULE H, LINE 1B(3)	992,318.	1,320,640.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4	
DESCRIPTION		BEGINNING	ENDING
COLLATERAL HELD FOR SECURITIES ON LO MUNICIPAL/FOREIGN BONDS		386,600.	232,250.
		1,476,623.	1,908,703.
TOTAL TO SCHEDULE H, LINE 1C(15)		1,863,223.	2,140,953.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5	
DESCRIPTION		BEGINNING	ENDING
LIABILITY TO RETURN COLLATERAL HELD		386,600.	232,250.
LIABILITY FOR LOSS ON SECURITY LENDI		252,076.	252,076.
DUE TO BROKERS		186,830.	129,723.
TOTAL TO SCHEDULE H, LINE 1J		825,506.	614,049.

SCHEDULE H	OTHER INCOME	STATEMENT 6	
DESCRIPTION		AMOUNT	
BENEFIT CLAIM REFUNDS		216,669.	
OTHER INCOME		247,591.	
TOTAL TO SCHEDULE H, LINE 2C		464,260.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 7	
DESCRIPTION		AMOUNT	
PCORI 720 EXCISE TAX		12,264.	
TOTAL TO SCHEDULE H, LINE 2E(3)		12,264.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 8
DESCRIPTION		
	AMOUNT	
COMPUTER EXPENSE		190,488.
DEPRECIATION		9,393.
FIDUCIARY LIABILITY INSURANCE		49,122.
INSURANCE GENERAL		41,280.
EQUIPMENT RENTAL AND MAINTENANCE		6,574.
OFFICE SUPPLIES AND EXPENSE		51,470.
POSTAGE		48,274.
PRINTING AND STATIONARY		16,921.
RENT		107,731.
TELEPHONE		9,982.
TRUSTEE MEETINGS AND CONFERENCE		43,354.
PAYROLL TAXES		49,771.
UTILITIES EXPENSE		11,995.
TOTAL TO SCHEDULE H, LINE 2I(11)		636,355.

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> <h2 style="text-align: center;">2024</h2> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan IBT UNION LOCAL NO 710 HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/25/1950
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) TRUSTEES OF IB OF T UNION LOCAL 710 HEALTH & WELFARE 9000 W 187TH STREET MOKENA IL 60448	2b Employer Identification Number (EIN)	36-2153764
	2c Plan Sponsor's telephone number	773-254-2500
	2d Business code (see instructions)	484120

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

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

SIGN HERE	<i>Michael J. Cales</i>	8/13/2025	MICHAEL CALES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Samuel D. Pilger</i>	8/15/2025	SAMUEL PILGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	1,700
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	6a(1)	1,558
a (2) Total number of active participants at the end of the plan year	6a(2)	1,499
b Retired or separated participants receiving benefits	6b	158
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,657
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	30

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 4 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL NO. 710 HEALTH AND WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JANUARY 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4(j)

EIN NO.: 36-2153764
PLAN NO.: 501

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
<u>Purchases</u>					
Dreyfus Treas & Agy Csh Csh Mg	\$ 10,359,652	\$ -	\$ 10,359,652	\$ 10,359,652	\$ -
NHIT SHORT DURATION FIXED INCOME TRUST	8,000,000	-	8,000,000	8,000,000	-
<u>Sales</u>					
Dreyfus Treas & Agy Csh Csh Mg	-	10,344,151	10,344,151	10,344,151	-
NHIT SHORT DURATION FIXED INCOME TRUST	-	44,883	42,341	44,883	2,542