

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 11/01/1950
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) TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND 2550 W. UNION HILLS DRIVE, STE 290 PHOENIX, AZ 85027
2b	Employer Identification Number (EIN) 86-6052021
2c	Plan Sponsor's telephone number 855-215-2039
2d	Business code (see instructions) 488990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2025	ANDREW MARSHALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2025	ANDREW MARSHALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 49997
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) 49997 6a(2) 49732 6b 6c 6d 49732 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 26

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 4L

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021	

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

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL 10521	0	12/01/2023	11/30/2024

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

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

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

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

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

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

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

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

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

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

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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	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	63983
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024	
A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	231755	10980	12/01/2023	11/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	65341001
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021	

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

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF HAWAII

(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
94-1340523	60053	7186	238	12/01/2023	11/30/2024

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

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

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

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

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1226149
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	604215	943	12/01/2023	11/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5338707
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021	

Part I	Service Provider Information (see instructions)
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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
ARROWSTREET CAPITAL
04-3472863

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO INCOME FUND
33-0629048

(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)

BLUECROSS BLUESHIELD OF ARIZONA

86-0004538

(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	14915197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	8713455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHWEST SERVICE ADMINISTRATORS

86-0785790

(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?
14	NONE	5000099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CAMDEN BONDS PLUS FUND LLC

95-4319164

(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?
52 68	NONE	961799	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

COTIVITI

56-2059380

(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?
15 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	778324	Yes ☐ No ☒

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

98POINT6

47-3490194

(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	569940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VISION SERVICE PLAN

06-1227840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	551448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

94-1503999

(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	499291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAN BILLER AND ASSOCIATES

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 28 51	NONE	496917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CVS HEALTH

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	487590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN

84-4332954

(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?
52 28	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	302506	Yes ☐ No ☒

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

KELLEY LAW GROUP

86-0767091

(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	299498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MD SASS, LLC

13-2703405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	223202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHWEST SERVICE ADMINISTRATORS

86-0785790

(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	172710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON CTF SMID CAP RESEARCH

04-2755549

(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	160754	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

MINES AND ASSOCIATES

84-1028610

(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 50	NONE	152355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NUVEEN ASSET MANAGEMENT, LLC

27-4357327

(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	149967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES NHIT CORE DISCIPLINED

27-6564691

(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	142747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ARISTOTLE PACIFIC CAPITAL LLC

32-0710746

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	140988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON CTF INTL CONTRARIAN VALU

04-2755549

(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	129714	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ARISTOTLE CAPITAL MANAGEMENT

95-4833644

(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 68 71	NONE	119980	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

LOOMIS, SAYLES & COMPANY

04-3200030

(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 68	NONE	117615	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

HENNINGFIELD & ASSOCIATES

54-2189926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	86239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	68305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE 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?
28	NONE	60128	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

DOUGLAS RUYGROK

2102 LA CANADA CREST DRIVE C
LA CANADA, CA 91011

(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	50549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW A MARSHALL CONSULTING LLC

30180 BUCK TAIL DRIVE
CANYON LAKE, CA 92587

(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	50549	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

AMERICAN HEALTH GROUP

86-0494854

(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?
23 50	NONE	47880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALFRED BETTS

282 HILLSIDE AVENUE
HILLSIDE, NJ 07205

(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	46337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIAN PERSON

4455 7TH AVENUE SOUTH
SEATTLE, WA 98108

(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	46337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHRIS LANGAN

2618 CORRAL DRIVE
CELINA, TX 75009

(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	46337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAIMS TECHNOLOGIES, INC.

59-0691921

(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	39856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT AND HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13628	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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 ☒ No ☐	Yes ☐ No ☒	11424	Yes ☐ No ☒

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

BNYM MELLON CF SL STOCK INDEX FUND

25-6254705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	7038	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COTIVITI	15 99	778324
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS	FEES RELATING TO PERFORMING SUBROGATION AND RECOVERY SERVICES. FEES IS CALCULATED AS A PERCENTAGE OF THE AMOUNT RECOVERED ON BEHALF OF THE PLAN.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEUBERGER BERMAN	52 28	302506
(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.	
NEUBERGER BERMAN (PF) STRAT 84-4332954	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	22	5311
(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.	
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	COMMISSIONS	

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
SEGAL SELECT INSURANCE SERVICES INC	22	1385

(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.
ENCORE 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	22	1706

(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.
RLI CORP. 9025 NORTH LINDBERGE DRIVE PEORIA, IL 61615 37-0915434	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	22	3022

(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.
AMWINS BROKERAGE P.O. BOX 603094 CHARLOTTE, NC 28260 13-4279678	COMMISSIONS

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET ACWI EX US FUND IV			
b Name of sponsor of entity listed in (a): ARROWSTREET LIMITED PARTNER			
c EIN-PN 98-0652482-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26996503	
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR COLLECTIVE INVESTMENT			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR			
c EIN-PN 26-3761443-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12207366	
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE DISCIPLINE ALPHA TRUST			
b Name of sponsor of entity listed in (a): NHIT CORE DISCIPLINED ALPHA TRUST			
c EIN-PN 27-6564691-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84469446	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	D Employer Identification Number (EIN) 86-6052021

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	29254028	27685099
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	50226716	66727843
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11411506	14314656
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	49344924	16765728
(2) U.S. Government securities	1c(2)	115627953	92775545
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	28518072	72842324
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	53022291	65291863
(5) Partnership/joint venture interests	1c(5)	232396187	253371808
(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)	254910347	264428068
(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)	138661920	119139801
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	69302	54894

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	963443246	993397629
Liabilities			
g Benefit claims payable	1g	86144927	88817162
h Operating payables	1h	473750	695297
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	86618677	89512459
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	876824569	903885170

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)	731110216	
(B) Participants	2a(1)(B)	916462	
(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)		732026678
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2753486	
(B) U.S. Government securities	2b(1)(B)	9619194	
(C) Corporate debt instruments	2b(1)(C)	3781413	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16154093
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	596802	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8114694	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8711496
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	169494299	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	170193002	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-698703
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16554268	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		16554268

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		39914000
(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)		32565213
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4078708
c Other income	2c		54226805
d Total income. Add all income amounts in column (b) and enter total	2d		903532558

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	760556171	
(2) To insurance carriers for the provision of benefits.....	2e(2)	75363878	
(3) Other	2e(3)	4813600	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		840733649
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	5000099	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	86239	
(5) Investment advisory and investment management fees	2i(5)	2792624	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	305458	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	412482	
(11) Other expenses	2i(11)	27141406	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		35738308
j Total expenses. Add all expense amounts in column (b) and enter total	2j		876471957

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27060601
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: **HENNINGFIELD & ASSOCIATES, INC.**

(2) EIN: **54-2189926**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

H&A HENNINGFIELD & ASSOCIATES, INC.

Certified Public Accountants

28296 Constellation Rd. • Valencia, California 91355
Phone: (661) 295-3363 • Fax (661) 295-3364
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Independent Auditors' Report

Board of Trustees
Teamsters Western Region And New Jersey
Health Care Fund Active Plan

Opinion

We have audited the financial statements of Teamsters Western Region And New Jersey Health Care Fund Active Plan, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Teamsters Western Region And New Jersey Health Care Fund Active Plan as of November 30, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Western Region And New Jersey Health Care Fund Active Plan ability to continue as a going concern for the year ended November 30, 2024.

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

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Certified Public Accountants

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Board of Trustees
Teamsters Western Region And New Jersey
Health Care Fund Active Plan

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Teamsters Western Region And New Jersey Health Care Fund Active 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Western Region And New Jersey Health Care Fund Active 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.

H&A HENNINGFIELD & ASSOCIATES, INC.

Certified Public Accountants

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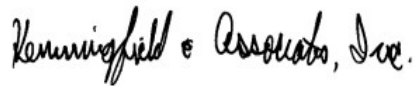
Board of Trustees
Teamsters Western Region And New Jersey
Health Care Fund Active Plan

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 For Investment As Of November 30, 2024 and Transactions Or Series of Transactions In Excess of 5% Of Plan Assets are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with Generally Accepted Auditing Standards.

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

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



HENNINGFIELD & ASSOCIATES, INC.

Valencia, CA

September 5, 2025

**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	BNY Mellon	16,765,728 shs Dreyfus Govt Securities MM	16,765,728	16,765,728
	BNY Mellon	10,890,829 shs Pimco Income Fund - Ins	124,584,743	116,096,235
	BNY Mellon	723,208 shs CTF SMID Cap Research Equity Portfolio	10,614,940	21,898,746
	BNY Mellon	12,207,366 shs William Blair Intl Leaders Fund Class I	8,957,913	12,207,366
	BNY Mellon	219,862 shs Arrowstreet International Equity ACWI EX	13,509,757	26,996,503
	BNY Mellon	141,618,226 shs Neuberger Berman Stratigic Income Fd	130,155,095	141,618,226
	BNY Mellon	919,951 shs CTF International Contrarian	10,764,763	12,787,317
	BNY Mellon	42,471 shs BNYM-M CF SL SIF Fund	56,910,864	106,068,691
	BNY Mellon	111,753,582 shs Camden Bonds Plus Fund LLC	111,255,630	111,753,582
	BNY Mellon	7,364,381 shs Loomis Sayles NHIT Core	80,220,000	84,469,446
	BNY Mellon	4,640 shs Medtronic PLC	394,582	401,546
	BNY Mellon	6,340 shs Alcon AG	334,633	563,309
	BNY Mellon	1,450 shs Adobe Inc	347,705	748,099
	BNY Mellon	7,391 shs American International Group	564,106	568,220
	BNY Mellon	4,036 shs American Water Works Co Inc	474,512	552,690
	BNY Mellon	1,870 shs Ameriprise Financial Inc	292,747	1,073,324
	BNY Mellon	2,160 shs Amgen Inc	408,864	610,999
	BNY Mellon	2,040 shs Ansys Inc	346,095	716,244
	BNY Mellon	4,830 shs Atmos Energy Corp	517,279	730,876
	BNY Mellon	3,693 shs Blackstone Inc	443,508	705,695
	BNY Mellon	19,460 shs Coterra Energy Inc	352,000	519,971
	BNY Mellon	4,740 shs Capital One Financial Corp	380,585	910,127
	BNY Mellon	8,500 shs Coca Cola Co	396,493	544,680
	BNY Mellon	4,585 shs Commerce Bancshares Inc	206,470	338,144
	BNY Mellon	1,750 shs Constellation Brands Inc	393,782	421,663
	BNY Mellon	13,650 shs Corteva Inc	369,863	849,576
	BNY Mellon	3,310 shs Cullenport Bankers Inc	306,622	465,452
	BNY Mellon	2,430 shs Danaher Corp	252,421	582,447
	BNY Mellon	2,670 shs Ecolab Inc	577,624	664,216
	BNY Mellon	6,010 shs Equity Lifestyle Properties	348,803	428,693
	BNY Mellon	1,880 shs General Dynamics Corp	342,930	533,939
	BNY Mellon	2,560 shs Honeywell International Inc	576,619	596,301
	BNY Mellon	5,590 shs Lennar Corp	290,075	974,840
	BNY Mellon	2,241 shs Lowes Cos Inc	513,681	610,516
	BNY Mellon	1,340 shs Martin Marietta Materials Inc	283,473	804,000
	BNY Mellon	5,150 shs Merk & Co Inc	458,274	523,446
	BNY Mellon	26,600 shs CIE Cenerale Des Establishment	443,275	431,957
	BNY Mellon	2,262 shs Microsoft Corp	255,327	957,867
	BNY Mellon	7,940 shs Microchip Technology Inc	340,406	541,270

\$ 574,952,187	\$ 669,031,947
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 574,952,187	\$ 669,031,947
	BNY Mellon	40,680 shs Mitsubishi UFJ Financial Group	248,504	484,499
	BNY Mellon	3,290 shs Oshkosh Corp	372,286	373,777
	BNY Mellon	2,920 shs PNC Financial Services Group	358,921	626,982
	BNY Mellon	1,850 shs Parker Hannifin Corp	277,526	1,300,365
	BNY Mellon	3,170 shs Procter & Gamble Co	430,627	568,254
	BNY Mellon	4,050 shs Qualcomm Inc	299,922	642,046
	BNY Mellon	4,950 shs RPM International Inc	315,114	686,961
	BNY Mellon	31,000 shs Sony Group Corp	314,349	621,550
	BNY Mellon	1,179 shs Teledyne Technologies, Inc.	481,149	572,121
	BNY Mellon	8,256 shs Total Energies Se	530,598	478,765
	BNY Mellon	13,161 shs US Bancorp	481,978	701,350
	BNY Mellon	13,400 shs Verizon Communications Inc	589,533	594,156
	BNY Mellon	7,900 shs Xcel Energy Inc	534,610	573,224
	BNY Mellon	4,730 shs Xylem Inc	381,200	599,527
	BNY Mellon	2,460 shs Alibaba Group Holding	469,320	214,930
	BNY Mellon	10,434 shs Alphabet Inc	626,290	1,762,824
	BNY Mellon	9,271 shs Amazon.com	879,476	1,927,348
	BNY Mellon	2,994 shs Autodesk Inc	530,249	873,949
	BNY Mellon	7,741 shs Boeing Co	1,329,045	1,203,261
	BNY Mellon	366 shs Deere & Co	59,037	170,520
	BNY Mellon	7,544 shs Walt Disney Co	857,132	886,194
	BNY Mellon	2,969 shs Expeditors International	219,309	361,149
	BNY Mellon	3,976 shs Meta Platforms Inc	691,614	2,283,496
	BNY Mellon	782 shs Factset Research Systems Inc	209,972	383,704
	BNY Mellon	2,206 shs Illumina Inc	515,831	317,995
	BNY Mellon	907 shs Intuitive Surgical Inc	157,936	491,594
	BNY Mellon	3,195 shs Microsoft Corp	364,165	1,352,955
	BNY Mellon	13,443 shs Monster Beverage Corp	440,755	741,113
	BNY Mellon	7,951 shs Natixis Loomis Focused Growth	264,693	306,042
	BNY Mellon	2,108 shs Netflix Inc	704,603	1,869,396
	BNY Mellon	3,560 shs Nike Inc	269,809	280,421
	BNY Mellon	2,970 shs Novartis AG Adr	251,583	314,134
	BNY Mellon	4,464 shs Novo Nordisk A/S Adr	143,489	476,755
	BNY Mellon	16,372 shs Nvidia Corp	127,231	2,263,429
	BNY Mellon	9,002 shs Oracle Corp	493,774	1,663,930
	BNY Mellon	3,423 shs Paypal Holdings Inc	355,793	297,014
	BNY Mellon	2,874 shs Qualcomm Inc	242,992	455,615

\$ 590,772,602	\$ 698,753,292
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 590,772,602	\$ 698,753,292
	BNY Mellon	586 shs Regeneron Pharmaceuticals	247,206	439,629
	BNY Mellon	6,755 shs Roche Holding AG Adr	266,850	244,876
	BNY Mellon	4,457 shs SEI Investments Co	269,951	368,282
	BNY Mellon	3,005 shs Salesforce Inc	466,782	991,620
	BNY Mellon	7,298 shs Shopify Inc	449,498	843,649
	BNY Mellon	3,775 shs Block Inc	395,960	334,276
	BNY Mellon	5,007 shs Starbucks Corp	398,482	513,017
	BNY Mellon	7,189 shs Tesla Inc	1,439,935	2,481,355
	BNY Mellon	694 shs Thermo Fisher Scientific Inc	376,903	367,563
	BNY Mellon	1,575 shs Vertex Pharmaceuticals Inc	327,678	737,305
	BNY Mellon	4,977 shs Visa Inc	876,933	1,568,153
	BNY Mellon	1,044 shs Workday Inc	141,742	260,990
	BNY Mellon	2,0554 shs Yum! Brands Inc	188,446	285,522
	BNY Mellon	2,405 shs Yum China Holdings Inc	111,294	111,953
	BNY Mellon	25,000 shs Affiliated Managers Group @ 3.5% due 8/1/2025	24,866	24,765
	BNY Mellon	325,000 shs Alexandria Real Estate Equities @ 1.875% due 2/1/33	326,209	255,606
	BNY Mellon	450,000 shs Amazon.com @ 3.875% due 8/22/2037	546,219	408,812
	BNY Mellon	275,000 shs Amcor Flexibles North America @ 2.69% due 5/25/31	274,879	240,529
	BNY Mellon	225,000 shs Anheuser-Busch InBev Finance @ 4.9% due 2/1/46	264,401	213,532
	BNY Mellon	325,000 shs Athene Holding Ltd @ 3.5% due 1/15/2031	344,818	298,360
	BNY Mellon	425,000 shs Bank of America Corp @ 3.248% due 10/21/2027	462,680	410,482
	BNY Mellon	625,000 shs Bank of America Corp @ var rate due 9/21/2036	625,000	519,394
	BNY Mellon	400,000 shs Berkshire Hathaway Inc @ 3.125% due 3/15/2026	425,317	393,500
	BNY Mellon	600,000 shs Burlington Northern Santa Fe @ 4.15% due 4/1/2045	714,875	516,954
	BNY Mellon	800,000 shs Carrier Global Corp @ 3.377% due 4/5/2040	576,816	641,624
	BNY Mellon	425,000 shs Citigroup Inc @ var rate due 6/3/2031	428,056	375,636
	BNY Mellon	425,000 shs Citibank NA @ 5.57% due 4/30/2034	425,000	442,442
	BNY Mellon	300,000 shs Coca Cola Co @ 3.375 % due 3/25/2027	343,761	294,408
	BNY Mellon	475,000 shs Comcast Corp @ 4.15% due 10/15/2028	552,749	468,212
	BNY Mellon	575,000 shs John Deere Capital Corp @ 4.95% due 7/14/2028	574,143	585,063
	BNY Mellon	575,000 shs Dell International LLC @ 6.2% due 7/15/2030	729,658	610,840
	BNY Mellon	125,000 shs Discovery Communications @ 3.95% due 3/20/28	127,693	119,543
	BNY Mellon	250,000 shs Duke Energy Carolinas LLC @ 2.85% due 3/15/2032	249,847	220,968
	BNY Mellon	305,000 shs Duke Energy Progress @ 3.25% due 8/15/2025	341,405	302,014
	BNY Mellon	450,000 shs Energy Transfer LP @ 6.5% due 2/1/2042	472,090	485,118
	BNY Mellon	250,000 shs Fedex Corp @ 2.4% due 5/15/2031	249,177	217,003
	BNY Mellon	300,000 shs Florida Power & Light @ 2.85% due 4/1/2025	303,368	298,305

\$ 606,113,289	\$ 716,644,592
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 606,113,289	\$ 716,644,592
	BNY Mellon	250,000 shs General Dynamics Corp @ 3.5% due 5/15/2025	275,565	248,733
	BNY Mellon	450,000 shs General Motors co @ 6.6% due 4/1/2036	586,194	486,500
	BNY Mellon	700,000 shs Globe Life Inc @ 2.15% due 8/15/2030	700,278	598,451
	BNY Mellon	325,000 shs Goldman Sachs Group Inc @ 3.5% due 11/16/2026	319,219	317,655
	BNY Mellon	325,000 shs HCA Inc @ 4.125% due 6/15/2029	343,119	313,739
	BNY Mellon	125,000 shs Healthpeak Op LLC @ 3.25% due 7/15/2026	124,882	122,202
	BNY Mellon	450,000 shs Hanover Insurance Group @ 2.5% due 9/1/2030	454,216	392,256
	BNY Mellon	25,000 shs Healthcare Realty Holdings @ 3.875% due 5/1/2025	24,979	24,781
	BNY Mellon	370,000 shs Healthcare Realty Holdings @ 2.4% due 3/15/2030	376,780	317,423
	BNY Mellon	275,000 shs Home Depot Inc @ 1.5% due 9/15/2028	273,895	247,555
	BNY Mellon	475,000 shs Intercontinental Exchange @ 1.85% due 9/15/2032	478,653	384,512
	BNY Mellon	975,000 shs JPMorgan Chase & Co @ var rt due 11/8/2032	967,373	837,788
	BNY Mellon	225,000 shs JPMorgan Chase & Co @ var rt due 4/22/2035	229,007	235,553
	BNY Mellon	300,000 shs Keysight Technologies Inc @ 4.6% due 4/6/2027	337,954	299,598
	BNY Mellon	325,000 shs LAM Research corp @ 4.875% due 3/15/2049	432,306	305,988
	BNY Mellon	300,000 shs Lowe's Cos Inc @ 1.7% due 10/15/2030	295,098	253,842
	BNY Mellon	375,000 shs Warnermedia Holdings Inc @ 5.14% due 3/15/2052	375,000	301,448
	BNY Mellon	225,000 shs McDonald's Corp @ 4.875% due 12/9/2045	258,094	210,683
	BNY Mellon	250,000 shs Metlife Inc @ 4.05% due 3/1/2045	299,614	210,698
	BNY Mellon	475,000 shs Microsoft Corp @ 3.75% due 2/12/2045	553,079	415,164
	BNY Mellon	475,000 shs Morgan Stanley @ var rt due 7/21/2032	475,000	401,176
	BNY Mellon	300,000 shs Morgan Stanley @ var rt due 10/16/2026	300,321	303,378
	BNY Mellon	225,000 shs Morgan Stanley @ var rt due 4/19/2035	239,569	235,953
	BNY Mellon	300,000 shs Motorola Solutions Inc @ 4.6% due 5/23/2029	306,666	298,605
	BNY Mellon	100,000 shs Nvidia Corp @ 3.2% due 9/16/2026	99,796	98,052
	BNY Mellon	400,000 shs Philip Morris International @ 5.625% due 11/17/2029	399,656	416,320
	BNY Mellon	425,000 shs Phillips 66 @ 4.65% due 11/15/2034	491,553	407,952
	BNY Mellon	300,000 shs Precision Castparts Corp @ 3.25% due 6/15/2025	335,724	297,585
	BNY Mellon	400,000 shs Public Storage Operating co @ 5.1% due 8/1/2033	399,312	406,576
	BNY Mellon	220,000 shs Pultegroup Inc @ 6.375% due 5/15/2033	286,823	237,715
	BNY Mellon	125,000 shs Pultegroup Inc @ 6% due 2/15/2035	160,329	132,735
	BNY Mellon	300,000 shs Reinsurance Group of America @ 3.9% due 5/15/2029	299,262	288,864
	BNY Mellon	450,000 shs Salesforce Inc @ 2.9% due 7/15/2051	448,745	303,656
	BNY Mellon	325,000 shs Charles Schwab Corp @ 2.45% due 3/3/2027	325,033	310,645
	BNY Mellon	475,000 shs Sempa @ 3.8% due 2/1/2038	506,284	407,422
	BNY Mellon	375,000 shs Simon Property Group @ 2.25% due 1/15/2032	372,281	318,390
	BNY Mellon	300,000 shs Southern Copper Corp @ 5.875% due 4/23/2045	378,176	300,423
	BNY Mellon	525,000 shs US Treasury Bond @ 3.5% due 2/15/2039	499,283	481,604
	BNY Mellon	900,000 shs US Treasury Bond @ 3% due 11/15/2044	904,714	719,334
			\$ 621,047,121	\$ 729,535,546

**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 621,047,121	\$ 729,535,546
	BNY Mellon	1,350,000 shs US Treasury Bond @ 2.875% due 8/15/2045	1,137,881	1,051,313
	BNY Mellon	600,000 shs US Treasury Bond @ 3% due 2/15/2047	547,628	470,556
	BNY Mellon	625,000 shs US Treasury Bond @ 2% due 2/15/2050	682,349	389,163
	BNY Mellon	1,050,000 shs US Treasury @ 2.75% due 8/15/2032	968,029	953,043
	BNY Mellon	1,775,000 shs US Treasury Note @ 3.875% due 9/30/2029	1,763,959	1,757,179
	BNY Mellon	1,525,000 shs US Treasury Note @ 4% due 2/29/2028	1,537,005	1,519,159
	BNY Mellon	1,825,000 shs US Treasury Note @ 3.875% due 8/15/2033	1,773,429	1,783,719
	BNY Mellon	725,000 shs US Treasury Note @ 4% due 1/31/2031	737,659	719,990
	BNY Mellon	2,375,000 shs US Treasury Note @ 2.25% due 11/15/2025	2,419,127	2,327,975
	BNY Mellon	1,975,000 shs US Treasury Note @ 2% due 11/15/2026	1,886,154	1,894,697
	BNY Mellon	850,000 shs US Treasury Note @ 1.5% due 2/15/2030	742,361	746,938
	BNY Mellon	3,275,000 shs US Treasury Note @ 2.5% due 1/31/2025	3,384,891	3,263,734
	BNY Mellon	1,150,000 shs US Treasury Note @ 2.75% due 2/15/2028	1,102,817	1,103,149
	BNY Mellon	4,425,000 shs US Treasury Note @ 2.375% due 5/15/2029	4,144,986	4,118,702
	BNY Mellon	425,000 shs Valero Energy Corp @ 6.625% due 6/15/2037	448,834	466,943
	BNY Mellon	275,000 shs Verizon Communications @ 2.55% due 3/21/2031	273,870	240,452
	BNY Mellon	50,000 shs Verisk Analytics Inc @ 5.5% due 6/15/2045	49,829	49,117
	BNY Mellon	275,000 shs Verisk Analytics Inc @ 5.25% due 6/5/2034	270,512	277,879
	BNY Mellon	240,000 shs Paramount Global @ 6.875% due 4/30/2036	306,881	249,526
	BNY Mellon	525,000 shs Virginia Electric & Power @ 2.45% due 12/15/2050	516,642	316,748
	BNY Mellon	300,000 shs VMWare LLC @ 2.2% due 8/15/2031	299,597	252,327
	BNY Mellon	500,000 shs Wells Fargo & Co @ var rt due 7/25/2034	500,000	512,780
	BNY Mellon	400,000 shs Welltower Op LLC @ 3.1% due 1/15/2030	399,264	368,368
	BNY Mellon	700,000 shs Allo Issuer LLC @ 5.94% due 7/20/2054	700,000	708,078
	BNY Mellon	750,000 shs Allo Issuer LLC @ 7.15% due 7/20/2054	749,797	767,287
	BNY Mellon	771,066 shs Ally Bank Auto Credit @ 7.917% due 5/17/2032	771,066	784,405
	BNY Mellon	500,000 shs Arbor Multifamily @ var rt due 5/15/2053	516,072	458,825
	BNY Mellon	500,000 shs Arbor Multifamily @ var rt due 5/15/2053	479,454	450,760
	BNY Mellon	100,000 shs BMD2 Re-Remic Tr @ var rt due 5/25/2052	83,918	81,408
	BNY Mellon	500,000 shs Bx Commercial Mort @ var rt due 10/15/2041	498,750	502,500
	BNY Mellon	172,642 shs Barclays Mortgage NQM1 var rt due 9/25/51	172,639	153,337
	BNY Mellon	347,278 shs Brean Asset Backed RM1 A var rt due 10/25/63	328,538	313,026
	BNY Mellon	410,046 shs Brean Asset Backed RM4 var rt due 7/25/2062	303,895	359,507
	BNY Mellon	700,000 shs BX Commercial @ var rate due 8/15/2039	698,250	703,500
	BNY Mellon	847,728 shs BX Trust 2021-SDMF @ var rt due 9/15/2034	812,760	818,058
	BNY Mellon	65,992 shs Colt 2020-3 Mortgage 3, var rt due 4/27/2065	65,991	63,601
	BNY Mellon	379,468 shs Colt 2022-3 A2 var rt due 2/25/2067	379,462	359,682

\$ 653,501,417	\$ 760,892,977
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 653,501,417	\$ 760,892,977
	BNY Mellon	750,000 shs CAFL 2024-RTL1 var rt due 11/28/2031	749,993	752,226
	BNY Mellon	800,000 shs Centersquare Issuer @ 5.2% due 10/26/2054	763,117	770,076
	BNY Mellon	293,983 shs Chase Home Lending ATR2 var rt due 7/25/49	300,803	264,882
	BNY Mellon	14,757,898 shs Chase Home Lending 1 var rt due 6/25/2054	129,132	61,961
	BNY Mellon	1,000,000 shs Connecticut Avenu R03 var rt due 12/25/2041	1,000,000	1,008,090
	BNY Mellon	700,000 shs Corevest American @ 2.25% due 12/15/2052	603,312	620,774
	BNY Mellon	18,000,000 shs FREMF 2020-K1515 @ 0.100% var rt due 3/25/2035	131,796	127,597
	BNY Mellon	450,000 shs FREMF 2016-K55 Mort var rt due 4/25/2049	489,111	441,463
	BNY Mellon	620,000 shs FREMF 2015-K44 Mort var rt due 1/25/2048	642,354	616,888
	BNY Mellon	500,000 shs FREMF 2015-K47 var rt due 6/25/2048	498,223	496,005
	BNY Mellon	63,846 shs FRESB 2015-SB9 Mortgage var rt due 11/25/35	62,412	63,557
	BNY Mellon	359,199 shs FREMF 2018-KF54 var rt due 11/25/2028	344,157	336,268
	BNY Mellon	32,942,230 shs FREMF 2018-K1507 @0.010% due 8/25/2033	205,593	168,335
	BNY Mellon	1,300,000 shs FREMF 2019-KC03 @ var rt due 1/25/2026	1,266,891	1,264,965
	BNY Mellon	498,087 shs FREMF 2019-KF59 var rt due 2/25/2029	467,579	475,354
	BNY Mellon	240,000 shs FREMF 2019-KG01 var rt due 4/25/2029	222,122	211,546
	BNY Mellon	69,000,000 shs FREMF 2019-K97 0.1% due 1/25/2030	502,113	256,680
	BNY Mellon	60,750,000 shs FREMF 2017-K63 0.1% due 2/25/2050	296,521	119,070
	BNY Mellon	75,000 shs FREMF 17-K68 var rt due 10/25/2049	67,737	72,307
	BNY Mellon	98,375 shs FREMF 2019-KF71 var rt due 10/25/2029	91,980	91,299
	BNY Mellon	46,700,000 shs FREMF 2020-K113 0.1% due 5/25/2053	347,789	210,841
	BNY Mellon	39,063,017 shs FREMF 2020-K1517 0.100% due 7/25/2035	297,200	255,472
	BNY Mellon	35,000,000 shs FREMF 2020-K1517 0.100% due 8/25/2035	258,055	231,000
	BNY Mellon	340,483 shs FREMF 2020-KF76 var rt due 1/25/2030	322,607	333,105
	BNY Mellon	80,000,000 shs FREMF 2022-K147 @ 0.1% due 10/25/2059	496,800	465,600
	BNY Mellon	16,921 shs FHLMC Pool #84-7940 var rt due 8/1/2029	17,868	16,922
	BNY Mellon	1,393 shs FHLMC Pool #G2-0027 10.000% due 10/1/2030	1,555	1,401
	BNY Mellon	168,177 shs FHLMC Pool #84-0963 var rt due 1/1/2049	160,793	169,926
	BNY Mellon	245,477 shs FHLMC Pool #QG-1921 6.500% due 5/1/2053	253,733	253,620
	BNY Mellon	625,816 shs FHLMC Pool #QG-5777 6.500% due 6/1/2053	641,168	640,673
	BNY Mellon	4,175,836 shs FNMA GTD var rt due 5/25/2050	198,604	192,960
	BNY Mellon	164,195 shs FNMA GTD @ 5.5% due 8/25/2050	162,258	164,766
	BNY Mellon	3,886,971 shs FNMA GTD @ var rt due 2/25/2031	442,236	179,461
	BNY Mellon	8,213,967 shs FNMA GTD Remic P/T 19-M23 var rt due 2/25/31	181,411	72,283
	BNY Mellon	1,927,170 shs FNMA GTD Remic P/T 19-M32 var rt due 10/25/29	150,259	74,543
	BNY Mellon	6,741,108 shs FNMA GTD Remic P/T 20-M3 var rt due 2/25/30	211,713	84,938
	BNY Mellon	3,394,340 shs FNMA GTD Remic P/T 20-M10 var rt due 8/25/28	324,319	127,797
	BNY Mellon	21,199,839 shs FHLMC Multiclass MT var rt due 10/25/2043	642,620	293,830

\$ 667,447,351	\$ 772,881,458
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 667,447,351	\$ 772,881,458
	BNY Mellon	2,500,000 shs FHLMC Multiclass MT var rt due 4/25/2034	583,789	546,700
	BNY Mellon	12,973,786 shs FHLMC Multiclass MTG KIR1 var rt due 3/25/2026	326,060	132,073
	BNY Mellon	4,750,000 shs FHLMC Multiclass @ var rt due 6/25/2044	302,070	145,255
	BNY Mellon	24,381,973 shs FHLMC Multiclass KW02 var rt due 12/25/2026	170,382	44,863
	BNY Mellon	9,396,070 shs FHLMC Multiclass KW03 var rt due 6/25/2027	247,083	144,230
	BNY Mellon	107,471 shs FHLMC Multiclass Q004 var rt due 1/25/46	108,254	107,028
	BNY Mellon	14,137,826 shs FHLMC Multiclass K068 var rt due 8/25/27	210,567	140,106
	BNY Mellon	4,000,000 shs FHLMC Multiclass K068 due 10/25/2044	324,375	205,840
	BNY Mellon	28,589,866 shs FHLMC Multiclass K071 due 11/25/2027	432,720	187,835
	BNY Mellon	603,088 shs FHLMC Multiclass K729 var rt due 11/25/2044	17,433	115
	BNY Mellon	35,184 shs FHLMC Multiclass Q007 var rt due 10/25/2047	34,970	35,238
	BNY Mellon	750,000 shs FHLMC Multiclass K156 var rt due 7/25/2036	156,445	146,235
	BNY Mellon	24,136,839 shs FHLMC Multiclass MT var rt due 1/25/2029	345,581	279,987
	BNY Mellon	174,313 shs FHLMC Multiclass Q010 var rt due 4/25/2046	175,512	173,966
	BNY Mellon	3,050,000 shs FHLMC MT var rt due 6/25/2029	160,125	143,838
	BNY Mellon	7,750,000 shs FHLMC Multiclass KL05 var rt due 6/25/2029	587,566	280,395
	BNY Mellon	9,735,202 shs FHLMC Multiclass K736 var rt due 7/25/2026	715,663	152,258
	BNY Mellon	6,139,406 shs FHLMC Multiclass K097 var rt due 9/25/2046	647,312	497,906
	BNY Mellon	3,500,000 shs FHLMC Multiclass K102 var rt due 12/25/2046	388,516	275,205
	BNY Mellon	16,000,000 shs FHLMC Multiclass KHG2 var rt due 2/25/2030	397,500	185,600
	BNY Mellon	5,764,000 shs FHLMC Multiclass MT var rt due 3/25/2048	697,650	498,240
	BNY Mellon	2,670,000 shs Freddie Mac Multiclass var rt due 10/27/2028	295,369	199,672
	BNY Mellon	7,238,935 shs FHLMC Multiclass K738 var rt due 1/25/2027	588,762	172,142
	BNY Mellon	6,500,000 shs FHLMC Multiclass Mtg K738 var rt due 3/25/2027	208,203	180,765
	BNY Mellon	5,911,137 shs FHLMC Multiclass KG03 var rt due 6/25/2030	624,595	350,412
	BNY Mellon	3,773,552 shs FHLMC Multiclass Mt var rt due 5/25/2025	122,444	23,358
	BNY Mellon	2,103,400 shs Freddie Mac Multiclass var rt due 9/25/2046	458,804	281,414
	BNY Mellon	225,787 shs FHLMC Multiclass Mtg 5012 @ 2% due 5/25/2041	210,687	214,913
	BNY Mellon	5,610,380 shs FHLMC Multiclass Mtg KSG1 var rt due 9/25/2030	299,805	286,186
	BNY Mellon	3,200,000 shs FHLMC Multiclass Mtg var rt due 4/25/2039	769,250	763,296
	BNY Mellon	3,750,000 shs FHLMC Multiclass MT var rt due 7/25/2045	301,758	190,125
	BNY Mellon	6,386,334 shs FHLMC Multiclass K739 var rt due 9/25/2027	469,261	154,677
	BNY Mellon	50,537,000 shs FHLMC Multiclass KG08 var rt due 5/25/33	284,271	239,040
	BNY Mellon	7,999,896 shs FHLMC Multiclass Mtg K513 var rt due 12/25/2028	248,125	205,837
	BNY Mellon	169,448 shs FHLMC Multiclass Mtg 5423 @ 5% due 11/25/2050	166,139	168,775
	BNY Mellon	5,000,000 shs FHLMC Multiclass K130 var rt due 7/25/2031	444,719	344,250
	BNY Mellon	14,815,278 shs FHLMC Multiclass MT var rt due 5/25/2026	453,718	173,931
	BNY Mellon	114,581,000 shs FHLMC Multiclass Mtg KHG3 var rt due 10/25/28	483,303	457,297

\$ 680,906,137	\$ 781,610,461
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 680,906,137	\$ 781,610,461
	BNY Mellon	2,600,000 shs FHLMC Multiclass KG06 var rt due 10/25/2031	400,156	365,040
	BNY Mellon	2,514,000 shs FHLMC Multiclass Mtg K137 var rt due 1/25/2049	426,005	393,919
	BNY Mellon	3,241,516 shs FHLMC Multiclass MT var rt due 3/25/2032	716,267	562,468
	BNY Mellon	15,000,000 shs FHLMC Multiclass MT var rt due 4/25/2055	418,359	374,400
	BNY Mellon	337,134 shs FNMA Pool #0MA5031 7% due 4/1/2053	341,980	344,908
	BNY Mellon	193,172 shs FNMA Pool #0MA5522 @ 6.5% due 8/1/2054	196,802	196,296
	BNY Mellon	250,000 shs Freddie Mac Multif var rt due 7/25/2041	226,455	243,847
	BNY Mellon	420,000 shs Freddie Mac Stacr var rt due 1/25/2049	523,425	521,089
	BNY Mellon	350,000 shs Freddie Mac Stacr HQA1 var rt due 3/25/2044	350,000	354,445
	BNY Mellon	421,834 shs Freddie Mac Stacr B1 var rt due 10/25/2049	420,252	430,232
	BNY Mellon	48,482,789 shs FREMF 2017-K66 X2A .1% due 6/25/2027	220,086	90,178
	BNY Mellon	550,000 shs Frontier Issuer LLC @ 7.02% due 6/20/2054	549,900	572,401
	BNY Mellon	317,683 shs GS Mortgage-Backe NQM1 var rt due 7/25/61	317,677	280,361
	BNY Mellon	6,088,794 shs GNMA GTD Remic P/T var rt due 1/16/2050	88,479	59,975
	BNY Mellon	6,884,464 shs GNMA GTD Remic P/T var rt due 3/16/2050	108,648	90,186
	BNY Mellon	7,371,055 shs GNMA GTD Remic P/T var rt due 7/16/2050	51,542	22,629
	BNY Mellon	6,401,803 shs GNMA GTD Remic P/T var rt due 2/16/2053	70,972	25,095
	BNY Mellon	1,419,384 shs GNMA GTD Remic P/T var rt due 5/16/2053	23,287	11,951
	BNY Mellon	1,208,008 shs GNMA GTD Remic P/T var rt due 2/16/2054	29,256	13,795
	BNY Mellon	3,054,969 shs GNMA GTD Remic P/T var rt due 6/16/2054	69,022	35,774
	BNY Mellon	2,067,607 shs GNMA GTD Remic P/T var rt due 10/16/2054	37,475	32,585
	BNY Mellon	317,633 shs GNMA GTD Remic P/T var rt due 3/16/2052	7,980	4,180
	BNY Mellon	1,981,835 shs GNMA GTD Remic P/T var rt due 10/16/2054	49,590	28,122
	BNY Mellon	14,051,698 shs GNMA GTD Remic P/T var rt due 3/16/2046	321,922	192,930
	BNY Mellon	2,254,390 shs GNMA GTD Remic P/T var rt due 11/16/2054	139,843	62,514
	BNY Mellon	8,352,513 shs GNMA GTD Remic P/T var rt due 5/16/2052	182,711	120,527
	BNY Mellon	6,253,819 shs GNMA GTD Remic P/T var rt due 3/16/2057	166,117	91,556
	BNY Mellon	889,165 shs GNMA GTD Remic P/T var rt due 9/16/2057	59,393	19,375
	BNY Mellon	1,481,047 shs GNMA GTD Remic P/T var rt due 1/16/2057	89,210	40,507
	BNY Mellon	13,845,886 shs GNMA GTD Remic P/T var rt due 7/16/2058	369,945	309,179
	BNY Mellon	3,068,190 shs GNMA GTD Remic P/T var rt due 12/16/2056	188,798	116,806
	BNY Mellon	7,670,108 shs GNMA GTD Remic P/T var rt due 1/16/2058	459,745	318,463
	BNY Mellon	4,871,016 shs GNMA GTD Remic P/T var rt due 1/16/2058	190,274	194,889
	BNY Mellon	2,002,810 shs GNMA GTD Remic P/T var rt due 2/16/2058	141,968	62,628
	BNY Mellon	4,452,753 shs GNMA GTD Remic P/T var rt due 12/16/2057	242,417	126,592
	BNY Mellon	982,209 shs GNMA GTD Remic P/T var rt due 7/16/2057	69,522	23,936
	BNY Mellon	5,570,042 shs GNMA GTD Remic P/T var rt due 6/16/2058	269,799	197,625
	BNY Mellon	10,109,062 shs GNMA GTD Remic P/T var rt due 2/16/2058	338,812	277,999

\$ 689,780,228	\$ 788,819,863
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 689,780,228	\$ 788,819,863
	BNY Mellon	2,292,176 shs GNMA GTD Remic P/T var rt due 2/16/2057	120,697	86,415
	BNY Mellon	1,195,426 shs GNMA GTD Remic P/T var rt due 8/16/2060	81,625	70,446
	BNY Mellon	460,049 shs GNMA GTD Remic P/T var rt due 1/16/2061	36,197	29,185
	BNY Mellon	1,938,553 shs GNMA GTD Remic P/T var rt due 5/16/2060	124,794	106,291
	BNY Mellon	9,211,904 shs GNMA GTD Remic P/T var rt due 5/16/2061	474,989	472,571
	BNY Mellon	2,164,849 shs GNMA GTD Remic P/T var rt due 1/16/2062	177,924	110,364
	BNY Mellon	2,697,241 shs GNMA GTD Remic P/T var rt due 1/16/2062	247,583	159,245
	BNY Mellon	1,481,041 shs GNMA GTD Remic P/T var rt due 7/16/2062	136,049	101,185
	BNY Mellon	4,761,259 shs GNMA GTD Remic P/T var rt due 1/16/2060	598,796	551,745
	BNY Mellon	17,261,088 shs GNMA GTD Remic P/T var rt due 1/16/2060	1,451,010	1,479,448
	BNY Mellon	2,833,245 shs GNMA GTD Remic P/T var rt due 8/16/2060	237,727	177,588
	BNY Mellon	2,292,275 shs GNMA GTD Remic P/T var rt due 6/16/2062	171,562	136,024
	BNY Mellon	2,970,855 shs GNMA GTD Remic P/T var rt due 9/16/2062	243,703	185,797
	BNY Mellon	3,871,863 shs GNMA GTD Remic P/T var rt due 5/20/2070	64,692	192,044
	BNY Mellon	3,389,799 shs GNMA GTD Remic P/T var rt due 7/20/2071	203,385	106,779
	BNY Mellon	2,053,778 shs GNMA GTD Remic P/T var rt due 3/16/2061	137,475	138,753
	BNY Mellon	1,977,702 shs GNMA GTD Remic P/T var rt due 10/16/2062	141,607	139,329
	BNY Mellon	3,945,570 shs GNMA GTD Remic P/T var rt due 1/16/2061	289,136	304,637
	BNY Mellon	6,647,678 shs GNMA GTD Remic P/T var rt due 1/16/2061	448,371	454,701
	BNY Mellon	11,247,450 shs GNMA GTD Remic P/T var rt due 1/16/2061	635,867	655,501
	BNY Mellon	3,879,825 shs GNMA GTD Remic P/T var rt due 3/16/2063	413,141	315,934
	BNY Mellon	8,215,820 shs GNMA GTD Remic P/T var rt due 4/16/2061	490,382	486,787
	BNY Mellon	2,494,020 shs GNMA GTD Remic P/T var rt due 11/16/2063	231,476	167,972
	BNY Mellon	8,485,565 shs GNMA GTD Remic P/T var rt due 5/16/2061	514,437	505,146
	BNY Mellon	2,776,203 shs GNMA GTD Remic P/T var rt due 11/16/2063	236,953	182,452
	BNY Mellon	7,317,448 shs GNMA GTD Remic P/T var rt due 10/16/2063	514,772	532,271
	BNY Mellon	3,910,788 shs GNMA GTD Remic P/T var rt due 2/16/2063	355,026	293,231
	BNY Mellon	3,517,418 shs GNMA GTD Remic P/T var rt due 1/16/2063	244,021	243,370
	BNY Mellon	4,770,986 shs GNMA GTD Remic P/T var rt due 2/16/2064	309,369	282,824
	BNY Mellon	2,698,190 shs GNMA GTD Remic P/T var rt due 12/16/2066	202,786	202,661
	BNY Mellon	11,642,277 shs GNMA GTD Remic P/T var rt due 4/16/2062	706,723	675,601
	BNY Mellon	4,048,067 shs GNMA GTD Remic P/T var rt due 6/20/2073	193,550	183,269
	BNY Mellon	700,000 shs Hertz Vehicle Financ 6.7% due 1/25/2029	699,824	708,967
	BNY Mellon	300,000 shs Hertz Vehicle Financ 9.22% due 1/25/2029	299,967	301,002
	BNY Mellon	457,925 shs Home Partners of Amer 2.922% due 10/19/2039	456,978	430,477
	BNY Mellon	956,146 shs Huntington Bank Auto var rt due 5/20/2032	956,147	965,555
	BNY Mellon	400,000 shs Huntington Bank Auto var rt due 11/6/2032	400,000	400,912
	BNY Mellon	267,371 shs Chase Mortgage Fin due 2/25/2050	267,371	256,450

\$ 703,296,340	\$ 801,612,792
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 703,296,340	\$ 801,612,792
	BNY Mellon	29,435 shs JP Morgan Mortgage var rt due 6/25/2050	29,528	29,215
	BNY Mellon	1,650,000 shs J.P. Morgan Chase Omni var rt due 10/5/2039	1,670,693	1,650,049
	BNY Mellon	600,000 shs J.P. Morgan Chase Omni var rt due 10/5/2039	595,315	592,404
	BNY Mellon	147,561 shs JP Morgan Mortgage T9 var rt due 4/25/2054	151,181	152,590
	BNY Mellon	20,140,798 shs JP Morgan Mortgag 6 AX1 var rt due 12/26/2053	163,644	87,300
	BNY Mellon	21,132,833 shs JP Morgan Mortgag 2 AX3 var rt due 7/25/2053	231,140	139,477
	BNY Mellon	9,494,384 shs JP Morgan Mortga 4 A1X1 var rt due 11/25/2053	160,825	83,331
	BNY Mellon	92,644,615 shs JP Morgan Mortgage 7 AX1 var rt due 2/25/2054	333,521	314,751
	BNY Mellon	315,909 shs Metlife Securitizati due 4/25/2058	320,406	299,889
	BNY Mellon	278,217 shs Mill City Mortgage due 10/25/2069	281,957	269,164
	BNY Mellon	1,620,000 shs OnDeck Asset Securit 1A @ 8.99% due 6/17/2031	1,619,955	1,678,077
	BNY Mellon	400,000 shs NYMT Loan Trust var rt due 9/25/2039	399,997	395,936
	BNY Mellon	775,000 shs OBX 2024-NQM17 var rt due 11/25/2064	774,999	775,666
	BNY Mellon	747,700 shs Pret 2024-RPL1 TR var rt due 10/25/2063	613,285	611,364
	BNY Mellon	300,000 shs Rock Trust 2024-CN @ 6.471% due 11/13/2041	300,000	304,749
	BNY Mellon	250,000 shs Readycap Commercial var rt due 2/27/2051	259,375	239,575
	BNY Mellon	59,999 shs Sequoia Mortgage var rt due 6/25/2048	61,799	55,866
	BNY Mellon	634,557 shs Starwood Mortgage var rt due 2/25/2050	636,371	604,175
	BNY Mellon	1,700,000 shs Toorak Mortgage Trus var rt due 9/25/2039	1,699,985	1,684,683
	BNY Mellon	318,797 shs UWM Mortgage Trus INV1 due 8/25/2051	318,764	296,112
	BNY Mellon	913,555 shs Velocity Commercial var rt due 5/25/2051	725,134	744,867
	BNY Mellon	197,318 shs Verus Securitizat Inv3 var rt due 11/25/2059	197,316	194,199
	BNY Mellon	78,825 shs Verus Securitization 4 A1 var rt due 5/25/2065	79,367	76,397
	BNY Mellon	16,669 shs Wells Fargo Mortgage var rt due 4/25/2049	16,861	15,727
	BNY Mellon	590,302 shs Western Alliance B CL4 var rt due 10/25/2052	603,583	611,031
	BNY Mellon	1,750,000 shs Ziply Fiber Issuer L @ 7.81% due 4/20/2054	1,761,357	1,809,622
	BNY Mellon	790 shs WNS Holdings LTD	43,705	42,842
	BNY Mellon	456 shs Globant SA	93,830	103,858
	BNY Mellon	1,345 shs Qiagen NV	60,258	58,413
	BNY Mellon	751 shs Advanced Energy Industries Inc	77,941	86,395
	BNY Mellon	669 shs Agilysys Inc	66,226	89,846
	BNY Mellon	493 shs Allegiant Travel Co	35,615	40,347
	BNY Mellon	1,482 shs Ameris Bancorp	85,515	104,155
	BNY Mellon	1,106 shs Azek Co Inc/the	45,248	58,751
	BNY Mellon	142 shs Badger Meter Inc	27,268	30,788
	BNY Mellon	307 shs Balchem Corp	49,960	55,420
	BNY Mellon	776 shs Berry Global Group Inc	46,189	56,112

\$ 717,934,453	\$ 816,055,935
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 717,934,453	\$ 816,055,935
	BNY Mellon	1,794 shs Bio-Techne Corp	138,873	135,196
	BNY Mellon	1,040 shs Azenta Inc	47,671	48,058
	BNY Mellon	6,760 shs CCC Intelligent Solutions	70,573	85,176
	BNY Mellon	1,007 shs CH Robinson Worldwide Inc	103,814	106,319
	BNY Mellon	253 shs CACI International Inc	118,856	116,350
	BNY Mellon	181 shs Carlisle Cos Inc	73,516	82,663
	BNY Mellon	772 shs Casella Waste Systems Inc	73,690	87,398
	BNY Mellon	265 shs Casey's General Stores Inc	89,812	111,535
	BNY Mellon	115 shs Chemed Corp	66,419	65,824
	BNY Mellon	713 shs Churchill Downs Inc	95,593	101,324
	BNY Mellon	1,184 shs Civitas Resources Inc	67,299	61,426
	BNY Mellon	542 shs Clean Harbors Inc	124,207	140,969
	BNY Mellon	37 shs Coca-Cola Consolidated Inc	41,708	48,259
	BNY Mellon	875 shs Crane Co	121,928	159,320
	BNY Mellon	1,355 shs Crane NXT Co	72,629	84,931
	BNY Mellon	1,535 shs Descartes Systems Group Inc/TH	147,372	179,395
	BNY Mellon	313 shs Eagle Materials Inc	80,484	96,692
	BNY Mellon	4,478 shs Element Solutions Inc	114,583	128,429
	BNY Mellon	187 shs Emcor Group Inc	68,268	95,392
	BNY Mellon	245 shs Aspen Technology Inc	55,404	61,250
	BNY Mellon	800 shs Encompass Health Corp	70,906	82,352
	BNY Mellon	672 shs Enpro Inc	97,582	127,075
	BNY Mellon	831 shs Ensign Group Inc/the	113,282	121,501
	BNY Mellon	1,529 shs First Industrial Realty Trust	82,576	81,725
	BNY Mellon	869 shs Five9 Inc	32,378	35,872
	BNY Mellon	723 shs Fox Factory Holding Corp	33,802	23,483
	BNY Mellon	2,226 shs Gentex Corp	64,057	68,027
	BNY Mellon	2,155 shs Gildan Activewear Inc	96,504	106,931
	BNY Mellon	1,805 shs Glacier Bancorp Inc	83,972	104,491
	BNY Mellon	1,382 shs Globus Medical Inc	98,639	118,313
	BNY Mellon	1,930 shs Graphic Packaging Holding Co	52,929	58,074
	BNY Mellon	976 shs Griffon Corp	66,145	82,277
	BNY Mellon	911 shs Guidewire Software Inc	147,170	184,833
	BNY Mellon	1,364 shs Holozyme Therapeutics Inc	76,971	65,745
	BNY Mellon	1,749 shs Hancock Whitney Corp	87,947	103,856
	BNY Mellon	1,567 shs HUB Group Inc	68,843	80,920
	BNY Mellon	669 shs Irhythm Technologies Inc	51,933	58,180
	BNY Mellon	930 shs ITT Inc	124,233	145,192

\$ 721,157,021	\$ 819,700,688
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 721,157,021	\$ 819,700,688
	BNY Mellon	352 shs Insulet Corp	84,344	93,907
	BNY Mellon	373 shs Jacobs Solutions Inc	49,597	52,679
	BNY Mellon	1,804 shs KBR Inc	115,330	109,737
	BNY Mellon	158 shs Kadant Inc	51,453	65,221
	BNY Mellon	529 shs Lamb Weston Holdings Inc	36,647	40,860
	BNY Mellon	275 shs Landstar System Inc	49,780	51,128
	BNY Mellon	275 shs Littelfuse Inc	71,043	67,834
	BNY Mellon	1,103 shs Steven Madden LTD	50,307	50,275
	BNY Mellon	214 shs Magnera Corp	4,075	4,383
	BNY Mellon	692 shs Masco Corp	55,227	55,747
	BNY Mellon	2,233 shs Matador Resources Co	120,950	134,002
	BNY Mellon	725 shs Materion corp	73,020	83,825
	BNY Mellon	118 shs Medpace Holdings Inc	39,064	40,194
	BNY Mellon	495 shs Modine Manufacturing Co	55,921	67,216
	BNY Mellon	320 shs Morningstar Inc	98,201	113,328
	BNY Mellon	407 shs Neurocrine Biosciences Inc	48,243	51,587
	BNY Mellon	458 shs Chord Energy Corp	62,816	58,404
	BNY Mellon	424 shs Onto Innovation Inc	78,770	69,612
	BNY Mellon	1,207 shs Q2 Holdings Inc	87,967	126,421
	BNY Mellon	2,981 shs Rev Group Inc	79,344	92,471
	BNY Mellon	345 shs RBC Bearings Inc	98,951	115,613
	BNY Mellon	1,755 shs Rush Enterprises Inc	89,851	108,722
	BNY Mellon	3,059 shs Seacoast Banking Corp of Florida	83,935	91,648
	BNY Mellon	411 shs Silicon Laboratories Inc	49,089	45,477
	BNY Mellon	2,354 shs Silgan Holdings Inc	117,332	135,426
	BNY Mellon	314 shs Simpson Manufacturing Co Inc	57,627	59,158
	BNY Mellon	1,199 shs Southstate Corp	109,723	132,717
	BNY Mellon	2,287 shs Stag Industrial Inc	86,408	84,139
	BNY Mellon	2,654 shs Summit Materials Inc	99,747	135,195
	BNY Mellon	665 shs Texas Roadhouse Inc	104,744	136,505
	BNY Mellon	649 shs Timken Co	53,442	50,265
	BNY Mellon	62 shs Topbuild Corp	22,829	24,220
	BNY Mellon	2,035 shs Trimble Inc	134,250	148,494
	BNY Mellon	51 shs Tyler Technologies Inc	27,281	32,088
	BNY Mellon	439 shs UFP Industries Inc	53,920	59,660
	BNY Mellon	446 shs Universal Display Corp	87,729	73,376
	BNY Mellon	360 shs Valmont Industries Inc	102,486	125,230
	BNY Mellon	1,809 shs Vercyte Inc	58,671	77,697

\$ 723,907,135	\$ 822,765,149
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 723,907,135	\$ 822,765,149
	BNY Mellon	537 shs Waste Connections Inc	91,391	103,356
	BNY Mellon	293 shs Waters Corp	101,684	112,723
	BNY Mellon	307,870 shs Husky International Cov Lite	305,946	309,708
	BNY Mellon	387,317 shs Carnival 4/24 @ 0% due 10/18/2028	387,801	389,254
	BNY Mellon	250,000 shs Aimco Clo Series var rt due 4/20/2034	249,147	250,194
	BNY Mellon	494,898 shs Universal Services 0% due 5/12/2028	488,093	497,991
	BNY Mellon	500,000 shs Ameren Corp @ 5% due 1/15/2029	498,870	504,590
	BNY Mellon	449,880 shs American Airlines 2016-2 @ 3.2% due 12/15/2029	407,461	427,238
	BNY Mellon	342,512 shs Ameican Airlines 2016-3 @ 3.25% due 4/15/2030	315,111	315,981
	BNY Mellon	227,276 shs Americredit Automobile @ 5.75% due 2/18/2028	227,267	228,185
	BNY Mellon	248,748 shs Applied Systems @ 0% due 2/7/2031	250,307	250,743
	BNY Mellon	498,744 shs Avolon 6/23 B6 @ 0% due 6/9/2028	501,237	498,604
	BNY Mellon	500,000 shs Avolon Holdings @ 2.125% due 2/21/2026	456,900	482,300
	BNY Mellon	200,000 shs BA Credit Card Trust @ 4.98% due 11/15/2028	199,973	201,948
	BNY Mellon	200,000 shs Bae Systems PLC @ 5% due 3/26/2027	199,182	201,472
	BNY Mellon	200,000 shs Banco Santander SA var rt due 7/15/2028	200,000	202,048
	BNY Mellon	750,000 shs Bank of America Corp var rt due 7/22/2026	740,100	750,007
	BNY Mellon	750,000 shs Bank of America Corp var rt due 9/15/2027	755,482	764,257
	BNY Mellon	250,000 shs Belron 10/24 @ 0% due 10/1/2031	249,375	252,625
	BNY Mellon	150,000 shs Boeing Co @ 6.259% due /1/2027	150,000	153,711
	BNY Mellon	600,000 shs Booz Allen Hamilton Inc @ 3.875% due 9/1/2028	560,524	574,374
	BNY Mellon	212,716 shs British Airways @ 3.35% due 12/15/2030	189,245	200,204
	BNY Mellon	150,000 shs Broadcom Inc @ 5.05% die 7/12/2029	149,804	151,689
	BNY Mellon	150,000 shs Broadcom Inc @ 4.15% die 2/15/2028	149,782	147,897
	BNY Mellon	156,243 shs Buckeye Partners @ 0% due 11/1/2026	156,438	156,350
	BNY Mellon	400,000 shs Cow LLC @ 5.1% due 3/1/2030	398,036	398,344
	BNY Mellon	478,175 shs Carval Clo var rt due 7/16/2031	478,175	479,574
	BNY Mellon	300,000 shs Chase Issuance Trust @ 3.97% due 9/15/2027	294,961	298,644
	BNY Mellon	1,300,000 shs Chase Issuance Trust @ 4.62% due 1/16/2029	1,299,802	1,305,382
	BNY Mellon	800,000 shs Citigroup Inc var rt due 9/29/2026	799,736	804,800
	BNY Mellon	100.000 shs Coca Cola Consolidated Inc @ 5.25% due 6/1/29	99,843	102,360
	BNY Mellon	148,216 shs Corelogic @ 0% due 6/2/2028	141,454	147,266
	BNY Mellon	100,000 shs Crown Castle Towers @ 4.241% due 7/15/2048	97,700	96,599
	BNY Mellon	100,000 shs Crown Castle Inc @ 5.6% due 6/1/2029	99,661	102,891
	BNY Mellon	150,000 shs Crown Castle Inc @ 4.9% due 9/1/2029	149,604	149,809
	BNY Mellon	200,000 shs DTE Energy Co @ 4.95% due 7/1/2027	199,762	201,300
	BNY Mellon	250,000 shs Darden Restaurants Inc @ 4.35% due 10/15/2027	249,948	247,425

\$ 736,196,937	\$ 835,226,992
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 736,196,937	\$ 835,226,992
	BNY Mellon	445,861 shs Duff & Phelps	438,307	432,321
	BNY Mellon	437,904 shs Dryden 40 Senior var rt due 8/15/2031	437,904	438,687
	BNY Mellon	500,000 shs Edison International @ 5.45% due 6/15/2029	499,645	510,030
	BNY Mellon	203,481 shs Elanco Animal Health	201,954	203,481
	BNY Mellon	300,000 shs Element Fleet Mgmt @ 5.643% due 3/13/2027	300,000	305,139
	BNY Mellon	500,000 shs Energy Transfer @ 5.55% due 2/15/2028	501,480	511,785
	BNY Mellon	250,000 shs Equinix Inc @ 1.25% due 7/15/2025	243,250	244,550
	BNY Mellon	150,000 shs Essential Utilities Inc @ 4.8% due 8/15/2027	149,946	150,353
	BNY Mellon	250,000 shs Exelon Corp @ 5.15% due 3/15/2029	249,453	253,955
	BNY Mellon	500,000 shs Extra Space Storae @ 3.875% due 12/15/2027	470,115	488,895
	BNY Mellon	78,458 shs Flatiron Clo 18 var rt due 4/17/2031	78,360	78,536
	BNY Mellon	250,000 shs Flex Ltd @ 6% due 1/15/2028	255,285	257,218
	BNY Mellon	650,000 shs Ford Credit Auto var rt due 8/15/2036	649,793	656,799
	BNY Mellon	518,056 shs Ford Credit Auto Owner @ 5.32% due 1/15/2027	518,038	519,574
	BNY Mellon	300,000 shs Ford Motor Credit Co @ 3.375% due 11/13/2025	283,191	294,867
	BNY Mellon	400,000 shs General Motors @ 5.55% due 7/15/2029	399,820	408,932
	BNY Mellon	1,250,000 shs Goldman Sachs Group var rt due 8/10/2026	1,251,663	1,258,150
	BNY Mellon	200,000 shs HSBC Holdings var rt due 11/19/2028	200,000	200,864
	BNY Mellon	250,000 shs Heico Corp @ 5.25% due 8/1/2028	250,623	254,067
	BNY Mellon	200,000 shs Hewlett Packard @ 4.55% due 10/15/2029	199,972	198,060
	BNY Mellon	207,630 shs Hilton Grand Vacation @ 5.5% due 3/25/2038	207,594	209,521
	BNY Mellon	150,000 shs Hilton Grand Vacation @ 4.98% due 8/27/2040	149,977	150,055
	BNY Mellon	250,000 shs Hilton Hotels @ 0% due 11/6/2030	250,313	251,470
	BNY Mellon	498,126 shs Hub International @ 0% due 6/20/2030	498,283	501,628
	BNY Mellon	400,000 shs Hyundai Capital @ 4.875% due 11/1/2027	399,868	400,228
	BNY Mellon	100,000 shs Idex Corp @ 4.95% due 9/1/2029	99,941	100,636
	BNY Mellon	350,000 shs Infor Inc @ 1.75% due 7/15/2025	332,157	342,804
	BNY Mellon	200,000 shs IQVIA Inc @ 5.7% due 5/15/2028	200,136	204,560
	BNY Mellon	200,000 shs JBS USA Holding LUX @ 2.5% due 1/15/2027	191,274	189,902
	BNY Mellon	750,000 shs JP Morgan Chase var rt due 12/15/2025	748,035	750,075
	BNY Mellon	1,000,000 shs JP Morgan Chase var rt due 10/22/2027	1,017,120	1,023,680
	BNY Mellon	150,000 shs Kyndryl Holdings Inc @ 2.05% due 10/15/2026	134,268	142,443
	BNY Mellon	350,000 shs LPL Holdings Inc @ 5.7% due 5/20/2027	349,867	355,782
	BNY Mellon	150,000 shs Las Vegas Sands Corp @ 5.9% due 6/1/2027	149,805	152,404
	BNY Mellon	500,000 shs Lennox International Inc @ 5.5% due 9/15/2028	504,315	512,505
	BNY Mellon	350,000 shs Lloyds Banking Group var rt due 1/5/2028	350,000	353,969
	BNY Mellon	97,610 shs MVW 2024-2 LLC @ 4.43% due 3/20/2042	97,597	96,035

\$ 749,456,286	\$ 848,630,952
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 749,456,286	\$ 848,630,952
	BNY Mellon	110,222 shs Magnetite XV Ltd var rt due 7/25/2031	110,298	110,422
	BNY Mellon	200,000 shs Marriott Internaional @ 5.55% due 10/15/2028	202,432	206,212
	BNY Mellon	315,604 shs Medline Industries @ 0% due 10/23/2028	315,999	317,419
	BNY Mellon	900,000 shs Morgan Stanley var rt due 7/17/2026	886,932	898,848
	BNY Mellon	467,000 shs Morgan Stanley var rt due 4/8/2030	466,978	480,977
	BNY Mellon	378,379 shs MVW 20204-1 LLC 1A @ 5.32% due 2/20/2043	378,358	381,962
	BNY Mellon	250,000 shs National Securities @ 4.9% due 6/26/2029	249,550	252,812
	BNY Mellon	309,564 shs Navient Private Educ @ 1.31% due 1/15/2069	290,071	287,569
	BNY Mellon	1,137,315 shs Navient Private Educ @ 2.6% due 8/15/2068	1,054,589	1,082,770
	BNY Mellon	273,420 shs Navient Private Edu @ 2.12% due 1/15/2069	257,431	257,476
	BNY Mellon	521,455 shs Navient Private Edu @ 1.69% due 5/15/2069	481,476	482,216
	BNY Mellon	220,944 shs Navient Private Educ @ 1.17% due 9/16/2069	196,105	202,791
	BNY Mellon	410,638 shs Navient Private Educ @ 1.33% due 4/15/2069	371,387	372,178
	BNY Mellon	179,670 shs Navient Private Educ @ 5.66% due 10/15/2072	179,646	182,843
	BNY Mellon	376,954 shs Neuberger Berman var rt due 1/28/2030	376,954	378,185
	BNY Mellon	980,688 shs Neuberger Berman var rt due 4/20/2031	980,688	982,602
	BNY Mellon	650,000 shs Neuberger Berman var rt due 7/25/2035	650,000	650,518
	BNY Mellon	96,000 shs Nextera Energy Operating @ 4.5% due 9/15/2027	89,640	91,307
	BNY Mellon	250,000 shs Nisource Inc @ 5.2% due 7/1/2029	249,495	254,280
	BNY Mellon	500,000 shs Nordson Corp @ 4.5% due 12/15/2029	499,035	492,715
	BNY Mellon	50,000 shs OGE Energy Corp @ 5.45% due 5/15/2029	49,935	51,305
	BNY Mellon	200,000 shs PNC Financial Services Group var rt deu 1/21/2028	200,000	202,314
	BNY Mellon	250,000 shs Pacific Gas and Electric Co @ 5.55% due 5/15/2029	249,833	255,977
	BNY Mellon	110,582 shs Palmer Square Loan var rt due 7/20/2029	110,637	110,677
	BNY Mellon	250,000 shs Palmer Square Loan var rt due 10/15/2032	250,000	250,405
	BNY Mellon	500,000 shs Palmer Square Loan var rt due 1/15/2033	500,000	500,000
	BNY Mellon	500,000 shs Penske Truck Leasing Co @ 4.4% due 7/1/2027	478,170	495,390
	BNY Mellon	250,000 shs Petroleos Mexicanos @ 6.5% due 3/13/2027	237,750	243,913
	BNY Mellon	247,449 shs Solera 6/21 Cov Lite @ 0% due 6/2/2028	242,191	248,335
	BNY Mellon	248,128 shs Prolamina 3/24 Cov Lite @ 0% due 9/15/2028	248,748	248,672
	BNY Mellon	500,000 shs Public Service Enterprise @ 5.875% due 10/15/28	512,065	521,075
	BNY Mellon	500,000 shs Regal Rexnord Corp @ 6.05% due 2/15/2026	500,995	504,920
	BNY Mellon	300,000 shs Kite Realty Group Trust @ 4.75% due 9/15/2030	288,519	297,105
	BNY Mellon	247,506 shs Roper Technologies @ 0% due 11/22/2029	248,434	248,590
	BNY Mellon	50,000 shs Royal Bank of Canada var rt due 10/18/2027	50,000	49,829
	BNY Mellon	250,000 shs SBA Communications @ 0% due 1/22/2031	250,312	250,000
	BNY Mellon	72,640 shs SBNA Auto Receivable @ 5.7% due 3/15/2027	72,639	72,762

\$ 762,233,578	\$ 861,548,323
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 762,233,578	\$ 861,548,323
	BNY Mellon	173,814 shs SMB Private Educati @ 2.23% due 9/15/2037	165,693	165,243
	BNY Mellon	360,263 shs SMB Private Educati @ 5.38% due 1/15/2053	365,299	363,040
	BNY Mellon	498,125 shs Seaworld 1/24 Cov Lite @ 0% due 8/25/2028	499,059	497,657
	BNY Mellon	59,802 shs Santander Drive Auto @ 6.08% due 5/17/2027	59,889	59,962
	BNY Mellon	179,083 shs Santander Drive Auto @ 5.71% due 2/16/2027	179,078	179,423
	BNY Mellon	39,345 shs Santander Drive Auto @ 5.41% due 7/15/2027	339,326	340,261
	BNY Mellon	350,000 shs Santander Drive Auto @ 4.88% due 9/15/2027	349,986	350,420
	BNY Mellon	250,000 shs Santander Drive Auto @ 4.62% due 11/15/2028	249,992	249,520
	BNY Mellon	162,140 shs Santander Drive Auto @ 6.18% due 2/16/2027	162,489	162,424
	BNY Mellon	250,000 shs Delta Air Lines Inc @ 4.5% due 10/20/2025	245,837	248,733
	BNY Mellon	150,000 shs JM Smucker Co @ 5.9% due 11/15/2028	154,265	157,002
	BNY Mellon	200,000 shs Sonoco Prducts Co @ 4.45% due 9/1/2026	199,856	198,792
	BNY Mellon	350,000 shs Sprint Spectrum Co @ 5.152% due 9/20/2029	346,493	352,118
	BNY Mellon	500,000 shs Sumitomo Mitsui Financial @ 5.464% due 1/13/26	500,070	503,805
	BNY Mellon	250,000 shs Sysco Corp @ 5.75% due 1/17/2029	255,595	259,443
	BNY Mellon	50,023 shs TCI Flatiron Clo var rt due 11/18/2030	50,048	50,076
	BNY Mellon	233,213 shs TCI Flatiron Clo var rt due 1/29/2032	233,143	233,933
	BNY Mellon	250,000 shs Targa Resources Corp @ 6.15% due 3/1/2029	256,275	262,500
	BNY Mellon	232,460 shs TIAA Clo IV var rt due 1/20/2032	232,460	232,787
	BNY Mellon	497,497 shs Transdigm 11/23 @ 0% due 2/14/2031	498,741	497,328
	BNY Mellon	498,750 shs Ultimate Software 1/24 @ 0% due 2/10/2031	500,620	501,952
	BNY Mellon	250,000 shs UBS Group AG var rt due 5/12/2026	244,684	249,373
	BNY Mellon	200,000 shs UBS Group AG var rt due 2/8/2030	199,986	203,410
	BNY Mellon	220,724 shs United Airlines 2016-1 @ 3.1% due 1/7/2030	209,003	208,897
	BNY Mellon	250,500 shs United Air Lines 10/24 @ 0% due 2/22/2031	249,248	251,753
	BNY Mellon	2,400,000 shs US Treasury Note @ 0.875% due 9/30/2026	2,184,916	2,260,128
	BNY Mellon	2,750,000 shs US Treasury Note @ 4.125% due 10/31/2027	2,733,223	2,751,073
	BNY Mellon	3,000,000 shs US Treasury Note @ 4.625% due 9/30/2023	3,050,489	3,052,740
	BNY Mellon	300,000 shs US Treasury Note @ 4.625% due 11/15/2023	301,805	302,343
	BNY Mellon	150,000 shs US Treasury Note @ 3.875% due 10/15/2024	149,812	149,004
	BNY Mellon	275,000 shs Venture Global Calcasieu @ 3.875% due 8/15/2029	255,281	255,448
	BNY Mellon	500,000 shs Veralto Corp @ 5.5% due 9/18/2026	501,630	506,345
	BNY Mellon	1,100,000 shs Verizon Master Trust @ 5% due 12/20/2028	1,099,967	1,104,928
	BNY Mellon	500,000 shs Verizon Master Trust @ 4.17% due 8/20/2030	499,870	496,765
	BNY Mellon	250,000 shs TK Elevator US @ 5.25% due 7/15/2027	239,473	246,220
	BNY Mellon	500,000 shs VICI Properties LP @ 4.75% due 2/15/2028	478,635	497,065
	BNY Mellon	170,331 shs Virginia Power Fuel Sec @ 5.088% due 5/1/2029	170,329	171,036

\$ 780,646,143	\$ 880,121,270
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 780,646,143	\$ 880,121,270
	BNY Mellon	250,000 shs Vistra Operations Co @ 5.05% due 12/30/2026	249,870	250,363
	BNY Mellon	350,000 shs Worldpayboost Newco @ 0% due 1/31/2031	351,312	352,874
	BNY Mellon	200,000 shs Weir Group PLC @ 2.2% due 5/13/2026	192,040	191,930
	BNY Mellon	300,000 shs Wells Fargo & Co var rt due 8/15/2026	294,708	299,295
	BNY Mellon	150,000 shs Wells Fargo & Co var rt due 4/22/2028	150,000	153,006
	BNY Mellon	200,763 shs Datetel/Ellucian @ 0% due 10/9/2029	201,516	202,833
	BNY Mellon	285,513 shs Pimco Income Fund	3,021,880	3,043,566

\$ 785,107,469	\$ 884,615,137
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**TEAMSTERS WESTERN REGION
AND NEW JERSEY HEALTH CARE FUND
ACTIVE PLAN**

FINANCIAL STATEMENTS

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

**ERISA Plan No. 501
EIN 86-6052021**

**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
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**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
BOARD OF TRUSTEES AND PROFESSIONAL ADVISORS
NOVEMBER 30, 2024**

BOARD OF TRUSTEES

EMPLOYER TRUSTEES

Douglas Ruygrok
Brent Bohn
Melinda Francis
Chris Langan
Mike O'Connor
Brian Person

UNION TRUSTEES

Andrew Marshall
Alfred Betts
Chris Eltzholtz
Karla Schumann
Mark Davison
Victor Mineros

CONTRACT ADMINISTRATOR

Southwest Service Administrators, Inc.

CONSULTANT

The Segal Company

ATTORNEY

Kelley Law Group

CERTIFIED PUBLIC ACCOUNTANTS

Henningfield & Associates, Inc.

Independent Auditors' Report

Board of Trustees
Teamsters Western Region And New Jersey
Health Care Fund Active Plan

Opinion

We have audited the financial statements of Teamsters Western Region And New Jersey Health Care Fund Active Plan, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Teamsters Western Region And New Jersey Health Care Fund Active Plan as of November 30, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Western Region And New Jersey Health Care Fund Active Plan ability to continue as a going concern for the year ended November 30, 2024.

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

H&A HENNINGFIELD & ASSOCIATES, INC.

Certified Public Accountants

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

Board of Trustees
Teamsters Western Region And New Jersey
Health Care Fund Active Plan

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Teamsters Western Region And New Jersey Health Care Fund Active 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Western Region And New Jersey Health Care Fund Active 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.

H&A HENNINGFIELD & ASSOCIATES, INC.

Certified Public Accountants

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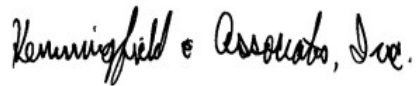
Board of Trustees
Teamsters Western Region And New Jersey
Health Care Fund Active Plan

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 For Investment As Of November 30, 2024 and Transactions Or Series of Transactions In Excess of 5% Of Plan Assets are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with Generally Accepted Auditing Standards.

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

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



HENNINGFIELD & ASSOCIATES, INC.

Valencia, CA

September 5, 2025

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF NOVEMBER 30, 2024

ASSETS

	TWR Plan	Legacy Plan	Total
INVESTMENTS AT FAIR VALUE (Note 2)			
Dreyfus money market funds	\$ 15,098,713	\$ 1,667,015	\$ 16,765,728
U.S. government securities	83,550,880	9,224,665	92,775,545
Corporate bonds	65,599,617	7,242,707	72,842,324
Common stock	58,799,898	6,491,965	65,291,863
Registered investment companies - mutual funds	107,293,740	11,846,061	119,139,801
Partnership interests	228,179,069	25,192,739	253,371,808
Common collective trusts	<u>238,136,006</u>	<u>26,292,062</u>	<u>264,428,068</u>
TOTAL INVESTMENTS AT FAIR VALUE	<u>796,657,923</u>	<u>87,957,214</u>	<u>884,615,137</u>
 CASH AND CASH EQUIVALENTS (Note 7)			
Wells Fargo Advantage Fund	(279,393)	(552,507)	(831,900)
Operating Checking	<u>18,159,668</u>	<u>10,357,331</u>	<u>28,516,999</u>
TOTAL CASH AND CASH EQUIVALENTS	<u>17,880,275</u>	<u>9,804,824</u>	<u>27,685,099</u>
 RECEIVABLES			
Contributions receivable (Notes 2 and 5)	66,727,843	-	66,727,843
Due from related entities (Note 6)	2,020,514	6,020	2,026,534
Prescription rebate receivable	9,725,436	835,977	10,561,413
Interest receivable	1,499,520	164,844	1,664,364
Miscellaneous receivable	<u>62,345</u>	<u>-</u>	<u>62,345</u>
TOTAL RECEIVABLES	<u>80,035,658</u>	<u>1,006,841</u>	<u>81,042,499</u>
 OTHER ASSETS	<u>50,715</u>	<u>4,179</u>	<u>54,894</u>
 TOTAL ASSETS	<u>\$ 894,624,571</u>	<u>\$ 98,773,058</u>	<u>\$ 993,397,629</u>

**LIABILITIES AND NET ASSETS
AVAILABLE FOR BENEFITS**

LIABILITIES			
Accrued liabilities	\$ <u>609,762</u>	\$ <u>85,535</u>	\$ <u>695,297</u>
TOTAL LIABILITIES	<u>609,762</u>	<u>85,535</u>	<u>695,297</u>
 NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 894,014,809</u>	<u>\$ 98,687,523</u>	<u>\$ 992,702,332</u>

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF NOVEMBER 30, 2023

ASSETS

	TWR Plan	Legacy Plan	Total
INVESTMENTS AT FAIR VALUE (Note 2)			
Dreyfus money market funds	\$ 45,578,555	\$ 3,766,369	\$ 49,344,924
U.S. government securities	106,802,374	8,825,579	115,627,953
Corporate bonds	26,341,362	2,176,710	28,518,072
Common stock	48,975,238	4,047,053	53,022,291
Registered investment companies - mutual funds	128,078,218	10,583,702	138,661,920
Partnership interests	214,657,993	17,738,194	232,396,187
Common collective trusts	<u>235,453,706</u>	<u>19,456,641</u>	<u>254,910,347</u>
TOTAL INVESTMENTS AT FAIR VALUE	<u>805,887,446</u>	<u>66,594,248</u>	<u>872,481,694</u>
 CASH AND CASH EQUIVALENTS (Note 7)			
Wells Fargo Advantage Fund	(415,082)	(297,439)	(712,521)
Operating Checking	<u>23,738,696</u>	<u>6,227,853</u>	<u>29,966,549</u>
TOTAL CASH AND CASH EQUIVALENTS	<u>23,323,614</u>	<u>5,930,414</u>	<u>29,254,028</u>
 RECEIVABLES			
Contributions receivable (Notes 2 and 5)	50,226,716	-	50,226,716
Due from related entities (Note 6)	1,598,523	3,635	1,602,158
Prescription rebate receivable	7,690,371	787,964	8,478,335
Interest receivable	<u>1,229,856</u>	<u>101,157</u>	<u>1,331,013</u>
TOTAL RECEIVABLES	<u>60,745,466</u>	<u>892,756</u>	<u>61,638,222</u>
 OTHER ASSETS	<u>64,728</u>	<u>4,574</u>	<u>69,302</u>
 TOTAL ASSETS	<u>\$ 890,021,254</u>	<u>\$ 73,421,992</u>	<u>\$ 963,443,246</u>

**LIABILITIES AND NET ASSETS
AVAILABLE FOR BENEFITS**

LIABILITIES			
Accrued liabilities	\$ <u>428,903</u>	\$ <u>44,847</u>	\$ <u>473,750</u>
TOTAL LIABILITIES	<u>428,903</u>	<u>44,847</u>	<u>473,750</u>
 NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 889,592,351</u>	<u>\$ 73,377,145</u>	<u>\$ 962,969,496</u>

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED NOVEMBER 30, 2024

	TWR Plan	Legacy Plan	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Employer contributions (Notes 2 and 5)	\$ 675,811,809	\$ 55,298,407	\$ 731,110,216
Participant contributions	<u>849,681</u>	<u>66,781</u>	<u>916,462</u>
Total Contributions	<u>676,661,490</u>	<u>55,365,188</u>	<u>732,026,678</u>
Prescription Drug Rebates and Ancillary Income	<u>49,513,255</u>	<u>4,713,550</u>	<u>54,226,805</u>
Investment Income			
Interest and Dividend Income (Exhibit A)	24,644,197	2,423,833	27,068,030
Net Gain on Sale of Investments (Exhibit A)	15,009,603	1,413,868	16,423,471
Net Unrealized (Depreciation) in Fair Value of Investments (Exhibit B)	<u>66,907,437</u>	<u>6,880,137</u>	<u>73,787,574</u>
Total investment income	106,561,237	10,717,838	117,279,075
Less Investment expenses	<u>(2,085,544)</u>	<u>(210,163)</u>	<u>(2,295,707)</u>
Net investment income	<u>104,475,693</u>	<u>10,507,675</u>	<u>114,983,368</u>
TOTAL ADDITIONS	\$ <u>830,650,438</u>	\$ <u>70,586,413</u>	\$ <u>901,236,851</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits paid to or for participants:			
Premiums			
Medical	\$ 77,441,260	\$ -	\$ 77,441,260
Stop Loss	-	63,983	63,983
Indemnity benefits			
Medical	522,586,737	27,175,404	549,762,141
Prescription drugs	141,583,826	11,872,264	153,456,090
Dental	40,600,679	2,869,873	43,470,552
Vision	6,060,830	421,610	6,482,440
Disability	5,624,553	183,465	5,808,018
Death	<u>1,570,930</u>	<u>6,000</u>	<u>1,576,930</u>
	<u>795,468,815</u>	<u>42,592,599</u>	<u>838,061,414</u>
ADMINISTRATIVE EXPENSES (Exhibit C)	<u>30,759,165</u>	<u>2,683,436</u>	<u>33,442,601</u>
TOTAL DEDUCTIONS	<u>826,227,980</u>	<u>45,276,035</u>	<u>871,504,015</u>
NET INCREASE	4,422,458	25,310,378	29,732,836
NET ASSETS AVAILABLE FOR BENEFITS			
BEGINNING OF YEAR	<u>889,592,351</u>	<u>73,377,145</u>	<u>962,969,496</u>
END OF YEAR	<u>\$ 894,014,809</u>	<u>\$ 98,687,523</u>	<u>\$ 992,702,332</u>

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED NOVEMBER 30, 2023

	TWR Plan	Legacy Plan	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Employer contributions (Notes 2 and 5)	\$ 615,423,120	\$ 52,954,028	\$ 668,377,148
Participant contributions	<u>893,210</u>	<u>78,416</u>	<u>971,626</u>
Total Contributions	<u>616,316,330</u>	<u>53,032,444</u>	<u>669,348,774</u>
Prescription Drug Rebates and Ancillary Income	<u>40,646,748</u>	<u>3,762,434</u>	<u>44,409,182</u>
Stop Loss Recoveries	<u>-</u>	<u>139,069</u>	<u>139,069</u>
Investment Income			
Interest and Dividend Income (Exhibit A)	27,691,768	1,751,160	29,442,928
Net Gain on Sale of Investments (Exhibit A)	1,188,276	74,320	1,262,596
Net Unrealized (Depreciation) in Fair Value of Investments (Exhibit B)	<u>31,047,764</u>	<u>2,062,139</u>	<u>33,109,903</u>
Total investment income	59,927,808	3,887,619	63,815,427
Less Investment expenses	<u>(2,264,741)</u>	<u>(159,848)</u>	<u>(2,424,589)</u>
Net investment income	<u>57,663,067</u>	<u>3,727,771</u>	<u>61,390,838</u>
TOTAL ADDITIONS	<u>\$ 714,626,145</u>	<u>\$ 60,661,718</u>	<u>\$ 775,287,863</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits paid to or for participants:			
Premiums			
Medical	\$ 59,756,358	\$ -	\$ 59,756,358
Stop Loss	-	732,842	732,842
Indemnity benefits			
Medical	473,863,245	25,721,182	499,584,427
Prescription drugs	122,793,433	10,761,983	133,555,416
Dental	38,570,116	2,901,716	41,471,832
Vision	4,190,687	270,250	4,460,937
Disability	5,847,014	164,439	6,011,453
Death	<u>1,857,932</u>	<u>15,000</u>	<u>1,872,932</u>
	<u>706,878,785</u>	<u>40,567,412</u>	<u>747,446,197</u>
ADMINISTRATIVE EXPENSES (Exhibit C)	<u>19,757,776</u>	<u>2,551,705</u>	<u>22,309,481</u>
TOTAL DEDUCTIONS	<u>726,636,561</u>	<u>43,119,117</u>	<u>769,755,678</u>
NET INCREASE (DECREASE)	(12,010,413)	17,542,601	5,532,185
NET ASSETS AVAILABLE FOR BENEFITS			
BEGINNING OF YEAR	<u>901,602,767</u>	<u>55,834,544</u>	<u>957,437,311</u>
END OF YEAR	<u>\$ 889,592,351</u>	<u>\$ 73,377,145</u>	<u>\$ 962,969,496</u>

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
AS OF NOVEMBER 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Prepaid premiums	\$ <u>(6,004,438)</u>	\$ <u>(3,863,073)</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
TWR		
Claims incurred but not reported for active participants (Note 2)	88,038,600	83,454,000
Legacy		
Claims incurred but not reported for active participants (Note 2)	<u>6,783,000</u>	<u>6,554,000</u>
	<u>94,821,600</u>	<u>90,008,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS (Notes 2 and 8)	\$ <u>88,817,162</u>	\$ <u>86,144,927</u>

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

**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEARS ENDED NOVEMBER 30, 2024 AND 2023**

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Balance at beginning of year	\$ (3,863,073)	\$ (7,208,609)
Premiums and claims reported and approved for payment	835,920,049	750,791,733
Premiums and claims paid	<u>(838,061,414)</u>	<u>(747,446,197)</u>
Balance at end of year	<u>(6,004,438)</u>	<u>(3,863,073)</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
TWR		
Balance at beginning of year	83,454,000	81,480,000
Net change during year:		
Claims incurred but not reported for active participants (Note 2)	<u>4,584,600</u>	<u>1,974,000</u>
Balance at end of year	<u>88,038,600</u>	<u>83,454,000</u>
Legacy		
Balance at beginning of year	6,554,000	6,162,000
Net change during year:		
Claims incurred but not reported for active participants (Note 2)	<u>229,000</u>	<u>392,000</u>
Balance at end of year	<u>6,783,000</u>	<u>6,554,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ <u>88,817,162</u>	\$ <u>86,144,927</u>

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
EXHIBIT A - INTEREST AND DIVIDEND INCOME AND
NET GAIN(LOSS) ON SALE OF INVESTMENTS
FOR THE YEARS ENDED NOVEMBER 30, 2024 AND 2023

INTEREST AND DIVIDEND INCOME

	TWR	Legacy	Total
Interest and Dividend Income - 2024			
Cash Equivalent	\$ 2,548,423	\$ 205,063	\$ 2,753,486
U.S. Government Securities and Agencies	8,791,094	828,100	9,619,194
Corporate bonds	3,455,877	325,536	3,781,413
Common collective trusts	2,012,837	189,604	2,202,441
Registered investment companies - mutual funds	7,290,542	824,152	8,114,694
Common stock	<u>545,424</u>	<u>51,378</u>	<u>596,802</u>
Total interest and dividend	\$ <u>24,644,197</u>	\$ <u>2,423,833</u>	\$ <u>27,068,030</u>
Interest and Dividend Income - 2023			
Cash Equivalent	\$ 2,336,048	\$ 165,304	\$ 2,501,352
U.S. Government Securities and Agencies	11,021,827	689,353	11,711,180
Corporate bonds	1,311,775	82,044	1,393,819
Common collective trusts	2,105,167	131,666	2,236,833
Registered investment companies - mutual funds	10,203,206	638,153	10,841,359
Common stock	684,401	42,805	727,206
Preferred / Convertible securities	<u>29,344</u>	<u>1,835</u>	<u>31,179</u>
Total interest and dividend	\$ <u>27,691,768</u>	\$ <u>1,751,160</u>	\$ <u>29,442,928</u>

REALIZED GAIN/(LOSS) ON SALE OF INVESTMENTS – 2024

Description	Proceeds	Cost	Gain/(Loss)
U.S. Government Securities and Agencies	\$ 106,973,988	\$ 112,232,556	\$ (5,258,568)
Corporate bonds	46,687,702	48,343,712	(1,656,010)
Common collective trusts	31,951,003	22,737,649	9,213,354
Partnership interests	25,100,000	15,317,113	9,782,887
Registered investment companies - mutual funds	67,600,000	74,115,289	(6,515,289)
Common stock	<u>15,832,609</u>	<u>9,616,734</u>	<u>6,215,875</u>
	\$ <u>294,145,302</u>	\$ <u>282,363,053</u>	11,782,249
Partnership Income			<u>4,641,222</u>
TOTAL REALIZED GAIN ON SALE OF INVESTMENTS			\$ <u>16,423,471</u>

REALIZED GAIN/(LOSS) ON SALE OF INVESTMENTS – 2023

Description	Proceeds	Cost	Gain/(Loss)
U.S. Government Securities and Agencies	\$ 62,463,907	\$ 70,961,071	\$ (8,497,164)
Corporate bonds	10,380,813	11,697,182	(1,316,369)
Common collective trusts	17,673,863	13,491,154	4,182,709
Partnership interests	2,000,000	1,317,365	682,635
Registered investment companies - mutual funds	25,210,000	28,525,633	(3,315,633)
Common stock	<u>29,032,866</u>	<u>22,430,550</u>	<u>6,602,316</u>
	\$ <u>146,761,449</u>	\$ <u>148,422,955</u>	(1,661,506)
Partnership Income			<u>2,924,102</u>
TOTAL REALIZED GAIN ON SALE OF INVESTMENTS			\$ <u>1,262,596</u>

The accompanying notes are an integral part of this exhibit.

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
EXHIBIT B - NET UNREALIZED APPRECIATION(DEPRECIATION)
IN FAIR VALUE OF INVESTMENTS
FOR THE YEARS ENDED NOVEMBER 30, 2024 AND 2023

NET UNREALIZED APPRECIATION(DEPRECIATION) IN FAIR VALUE OF INVESTMENTS

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

**Investments at Fair Value as Determined
By Quoted Market Price**

	November 30, 2024	November 30, 2023
U.S. Government Securities and Agencies	\$ 3,769,484	\$ 3,595,412
Registered Investment Companies - Mutual Funds	10,593,997	875,126
Common Stock	9,302,939	4,390,711
Corporate Debt Securities	3,481,845	1,324,694
Preferred / Convertible Securities	<u>-</u>	<u>50,802</u>
	<u>27,148,265</u>	<u>10,236,745</u>

Investments at Estimated Fair Value

Common Collective Trust	28,498,205	14,420,227
Partnership Interests	<u>18,141,104</u>	<u>8,452,931</u>
	<u>46,639,309</u>	<u>22,873,158</u>
	<u>\$ 73,787,574</u>	<u>\$ 33,109,903</u>

	November 30, 2024	November 30, 2023
Fair value of investments, end of the year (Schedule 1)	\$ 884,615,137	\$ 872,481,694
Cost of investments, end of the year (Schedule 1)	<u>785,107,469</u>	<u>846,761,600</u>
Net unrealized appreciation (depreciation), end of the year	99,507,668	25,720,094
Net unrealized appreciation (depreciation), beginning of the year	<u>25,720,094</u>	<u>(7,389,809)</u>
Changes in net unrealized appreciation (depreciation) in fair value of investments	<u>\$ 73,787,574</u>	<u>\$ 33,109,903</u>

The accompanying notes are an integral part of this exhibit.

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
EXHIBIT C - ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED NOVEMBER 30, 2024

	TWR	Legacy	Total
Administration - SSA, Inc.	\$ 3,801,500	\$ 1,198,599	\$ 5,000,099
Administration - Prescription	446,910	40,680	487,590
Administration - Vision	515,400	36,048	551,448
Cost Containment Fees			
Blue Cross / Blue Shield PPO access fees	14,309,796	605,401	14,915,197
Aetna PPO access fees	7,712,535	-	7,712,535
Aetna Dental access fees	1,000,920	-	1,000,920
Utilization review / case management	-	47,880	47,880
Secondary network access fees	-	172,710	172,710
Mines and Associates	-	152,355	152,355
Medical review	11,518	8,420	19,938
Printing and supplies	442,024	123,810	565,834
Consulting fees	446,656	52,635	499,291
Mailing, postage and miscellaneous	273,388	71,030	344,418
Payroll taxes	292,048	16,443	308,491
Bank analysis fees and service charges	47,626	3,405	51,031
Legal	273,507	31,951	305,458
Professional fees	224,093	16,014	240,107
Audit fees	59,852	26,387	86,239
Insurance and bond premiums	71,336	6,098	77,434
Investment consultant	449,824	47,093	496,917
Conference and meeting expenses	161,452	10,923	172,375
PCORI fees	<u>218,780</u>	<u>15,554</u>	<u>234,334</u>
TOTAL ADMINISTRATIVE EXPENSES	\$ <u>30,759,165</u>	\$ <u>2,683,436</u>	\$ <u>33,442,601</u>

The accompanying notes are an integral part of this exhibit.

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
EXHIBIT C - ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED NOVEMBER 30, 2023

	TWR	Legacy	Total
Administration - SSA, Inc.	\$ 3,660,892	\$ 1,186,229	\$ 4,847,121
Administration - Prescription	279,027	33,472	312,499
Administration - Vision	344,103	22,254	366,357
Cost Containment Fees			
Blue Cross / Blue Shield PPO access fees	4,832,817	596,881	5,429,698
Aetna PPO access fees	7,042,074	-	7,042,074
Aetna Dental access fees	966,172	-	966,172
Utilization review / case management	-	32,910	32,910
Secondary network access fees	-	177,219	177,219
Mines and Associates	-	152,524	152,524
Medical review	12,815	9,770	22,585
Printing and supplies	397,658	117,247	514,905
Consulting fees	272,589	23,123	295,712
Mailing, postage and miscellaneous	361,757	82,010	443,767
Payroll taxes	309,548	15,199	324,747
Bank analysis fees and service charges	37,253	2,692	39,945
Legal	238,651	13,674	252,325
Professional fees	85,272	6,183	91,455
Audit fees	61,199	14,757	75,956
Insurance and bond premiums	79,112	4,661	83,773
Investment consultant	464,073	37,054	501,127
Conference and meeting expenses	112,264	7,888	120,152
PCORI fees	<u>200,500</u>	<u>15,958</u>	<u>216,458</u>
TOTAL ADMINISTRATIVE EXPENSES	\$ <u>19,757,776</u>	\$ <u>2,551,705</u>	\$ <u>22,309,481</u>

The accompanying notes are an integral part of this exhibit.

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023

NOTE 1 - PLAN DESCRIPTION

The Southwestern Teamsters' Security Fund was established November 1, 1950 and maintained under collective bargaining agreements between the Motor Truck Association of Southern California and International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers, Local Unions and employers signatory to the agreements. The Trust was created in order to provide and keep in force group life, group accident and health insurance including group hospitalization, medical, surgical, vision, disability and dental benefits or any of such insurance as may be determined by the Trustees for the benefit of the employees and their dependents. On March 26, 2014 it was approved by the Board of Trustees to allow participation in the Plan with certain locals signatory to collective bargaining agreements with the Western Conference of Teamsters and United Parcel Service of America. As a result of the participation, the name of the Trust was changed to Teamsters Western Region And New Jersey Health Care Fund. In addition, the Board of Trustees approved to separate the active and retiree participants and their dependents into two separate plans. The active plan became the Teamsters Western Region And New Jersey Health Care Fund Active Plan. The Active Plan has two sets of benefits and reserves designated as Legacy and TWR. A Board of Trustees comprised of employers and local union representatives, oversees activities of the Plan according to the Plan Document.

All Plans of benefits and eligibility are subject to the terms of the Plan Document, the Trust Agreement and the rules and regulations adopted from time to time by the Board of Trustees. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Fund are prepared on the accrual basis of accounting in conformity with generally accepted accounting principles.

Revenue Recognition

Contributions are recorded during each fiscal year based upon employees reported by employers, as defined in the Plan Document.

Investments

If available, quoted market prices are used to value investments. Many factors are considered in arriving at that fair value. In general, however, mutual funds are valued at quoted market prices, which represents the net asset value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)

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

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

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

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

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

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

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Corporate and preferred bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Limited partnerships and common collective trusts: Limited partnerships and common collective trusts are valued using net asset value, which approximates fair value. Net asset value of these funds is based on the underlying assets' fair values, which include a combination of quoted market prices and estimated fair values determined by the general partners using the most recent net asset values or capital account information available, independent appraisals, significant judgements and various mathematical models and methodologies.

There were no significant transfers between Level 2 and Level 3 investments during the year ended November 30, 2024.

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

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

	Level 1	Level 2	Level 3	Balance 11/30/24
Dreyfus money market funds	\$ 16,765,728			\$ 16,765,728
U.S. government securities	31,815,540	\$ 60,960,005		92,775,545
Corporate bonds		72,842,324		72,842,324
Common collective trust		12,787,317		12,787,317
Common stock	65,291,863			65,291,863
Registered investment companies				
- mutual funds	<u>119,139,801</u>			<u>119,139,801</u>
	<u>\$ 233,012,932</u>	<u>\$ 146,589,646</u>	<u>\$</u>	<u>\$ 379,602,578</u>

Investments measured at net asset value

Partnership interests	253,371,808
Common collective trust	<u>251,640,751</u>
	<u>\$ 884,615,137</u>

	Level 1	Level 2	Level 3	Balance 11/30/23
Dreyfus money market funds	\$ 49,344,924			\$ 49,344,924
U.S. government securities	36,275,574	\$ 79,352,379		115,627,953
Corporate bonds		28,518,072		28,518,072
Common collective trust		19,631,196		19,631,196
Common stock	53,022,291			53,022,291
Registered investment companies				
- mutual funds	<u>138,661,920</u>			<u>138,661,920</u>
	<u>\$ 277,304,709</u>	<u>\$ 127,501,647</u>	<u>\$</u>	<u>\$ 404,806,356</u>

Investments measured at net asset value

Partnership interests	232,396,187
Common collective trust	<u>235,279,151</u>
	<u>\$ 872,481,694</u>

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)

Investments in certain entities that calculate net asset value.

The plan utilizes net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investments was measured using NAV (or its equivalent).

Investment Type	Fair Value at November 30,		Redemption Frequency	Redemption Notice Period	Remaining Commitment November 30,	
	2024	2023			2024	2023
Common/collective trusts (a)	\$123,673,315	\$134,437,099	monthly	15 days	\$ -	\$ -
Common/collective trusts (c)	106,068,691	85,085,798	daily	1 day	-	-
Common/collective trusts (d)	21,898,745	15,756,254	monthly	15 days	-	-
Limited partnership (b)	111,753,582	98,234,934	monthly	15 days	-	-
Limited partnership (e)	141,618,226	134,161,253	monthly	15 days	-	-

- (a) These investments are direct filing entities with the Department of Labor; therefore, information regarding these investments' strategy is not disclosed.
- (b) This class of investments includes a limited liability company that focus on fixed-income investments. The fund makes direct or indirect investments that seek to generate current income and capital appreciation while minimizing the risk of loss of principal through lending to United States middle-market companies, commercial lending and high-yield structured finance securities.
- (c) This strategy of investment is focused on investing in publicly traded U.S. Large Capitalization stocks, seeking capital appreciation and dividend income.
- (d) This strategy of investment is focused on investing in publicly traded U.S. Small to Mid-Capitalization stocks, seeking capital appreciation and dividend income.
- (e) The strategy of investment pursues a flexible opportunistic approach targeting relatively high income and total return without sacrificing the stability benefits of traditional fixed income. The fund invests in a diversified mix of debt securities including: US government securities, inflation linked-debt securities, municipal securities, foreign securities, corporate bonds, commercial paper, mortgage-backed securities, other asset-backed securities, and loan.

Claims Incurred But Not Reported (IBNR)

Plan obligations at November 30 for indemnity medical, prescription, dental and vision claims was based on actual claims paid after November 30, 2024, with incurred dates prior to November 30, 2024 (claims lag reports). The claims lag reports were used to estimate the liability at November 30, 2024. Two calculation methods are blended to project monthly incurred claims. The Claims Lag Estimate method estimates incurred claims by projecting the monthly payments for each future paid month for each incurred month. The method used is to estimate, from the claims data, the ratio of claims paid through each duration to claims paid through the prior duration. The Claims Projection Estimate method estimates incurred claims for prior months that result from the Claims Lag Estimate for the designated period are projected based on trend calculated from the midpoint of the designated period to each incurred month to be estimated using the Claims Projection method. In addition, one twenty fourths paid prescription drug claims were estimated and added to the estimated medical indemnity to get the total estimated incurred but not paid claims at November 30, 2024.

Use of Estimates and Assumptions

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023

NOTE 3 - INCOME TAXES

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

NOTE 4 - FUND TERMINATION

The Fund will remain in effect as long as there are employers who are obligated under collective bargaining agreements to make contributions to the Fund. In the event of termination of the Trust Agreement, the balance of the Trust Fund, if any, shall be exhausted by continuing the benefits so long as the cash in the Trust Fund will permit after the payment of all expenses of operation and winding up the Fund.

NOTE 5 - MAJOR CONTRIBUTIONS

Transactions with major contributors for the years ended November 30, 2024, and 2023 are as follows:

	Contributions		Receivables	
	November 30, 2024	November 30, 2023	November 30, 2024	November 30, 2023
Employer A	\$ 675,512,340	\$ 615,138,383	\$ 66,727,843	\$ 50,226,716

NOTE 6 - SIGNIFICANT TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES IN INTEREST

BNY Mellon provides trust custodial services to the trust fund and therefore is a party in interest. A summary of the transactions between the trust fund and the bank is provided in the supplemental information to these financial statements.

The Fund has contracted for administrative and claims services with Southwest Service Administrator beginning August 1, 2003. The administrative and claims fees paid to Southwest Service Administrators for the year ended November 30, 2024, and 2023 was \$5,000,099 and \$4,847,121, respectively.

United Parcel Service of America (UPS) directly pays for certain eligible Disability benefits administered through a third-party provider on behalf of the Plan. In addition, UPS reimburses the Plan for Dental, Death and other Disability benefits in excess of specified Plan amounts. The Plan reimburses UPS for the costs of the payments made directly by UPS for disability benefits and UPS reimburses the Plan for Dental, Death and Disability benefits paid in excess of Plan limitations. UPS is a contributing employer to the Plan. For the Plan years ended November 30, 2024, and 2023, the total net reimbursement made by UPS to the Plan was \$8,693,643 and \$7,222,172, respectively. At November 30, 2024 and 2023, UPS had a liability to the Plan in the amount of \$1,920,112 and \$1,543,524, respectively. In addition, the Plan had a receivable balance from Teamsters Western Region and New Jersey Health Care Fund Retiree Plan (Retiree Plan), a related plan, for shared expenses paid on behalf of the Retiree Plan in the amount of \$106,422. Both amounts were reimbursed subsequent to November 30, 2024.

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

TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023

NOTE 7 - SIGNIFICANT CONCENTRATIONS OF CREDIT RISK

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

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosures through September 5, 2025, the date the financial statements were available to be issued.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	November 30, 2024	November 30, 2023
Net Assets Available For Benefits Per Audited Financial Statement	\$ 992,702,332	\$ 962,969,496
Liabilities reported on Form 5500		
Estimated Claims Incurred But Not Reported (IBNR) and premiums payable	<u>(88,817,162)</u>	<u>(86,144,927)</u>
Net Assets per Form 5500 Schedule H - Part I, Line 1(l)	\$ <u>903,885,170</u>	\$ <u>876,824,569</u>

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

Net Increase (Decrease) Per Financial Statement	\$ 29,732,836
Changes in Estimated Claims Incurred But Not Reported (IBNR) and premiums payable	<u>(2,672,235)</u>
Net Income per Form 5500 Schedule H - Part II, Line 2(k)	\$ <u>27,060,601</u>

**TEAMSTERS WESTERN REGION
AND NEW JERSEY HEALTH CARE FUND
ACTIVE PLAN**

**FORM 5500
SCHEDULE H, PART IV, LINE 4
E.I.N. 86-6052021, PLAN NO. 501**

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

NOVEMBER 30, 2024

**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	BNY Mellon	16,765,728 shs Dreyfus Govt Securities MM	16,765,728	16,765,728
	BNY Mellon	10,890,829 shs Pimco Income Fund - Ins	124,584,743	116,096,235
	BNY Mellon	723,208 shs CTF SMID Cap Research Equity Portfolio	10,614,940	21,898,746
	BNY Mellon	12,207,366 shs William Blair Intl Leaders Fund Class I	8,957,913	12,207,366
	BNY Mellon	219,862 shs Arrowstreet International Equity ACWI EX	13,509,757	26,996,503
	BNY Mellon	141,618,226 shs Neuberger Berman Stratigic Income Fd	130,155,095	141,618,226
	BNY Mellon	919,951 shs CTF International Contrarian	10,764,763	12,787,317
	BNY Mellon	42,471 shs BNYM-M CF SL SIF Fund	56,910,864	106,068,691
	BNY Mellon	111,753,582 shs Camden Bonds Plus Fund LLC	111,255,630	111,753,582
	BNY Mellon	7,364,381 shs Loomis Sayles NHIT Core	80,220,000	84,469,446
	BNY Mellon	4,640 shs Medtronic PLC	394,582	401,546
	BNY Mellon	6,340 shs Alcon AG	334,633	563,309
	BNY Mellon	1,450 shs Adobe Inc	347,705	748,099
	BNY Mellon	7,391 shs American International Group	564,106	568,220
	BNY Mellon	4,036 shs American Water Works Co Inc	474,512	552,690
	BNY Mellon	1,870 shs Ameriprise Financial Inc	292,747	1,073,324
	BNY Mellon	2,160 shs Amgen Inc	408,864	610,999
	BNY Mellon	2,040 shs Ansys Inc	346,095	716,244
	BNY Mellon	4,830 shs Atmos Energy Corp	517,279	730,876
	BNY Mellon	3,693 shs Blackstone Inc	443,508	705,695
	BNY Mellon	19,460 shs Coterra Energy Inc	352,000	519,971
	BNY Mellon	4,740 shs Capital One Financial Corp	380,585	910,127
	BNY Mellon	8,500 shs Coca Cola Co	396,493	544,680
	BNY Mellon	4,585 shs Commerce Bancshares Inc	206,470	338,144
	BNY Mellon	1,750 shs Constellation Brands Inc	393,782	421,663
	BNY Mellon	13,650 shs Corteva Inc	369,863	849,576
	BNY Mellon	3,310 shs Cullenport Bankers Inc	306,622	465,452
	BNY Mellon	2,430 shs Danaher Corp	252,421	582,447
	BNY Mellon	2,670 shs Ecolab Inc	577,624	664,216
	BNY Mellon	6,010 shs Equity Lifestyle Properties	348,803	428,693
	BNY Mellon	1,880 shs General Dynamics Corp	342,930	533,939
	BNY Mellon	2,560 shs Honeywell International Inc	576,619	596,301
	BNY Mellon	5,590 shs Lennar Corp	290,075	974,840
	BNY Mellon	2,241 shs Lowes Cos Inc	513,681	610,516
	BNY Mellon	1,340 shs Martin Marietta Materials Inc	283,473	804,000
	BNY Mellon	5,150 shs Merk & Co Inc	458,274	523,446
	BNY Mellon	26,600 shs CIE Cenerale Des Establishment	443,275	431,957
	BNY Mellon	2,262 shs Microsoft Corp	255,327	957,867
	BNY Mellon	7,940 shs Microchip Technology Inc	340,406	541,270

\$ 574,952,187	\$ 669,031,947
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 574,952,187	\$ 669,031,947
	BNY Mellon	40,680 shs Mitsubishi UFJ Financial Group	248,504	484,499
	BNY Mellon	3,290 shs Oshkosh Corp	372,286	373,777
	BNY Mellon	2,920 shs PNC Financial Services Group	358,921	626,982
	BNY Mellon	1,850 shs Parker Hannifin Corp	277,526	1,300,365
	BNY Mellon	3,170 shs Procter & Gamble Co	430,627	568,254
	BNY Mellon	4,050 shs Qualcomm Inc	299,922	642,046
	BNY Mellon	4,950 shs RPM International Inc	315,114	686,961
	BNY Mellon	31,000 shs Sony Group Corp	314,349	621,550
	BNY Mellon	1,179 shs Teledyne Technologies, Inc.	481,149	572,121
	BNY Mellon	8,256 shs Total Energies Se	530,598	478,765
	BNY Mellon	13,161 shs US Bancorp	481,978	701,350
	BNY Mellon	13,400 shs Verizon Communications Inc	589,533	594,156
	BNY Mellon	7,900 shs Xcel Energy Inc	534,610	573,224
	BNY Mellon	4,730 shs Xylem Inc	381,200	599,527
	BNY Mellon	2,460 shs Alibaba Group Holding	469,320	214,930
	BNY Mellon	10,434 shs Alphabet Inc	626,290	1,762,824
	BNY Mellon	9,271 shs Amazon.com	879,476	1,927,348
	BNY Mellon	2,994 shs Autodesk Inc	530,249	873,949
	BNY Mellon	7,741 shs Boeing Co	1,329,045	1,203,261
	BNY Mellon	366 shs Deere & Co	59,037	170,520
	BNY Mellon	7,544 shs Walt Disney Co	857,132	886,194
	BNY Mellon	2,969 shs Expeditors International	219,309	361,149
	BNY Mellon	3,976 shs Meta Platforms Inc	691,614	2,283,496
	BNY Mellon	782 shs Factset Research Systems Inc	209,972	383,704
	BNY Mellon	2,206 shs Illumina Inc	515,831	317,995
	BNY Mellon	907 shs Intuitive Surgical Inc	157,936	491,594
	BNY Mellon	3,195 shs Microsoft Corp	364,165	1,352,955
	BNY Mellon	13,443 shs Monster Beverage Corp	440,755	741,113
	BNY Mellon	7,951 shs Natixis Loomis Focused Growth	264,693	306,042
	BNY Mellon	2,108 shs Netflix Inc	704,603	1,869,396
	BNY Mellon	3,560 shs Nike Inc	269,809	280,421
	BNY Mellon	2,970 shs Novartis AG Adr	251,583	314,134
	BNY Mellon	4,464 shs Novo Nordisk A/S Adr	143,489	476,755
	BNY Mellon	16,372 shs Nvidia Corp	127,231	2,263,429
	BNY Mellon	9,002 shs Oracle Corp	493,774	1,663,930
	BNY Mellon	3,423 shs Paypal Holdings Inc	355,793	297,014
	BNY Mellon	2,874 shs Qualcomm Inc	242,992	455,615

\$ 590,772,602	\$ 698,753,292
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 590,772,602	\$ 698,753,292
	BNY Mellon	586 shs Regeneron Pharmaceuticals	247,206	439,629
	BNY Mellon	6,755 shs Roche Holding AG Adr	266,850	244,876
	BNY Mellon	4,457 shs SEI Investments Co	269,951	368,282
	BNY Mellon	3,005 shs Salesforce Inc	466,782	991,620
	BNY Mellon	7,298 shs Shopify Inc	449,498	843,649
	BNY Mellon	3,775 shs Block Inc	395,960	334,276
	BNY Mellon	5,007 shs Starbucks Corp	398,482	513,017
	BNY Mellon	7,189 shs Tesla Inc	1,439,935	2,481,355
	BNY Mellon	694 shs Thermo Fisher Scientific Inc	376,903	367,563
	BNY Mellon	1,575 shs Vertex Pharmaceuticals Inc	327,678	737,305
	BNY Mellon	4,977 shs Visa Inc	876,933	1,568,153
	BNY Mellon	1,044 shs Workday Inc	141,742	260,990
	BNY Mellon	2,0554 shs Yum! Brands Inc	188,446	285,522
	BNY Mellon	2,405 shs Yum China Holdings Inc	111,294	111,953
	BNY Mellon	25,000 shs Affiliated Managers Group @ 3.5% due 8/1/2025	24,866	24,765
	BNY Mellon	325,000 shs Alexandria Real Estate Equities @ 1.875% due 2/1/33	326,209	255,606
	BNY Mellon	450,000 shs Amazon.com @ 3.875% due 8/22/2037	546,219	408,812
	BNY Mellon	275,000 shs Amcor Flexibles North America @ 2.69% due 5/25/31	274,879	240,529
	BNY Mellon	225,000 shs Anheuser-Busch InBev Finance @ 4.9% due 2/1/46	264,401	213,532
	BNY Mellon	325,000 shs Athene Holding Ltd @ 3.5% due 1/15/2031	344,818	298,360
	BNY Mellon	425,000 shs Bank of America Corp @ 3.248% due 10/21/2027	462,680	410,482
	BNY Mellon	625,000 shs Bank of America Corp @ var rate due 9/21/2036	625,000	519,394
	BNY Mellon	400,000 shs Berkshire Hathaway Inc @ 3.125% due 3/15/2026	425,317	393,500
	BNY Mellon	600,000 shs Burlington Northern Santa Fe @ 4.15% due 4/1/2045	714,875	516,954
	BNY Mellon	800,000 shs Carrier Global Corp @ 3.377% due 4/5/2040	576,816	641,624
	BNY Mellon	425,000 shs Citigroup Inc @ var rate due 6/3/2031	428,056	375,636
	BNY Mellon	425,000 shs Citibank NA @ 5.57% due 4/30/2034	425,000	442,442
	BNY Mellon	300,000 shs Coca Cola Co @ 3.375 % due 3/25/2027	343,761	294,408
	BNY Mellon	475,000 shs Comcast Corp @ 4.15% due 10/15/2028	552,749	468,212
	BNY Mellon	575,000 shs John Deere Capital Corp @ 4.95% due 7/14/2028	574,143	585,063
	BNY Mellon	575,000 shs Dell International LLC @ 6.2% due 7/15/2030	729,658	610,840
	BNY Mellon	125,000 shs Discovery Communications @ 3.95% due 3/20/28	127,693	119,543
	BNY Mellon	250,000 shs Duke Energy Carolinas LLC @ 2.85% due 3/15/2032	249,847	220,968
	BNY Mellon	305,000 shs Duke Energy Progress @ 3.25% due 8/15/2025	341,405	302,014
	BNY Mellon	450,000 shs Energy Transfer LP @ 6.5% due 2/1/2042	472,090	485,118
	BNY Mellon	250,000 shs Fedex Corp @ 2.4% due 5/15/2031	249,177	217,003
	BNY Mellon	300,000 shs Florida Power & Light @ 2.85% due 4/1/2025	303,368	298,305

\$ 606,113,289	\$ 716,644,592
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 606,113,289	\$ 716,644,592
	BNY Mellon	250,000 shs General Dynamics Corp @ 3.5% due 5/15/2025	275,565	248,733
	BNY Mellon	450,000 shs General Motors co @ 6.6% due 4/1/2036	586,194	486,500
	BNY Mellon	700,000 shs Globe Life Inc @ 2.15% due 8/15/2030	700,278	598,451
	BNY Mellon	325,000 shs Goldman Sachs Group Inc @ 3.5% due 11/16/2026	319,219	317,655
	BNY Mellon	325,000 shs HCA Inc @ 4.125% due 6/15/2029	343,119	313,739
	BNY Mellon	125,000 shs Healthpeak Op LLC @ 3.25% due 7/15/2026	124,882	122,202
	BNY Mellon	450,000 shs Hanover Insurance Group @ 2.5% due 9/1/2030	454,216	392,256
	BNY Mellon	25,000 shs Healthcare Realty Holdings @ 3.875% due 5/1/2025	24,979	24,781
	BNY Mellon	370,000 shs Healthcare Realty Holdings @ 2.4% due 3/15/2030	376,780	317,423
	BNY Mellon	275,000 shs Home Depot Inc @ 1.5% due 9/15/2028	273,895	247,555
	BNY Mellon	475,000 shs Intercontinental Exchange @ 1.85% due 9/15/2032	478,653	384,512
	BNY Mellon	975,000 shs JPMorgan Chase & Co @ var rt due 11/8/2032	967,373	837,788
	BNY Mellon	225,000 shs JPMorgan Chase & Co @ var rt due 4/22/2035	229,007	235,553
	BNY Mellon	300,000 shs Keysight Technologies Inc @ 4.6% due 4/6/2027	337,954	299,598
	BNY Mellon	325,000 shs LAM Research corp @ 4.875% due 3/15/2049	432,306	305,988
	BNY Mellon	300,000 shs Lowe's Cos Inc @ 1.7% due 10/15/2030	295,098	253,842
	BNY Mellon	375,000 shs Warnermedia Holdings Inc @ 5.14% due 3/15/2052	375,000	301,448
	BNY Mellon	225,000 shs McDonald's Corp @ 4.875% due 12/9/2045	258,094	210,683
	BNY Mellon	250,000 shs Metlife Inc @ 4.05% due 3/1/2045	299,614	210,698
	BNY Mellon	475,000 shs Microsoft Corp @ 3.75% due 2/12/2045	553,079	415,164
	BNY Mellon	475,000 shs Morgan Stanley @ var rt due 7/21/2032	475,000	401,176
	BNY Mellon	300,000 shs Morgan Stanley @ var rt due 10/16/2026	300,321	303,378
	BNY Mellon	225,000 shs Morgan Stanley @ var rt due 4/19/2035	239,569	235,953
	BNY Mellon	300,000 shs Motorola Solutions Inc @ 4.6% due 5/23/2029	306,666	298,605
	BNY Mellon	100,000 shs Nvidia Corp @ 3.2% due 9/16/2026	99,796	98,052
	BNY Mellon	400,000 shs Philip Morris International @ 5.625% due 11/17/2029	399,656	416,320
	BNY Mellon	425,000 shs Phillips 66 @ 4.65% due 11/15/2034	491,553	407,952
	BNY Mellon	300,000 shs Precision Castparts Corp @ 3.25% due 6/15/2025	335,724	297,585
	BNY Mellon	400,000 shs Public Storage Operating co @ 5.1% due 8/1/2033	399,312	406,576
	BNY Mellon	220,000 shs Pultegroup Inc @ 6.375% due 5/15/2033	286,823	237,715
	BNY Mellon	125,000 shs Pultegroup Inc @ 6% due 2/15/2035	160,329	132,735
	BNY Mellon	300,000 shs Reinsurance Group of America @ 3.9% due 5/15/2029	299,262	288,864
	BNY Mellon	450,000 shs Salesforce Inc @ 2.9% due 7/15/2051	448,745	303,656
	BNY Mellon	325,000 shs Charles Schwab Corp @ 2.45% due 3/3/2027	325,033	310,645
	BNY Mellon	475,000 shs Sempa @ 3.8% due 2/1/2038	506,284	407,422
	BNY Mellon	375,000 shs Simon Property Group @ 2.25% due 1/15/2032	372,281	318,390
	BNY Mellon	300,000 shs Southern Copper Corp @ 5.875% due 4/23/2045	378,176	300,423
	BNY Mellon	525,000 shs US Treasury Bond @ 3.5% due 2/15/2039	499,283	481,604
	BNY Mellon	900,000 shs US Treasury Bond @ 3% due 11/15/2044	904,714	719,334
			\$ 621,047,121	\$ 729,535,546

**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 621,047,121	\$ 729,535,546
	BNY Mellon	1,350,000 shs US Treasury Bond @ 2.875% due 8/15/2045	1,137,881	1,051,313
	BNY Mellon	600,000 shs US Treasury Bond @ 3% due 2/15/2047	547,628	470,556
	BNY Mellon	625,000 shs US Treasury Bond @ 2% due 2/15/2050	682,349	389,163
	BNY Mellon	1,050,000 shs US Treasury @ 2.75% due 8/15/2032	968,029	953,043
	BNY Mellon	1,775,000 shs US Treasury Note @ 3.875% due 9/30/2029	1,763,959	1,757,179
	BNY Mellon	1,525,000 shs US Treasury Note @ 4% due 2/29/2028	1,537,005	1,519,159
	BNY Mellon	1,825,000 shs US Treasury Note @ 3.875% due 8/15/2033	1,773,429	1,783,719
	BNY Mellon	725,000 shs US Treasury Note @ 4% due 1/31/2031	737,659	719,990
	BNY Mellon	2,375,000 shs US Treasury Note @ 2.25% due 11/15/2025	2,419,127	2,327,975
	BNY Mellon	1,975,000 shs US Treasury Note @ 2% due 11/15/2026	1,886,154	1,894,697
	BNY Mellon	850,000 shs US Treasury Note @ 1.5% due 2/15/2030	742,361	746,938
	BNY Mellon	3,275,000 shs US Treasury Note @ 2.5% due 1/31/2025	3,384,891	3,263,734
	BNY Mellon	1,150,000 shs US Treasury Note @ 2.75% due 2/15/2028	1,102,817	1,103,149
	BNY Mellon	4,425,000 shs US Treasury Note @ 2.375% due 5/15/2029	4,144,986	4,118,702
	BNY Mellon	425,000 shs Valero Energy Corp @ 6.625% due 6/15/2037	448,834	466,943
	BNY Mellon	275,000 shs Verizon Communications @ 2.55% due 3/21/2031	273,870	240,452
	BNY Mellon	50,000 shs Verisk Analytics Inc @ 5.5% due 6/15/2045	49,829	49,117
	BNY Mellon	275,000 shs Verisk Analytics Inc @ 5.25% due 6/5/2034	270,512	277,879
	BNY Mellon	240,000 shs Paramount Global @ 6.875% due 4/30/2036	306,881	249,526
	BNY Mellon	525,000 shs Virginia Electric & Power @ 2.45% due 12/15/2050	516,642	316,748
	BNY Mellon	300,000 shs VMWare LLC @ 2.2% due 8/15/2031	299,597	252,327
	BNY Mellon	500,000 shs Wells Fargo & Co @ var rt due 7/25/2034	500,000	512,780
	BNY Mellon	400,000 shs Welltower Op LLC @ 3.1% due 1/15/2030	399,264	368,368
	BNY Mellon	700,000 shs Allo Issuer LLC @ 5.94% due 7/20/2054	700,000	708,078
	BNY Mellon	750,000 shs Allo Issuer LLC @ 7.15@ due 7/20/2054	749,797	767,287
	BNY Mellon	771,066 shs Ally Bank Auto Credit @ 7.917% due 5/17/2032	771,066	784,405
	BNY Mellon	500,000 shs Arbor Multifamily @ var rt due 5/15/2053	516,072	458,825
	BNY Mellon	500,000 shs Arbor Multifamily @ var rt due 5/15/2053	479,454	450,760
	BNY Mellon	100,000 shs BMD2 Re-Remic Tr @ var rt due 5/25/2052	83,918	81,408
	BNY Mellon	500,000 shs Bx Commercial Mort @ var rt due 10/15/2041	498,750	502,500
	BNY Mellon	172,642 shs Barclays Mortgage NQM1 var rt due 9/25/51	172,639	153,337
	BNY Mellon	347,278 shs Brean Asset Backed RM1 A var rt due 10/25/63	328,538	313,026
	BNY Mellon	410,046 shs Brean Asset Backed RM4 var rt due 7/25/2062	303,895	359,507
	BNY Mellon	700,000 shs BX Commercial @ var rate due 8/15/2039	698,250	703,500
	BNY Mellon	847,728 shs BX Trust 2021-SDMF @ var rt due 9/15/2034	812,760	818,058
	BNY Mellon	65,992 shs Colt 2020-3 Mortgage 3, var rt due 4/27/2065	65,991	63,601
	BNY Mellon	379,468 shs Colt 2022-3 A2 var rt due 2/25/2067	379,462	359,682

\$ 653,501,417	\$ 760,892,977
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 653,501,417	\$ 760,892,977
	BNY Mellon	750,000 shs CAFL 2024-RTL1 var rt due 11/28/2031	749,993	752,226
	BNY Mellon	800,000 shs Centersquare Issuer @ 5.2% due 10/26/2054	763,117	770,076
	BNY Mellon	293,983 shs Chase Home Lending ATR2 var rt due 7/25/49	300,803	264,882
	BNY Mellon	14,757,898 shs Chase Home Lending 1 var rt due 6/25/2054	129,132	61,961
	BNY Mellon	1,000,000 shs Connecticut Avenu R03 var rt due 12/25/2041	1,000,000	1,008,090
	BNY Mellon	700,000 shs Corevest American @ 2.25% due 12/15/2052	603,312	620,774
	BNY Mellon	18,000,000 shs FREMF 2020-K1515 @ 0.100% var rt due 3/25/2035	131,796	127,597
	BNY Mellon	450,000 shs FREMF 2016-K55 Mort var rt due 4/25/2049	489,111	441,463
	BNY Mellon	620,000 shs FREMF 2015-K44 Mort var rt due 1/25/2048	642,354	616,888
	BNY Mellon	500,000 shs FREMF 2015-K47 var rt due 6/25/2048	498,223	496,005
	BNY Mellon	63,846 shs FRESB 2015-SB9 Mortgage var rt due 11/25/35	62,412	63,557
	BNY Mellon	359,199 shs FREMF 2018-KF54 var rt due 11/25/2028	344,157	336,268
	BNY Mellon	32,942,230 shs FREMF 2018-K1507 @0.010% due 8/25/2033	205,593	168,335
	BNY Mellon	1,300,000 shs FREMF 2019-KC03 @ var rt due 1/25/2026	1,266,891	1,264,965
	BNY Mellon	498,087 shs FREMF 2019-KF59 var rt due 2/25/2029	467,579	475,354
	BNY Mellon	240,000 shs FREMF 2019-KG01 var rt due 4/25/2029	222,122	211,546
	BNY Mellon	69,000,000 shs FREMF 2019-K97 0.1% due 1/25/2030	502,113	256,680
	BNY Mellon	60,750,000 shs FREMF 2017-K63 0.1% due 2/25/2050	296,521	119,070
	BNY Mellon	75,000 shs FREMF 17-K68 var rt due 10/25/2049	67,737	72,307
	BNY Mellon	98,375 shs FREMF 2019-KF71 var rt due 10/25/2029	91,980	91,299
	BNY Mellon	46,700,000 shs FREMF 2020-K113 0.1% due 5/25/2053	347,789	210,841
	BNY Mellon	39,063,017 shs FREMF 2020-K1517 0.100% due 7/25/2035	297,200	255,472
	BNY Mellon	35,000,000 shs FREMF 2020-K1517 0.100% due 8/25/2035	258,055	231,000
	BNY Mellon	340,483 shs FREMF 2020-KF76 var rt due 1/25/2030	322,607	333,105
	BNY Mellon	80,000,000 shs FREMF 2022-K147 @ 0.1% due 10/25/2059	496,800	465,600
	BNY Mellon	16,921 shs FHLMC Pool #84-7940 var rt due 8/1/2029	17,868	16,922
	BNY Mellon	1,393 shs FHLMC Pool #G2-0027 10.000% due 10/1/2030	1,555	1,401
	BNY Mellon	168,177 shs FHLMC Pool #84-0963 var rt due 1/1/2049	160,793	169,926
	BNY Mellon	245,477 shs FHLMC Pool #QG-1921 6.500% due 5/1/2053	253,733	253,620
	BNY Mellon	625,816 shs FHLMC Pool #QG-5777 6.500% due 6/1/2053	641,168	640,673
	BNY Mellon	4,175,836 shs FNMA GTD var rt due 5/25/2050	198,604	192,960
	BNY Mellon	164,195 shs FNMA GTD @ 5.5% due 8/25/2050	162,258	164,766
	BNY Mellon	3,886,971 shs FNMA GTD @ var rt due 2/25/2031	442,236	179,461
	BNY Mellon	8,213,967 shs FNMA GTD Remic P/T 19-M23 var rt due 2/25/31	181,411	72,283
	BNY Mellon	1,927,170 shs FNMA GTD Remic P/T 19-M32 var rt due 10/25/29	150,259	74,543
	BNY Mellon	6,741,108 shs FNMA GTD Remic P/T 20-M3 var rt due 2/25/30	211,713	84,938
	BNY Mellon	3,394,340 shs FNMA GTD Remic P/T 20-M10 var rt due 8/25/28	324,319	127,797
	BNY Mellon	21,199,839 shs FHLMC Multiclass MT var rt due 10/25/2043	642,620	293,830

\$ 667,447,351	\$ 772,881,458
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 667,447,351	\$ 772,881,458
	BNY Mellon	2,500,000 shs FHLMC Multiclass MT var rt due 4/25/2034	583,789	546,700
	BNY Mellon	12,973,786 shs FHLMC Multiclass MTG KIR1 var rt due 3/25/2026	326,060	132,073
	BNY Mellon	4,750,000 shs FHLMC Multiclass @ var rt due 6/25/2044	302,070	145,255
	BNY Mellon	24,381,973 shs FHLMC Multiclass KW02 var rt due 12/25/2026	170,382	44,863
	BNY Mellon	9,396,070 shs FHLMC Multiclass KW03 var rt due 6/25/2027	247,083	144,230
	BNY Mellon	107,471 shs FHLMC Multiclass Q004 var rt due 1/25/46	108,254	107,028
	BNY Mellon	14,137,826 shs FHLMC Multiclass K068 var rt due 8/25/27	210,567	140,106
	BNY Mellon	4,000,000 shs FHLMC Multiclass K068 due 10/25/2044	324,375	205,840
	BNY Mellon	28,589,866 shs FHLMC Multiclass K071 due 11/25/2027	432,720	187,835
	BNY Mellon	603,088 shs FHLMC Multiclass K729 var rt due 11/25/2044	17,433	115
	BNY Mellon	35,184 shs FHLMC Multiclass Q007 var rt due 10/25/2047	34,970	35,238
	BNY Mellon	750,000 shs FHLMC Multiclass K156 var rt due 7/25/2036	156,445	146,235
	BNY Mellon	24,136,839 shs FHLMC Multiclass MT var rt due 1/25/2029	345,581	279,987
	BNY Mellon	174,313 shs FHLMC Multiclass Q010 var rt due 4/25/2046	175,512	173,966
	BNY Mellon	3,050,000 shs FHLMC MT var rt due 6/25/2029	160,125	143,838
	BNY Mellon	7,750,000 shs FHLMC Multiclass KL05 var rt due 6/25/2029	587,566	280,395
	BNY Mellon	9,735,202 shs FHLMC Multiclass K736 var rt due 7/25/2026	715,663	152,258
	BNY Mellon	6,139,406 shs FHLMC Multiclass K097 var rt due 9/25/2046	647,312	497,906
	BNY Mellon	3,500,000 shs FHLMC Multiclass K102 var rt due 12/25/2046	388,516	275,205
	BNY Mellon	16,000,000 shs FHLMC Multiclass KHG2 var rt due 2/25/2030	397,500	185,600
	BNY Mellon	5,764,000 shs FHLMC Multiclass MT var rt due 3/25/2048	697,650	498,240
	BNY Mellon	2,670,000 shs Freddie Mac Multiclass var rt due 10/27/2028	295,369	199,672
	BNY Mellon	7,238,935 shs FHLMC Multiclass K738 var rt due 1/25/2027	588,762	172,142
	BNY Mellon	6,500,000 shs FHLMC Multiclass Mtg K738 var rt due 3/25/2027	208,203	180,765
	BNY Mellon	5,911,137 shs FHLMC Multiclass KG03 var rt due 6/25/2030	624,595	350,412
	BNY Mellon	3,773,552 shs FHLMC Multiclass Mt var rt due 5/25/2025	122,444	23,358
	BNY Mellon	2,103,400 shs Freddie Mac Multiclass var rt due 9/25/2046	458,804	281,414
	BNY Mellon	225,787 shs FHLMC Multiclass Mtg 5012 @ 2% due 5/25/2041	210,687	214,913
	BNY Mellon	5,610,380 shs FHLMC Multiclass Mtg KSG1 var rt due 9/25/2030	299,805	286,186
	BNY Mellon	3,200,000 shs FHLMC Multiclass Mtg var rt due 4/25/2039	769,250	763,296
	BNY Mellon	3,750,000 shs FHLMC Multiclass MT var rt due 7/25/2045	301,758	190,125
	BNY Mellon	6,386,334 shs FHLMC Multiclass K739 var rt due 9/25/2027	469,261	154,677
	BNY Mellon	50,537,000 shs FHLMC Multiclass KG08 var rt due 5/25/33	284,271	239,040
	BNY Mellon	7,999,896 shs FHLMC Multiclass Mtg K513 var rt due 12/25/2028	248,125	205,837
	BNY Mellon	169,448 shs FHLMC Multiclass Mtg 5423 @ 5% due 11/25/2050	166,139	168,775
	BNY Mellon	5,000,000 shs FHLMC Multiclass K130 var rt due 7/25/2031	444,719	344,250
	BNY Mellon	14,815,278 shs FHLMC Multiclass MT var rt due 5/25/2026	453,718	173,931
	BNY Mellon	114,581,000 shs FHLMC Multiclass Mtg KHG3 var rt due 10/25/28	483,303	457,297

\$ 680,906,137	\$ 781,610,461
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 680,906,137	\$ 781,610,461
	BNY Mellon	2,600,000 shs FHLMC Multiclass KG06 var rt due 10/25/2031	400,156	365,040
	BNY Mellon	2,514,000 shs FHLMC Multiclass Mtg K137 var rt due 1/25/2049	426,005	393,919
	BNY Mellon	3,241,516 shs FHLMC Multiclass MT var rt due 3/25/2032	716,267	562,468
	BNY Mellon	15,000,000 shs FHLMC Multiclass MT var rt due 4/25/2055	418,359	374,400
	BNY Mellon	337,134 shs FNMA Pool #0MA5031 7% due 4/1/2053	341,980	344,908
	BNY Mellon	193,172 shs FNMA Pool #0MA5522 @ 6.5% due 8/1/2054	196,802	196,296
	BNY Mellon	250,000 shs Freddie Mac Multif var rt due 7/25/2041	226,455	243,847
	BNY Mellon	420,000 shs Freddie Mac Stacr var rt due 1/25/2049	523,425	521,089
	BNY Mellon	350,000 shs Freddie Mac Stacr HQA1 var rt due 3/25/2044	350,000	354,445
	BNY Mellon	421,834 shs Freddie Mac Stacr B1 var rt due 10/25/2049	420,252	430,232
	BNY Mellon	48,482,789 shs FREMF 2017-K66 X2A .1% due 6/25/2027	220,086	90,178
	BNY Mellon	550,000 shs Frontier Issuer LLC @ 7.02% due 6/20/2054	549,900	572,401
	BNY Mellon	317,683 shs GS Mortgage-Backe NQM1 var rt due 7/25/61	317,677	280,361
	BNY Mellon	6,088,794 shs GNMA GTD Remic P/T var rt due 1/16/2050	88,479	59,975
	BNY Mellon	6,884,464 shs GNMA GTD Remic P/T var rt due 3/16/2050	108,648	90,186
	BNY Mellon	7,371,055 shs GNMA GTD Remic P/T var rt due 7/16/2050	51,542	22,629
	BNY Mellon	6,401,803 shs GNMA GTD Remic P/T var rt due 2/16/2053	70,972	25,095
	BNY Mellon	1,419,384 shs GNMA GTD Remic P/T var rt due 5/16/2053	23,287	11,951
	BNY Mellon	1,208,008 shs GNMA GTD Remic P/T var rt due 2/16/2054	29,256	13,795
	BNY Mellon	3,054,969 shs GNMA GTD Remic P/T var rt due 6/16/2054	69,022	35,774
	BNY Mellon	2,067,607 shs GNMA GTD Remic P/T var rt due 10/16/2054	37,475	32,585
	BNY Mellon	317,633 shs GNMA GTD Remic P/T var rt due 3/16/2052	7,980	4,180
	BNY Mellon	1,981,835 shs GNMA GTD Remic P/T var rt due 10/16/2054	49,590	28,122
	BNY Mellon	14,051,698 shs GNMA GTD Remic P/T var rt due 3/16/2046	321,922	192,930
	BNY Mellon	2,254,390 shs GNMA GTD Remic P/T var rt due 11/16/2054	139,843	62,514
	BNY Mellon	8,352,513 shs GNMA GTD Remic P/T var rt due 5/16/2052	182,711	120,527
	BNY Mellon	6,253,819 shs GNMA GTD Remic P/T var rt due 3/16/2057	166,117	91,556
	BNY Mellon	889,165 shs GNMA GTD Remic P/T var rt due 9/16/2057	59,393	19,375
	BNY Mellon	1,481,047 shs GNMA GTD Remic P/T var rt due 1/16/2057	89,210	40,507
	BNY Mellon	13,845,886 shs GNMA GTD Remic P/T var rt due 7/16/2058	369,945	309,179
	BNY Mellon	3,068,190 shs GNMA GTD Remic P/T var rt due 12/16/2056	188,798	116,806
	BNY Mellon	7,670,108 shs GNMA GTD Remic P/T var rt due 1/16/2058	459,745	318,463
	BNY Mellon	4,871,016 shs GNMA GTD Remic P/T var rt due 1/16/2058	190,274	194,889
	BNY Mellon	2,002,810 shs GNMA GTD Remic P/T var rt due 2/16/2058	141,968	62,628
	BNY Mellon	4,452,753 shs GNMA GTD Remic P/T var rt due 12/16/2057	242,417	126,592
	BNY Mellon	982,209 shs GNMA GTD Remic P/T var rt due 7/16/2057	69,522	23,936
	BNY Mellon	5,570,042 shs GNMA GTD Remic P/T var rt due 6/16/2058	269,799	197,625
	BNY Mellon	10,109,062 shs GNMA GTD Remic P/T var rt due 2/16/2058	338,812	277,999

\$ 689,780,228	\$ 788,819,863
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 689,780,228	\$ 788,819,863
	BNY Mellon	2,292,176 shs GNMA GTD Remic P/T var rt due 2/16/2057	120,697	86,415
	BNY Mellon	1,195,426 shs GNMA GTD Remic P/T var rt due 8/16/2060	81,625	70,446
	BNY Mellon	460,049 shs GNMA GTD Remic P/T var rt due 1/16/2061	36,197	29,185
	BNY Mellon	1,938,553 shs GNMA GTD Remic P/T var rt due 5/16/2060	124,794	106,291
	BNY Mellon	9,211,904 shs GNMA GTD Remic P/T var rt due 5/16/2061	474,989	472,571
	BNY Mellon	2,164,849 shs GNMA GTD Remic P/T var rt due 1/16/2062	177,924	110,364
	BNY Mellon	2,697,241 shs GNMA GTD Remic P/T var rt due 1/16/2062	247,583	159,245
	BNY Mellon	1,481,041 shs GNMA GTD Remic P/T var rt due 7/16/2062	136,049	101,185
	BNY Mellon	4,761,259 shs GNMA GTD Remic P/T var rt due 1/16/2060	598,796	551,745
	BNY Mellon	17,261,088 shs GNMA GTD Remic P/T var rt due 1/16/2060	1,451,010	1,479,448
	BNY Mellon	2,833,245 shs GNMA GTD Remic P/T var rt due 8/16/2060	237,727	177,588
	BNY Mellon	2,292,275 shs GNMA GTD Remic P/T var rt due 6/16/2062	171,562	136,024
	BNY Mellon	2,970,855 shs GNMA GTD Remic P/T var rt due 9/16/2062	243,703	185,797
	BNY Mellon	3,871,863 shs GNMA GTD Remic P/T var rt due 5/20/2070	64,692	192,044
	BNY Mellon	3,389,799 shs GNMA GTD Remic P/T var rt due 7/20/2071	203,385	106,779
	BNY Mellon	2,053,778 shs GNMA GTD Remic P/T var rt due 3/16/2061	137,475	138,753
	BNY Mellon	1,977,702 shs GNMA GTD Remic P/T var rt due 10/16/2062	141,607	139,329
	BNY Mellon	3,945,570 shs GNMA GTD Remic P/T var rt due 1/16/2061	289,136	304,637
	BNY Mellon	6,647,678 shs GNMA GTD Remic P/T var rt due 1/16/2061	448,371	454,701
	BNY Mellon	11,247,450 shs GNMA GTD Remic P/T var rt due 1/16/2061	635,867	655,501
	BNY Mellon	3,879,825 shs GNMA GTD Remic P/T var rt due 3/16/2063	413,141	315,934
	BNY Mellon	8,215,820 shs GNMA GTD Remic P/T var rt due 4/16/2061	490,382	486,787
	BNY Mellon	2,494,020 shs GNMA GTD Remic P/T var rt due 11/16/2063	231,476	167,972
	BNY Mellon	8,485,565 shs GNMA GTD Remic P/T var rt due 5/16/2061	514,437	505,146
	BNY Mellon	2,776,203 shs GNMA GTD Remic P/T var rt due 11/16/2063	236,953	182,452
	BNY Mellon	7,317,448 shs GNMA GTD Remic P/T var rt due 10/16/2063	514,772	532,271
	BNY Mellon	3,910,788 shs GNMA GTD Remic P/T var rt due 2/16/2063	355,026	293,231
	BNY Mellon	3,517,418 shs GNMA GTD Remic P/T var rt due 1/16/2063	244,021	243,370
	BNY Mellon	4,770,986 shs GNMA GTD Remic P/T var rt due 2/16/2064	309,369	282,824
	BNY Mellon	2,698,190 shs GNMA GTD Remic P/T var rt due 12/16/2066	202,786	202,661
	BNY Mellon	11,642,277 shs GNMA GTD Remic P/T var rt due 4/16/2062	706,723	675,601
	BNY Mellon	4,048,067 shs GNMA GTD Remic P/T var rt due 6/20/2073	193,550	183,269
	BNY Mellon	700,000 shs Hertz Vehicle Financ 6.7% due 1/25/2029	699,824	708,967
	BNY Mellon	300,000 shs Hertz Vehicle Financ 9.22% due 1/25/2029	299,967	301,002
	BNY Mellon	457,925 shs Home Partners of Amer 2.922% due 10/19/2039	456,978	430,477
	BNY Mellon	956,146 shs Huntington Bank Auto var rt due 5/20/2032	956,147	965,555
	BNY Mellon	400,000 shs Huntington Bank Auto var rt due 11/6/2032	400,000	400,912
	BNY Mellon	267,371 shs Chase Mortgage Fin due 2/25/2050	267,371	256,450

\$ 703,296,340	\$ 801,612,792
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 703,296,340	\$ 801,612,792
	BNY Mellon	29,435 shs JP Morgan Mortgage var rt due 6/25/2050	29,528	29,215
	BNY Mellon	1,650,000 shs J.P. Morgan Chase Omni var rt due 10/5/2039	1,670,693	1,650,049
	BNY Mellon	600,000 shs J.P. Morgan Chase Omni var rt due 10/5/2039	595,315	592,404
	BNY Mellon	147,561 shs JP Morgan Mortgage T9 var rt due 4/25/2054	151,181	152,590
	BNY Mellon	20,140,798 shs JP Morgan Mortgag 6 AX1 var rt due 12/26/2053	163,644	87,300
	BNY Mellon	21,132,833 shs JP Morgan Mortgag 2 AX3 var rt due 7/25/2053	231,140	139,477
	BNY Mellon	9,494,384 shs JP Morgan Mortga 4 A1X1 var rt due 11/25/2053	160,825	83,331
	BNY Mellon	92,644,615 shs JP Morgan Mortgage 7 AX1 var rt due 2/25/2054	333,521	314,751
	BNY Mellon	315,909 shs Metlife Securitizati due 4/25/2058	320,406	299,889
	BNY Mellon	278,217 shs Mill City Mortgage due 10/25/2069	281,957	269,164
	BNY Mellon	1,620,000 shs OnDeck Asset Securit 1A @ 8.99% due 6/17/2031	1,619,955	1,678,077
	BNY Mellon	400,000 shs NYMT Loan Trust var rt due 9/25/2039	399,997	395,936
	BNY Mellon	775,000 shs OBX 2024-NQM17 var rt due 11/25/2064	774,999	775,666
	BNY Mellon	747,700 shs Pret 2024-RPL1 TR var rt due 10/25/2063	613,285	611,364
	BNY Mellon	300,000 shs Rock Trust 2024-CN @ 6.471% due 11/13/2041	300,000	304,749
	BNY Mellon	250,000 shs Readycap Commercial var rt due 2/27/2051	259,375	239,575
	BNY Mellon	59,999 shs Sequoia Mortgage var rt due 6/25/2048	61,799	55,866
	BNY Mellon	634,557 shs Starwood Mortgage var rt due 2/25/2050	636,371	604,175
	BNY Mellon	1,700,000 shs Toorak Mortgage Trus var rt due 9/25/2039	1,699,985	1,684,683
	BNY Mellon	318,797 shs UWM Mortgage Trus INV1 due 8/25/2051	318,764	296,112
	BNY Mellon	913,555 shs Velocity Commercial var rt due 5/25/2051	725,134	744,867
	BNY Mellon	197,318 shs Verus Securitizat Inv3 var rt due 11/25/2059	197,316	194,199
	BNY Mellon	78,825 shs Verus Securitization 4 A1 var rt due 5/25/2065	79,367	76,397
	BNY Mellon	16,669 shs Wells Fargo Mortgage var rt due 4/25/2049	16,861	15,727
	BNY Mellon	590,302 shs Western Alliance B CL4 var rt due 10/25/2052	603,583	611,031
	BNY Mellon	1,750,000 shs Ziply Fiber Issuer L @ 7.81% due 4/20/2054	1,761,357	1,809,622
	BNY Mellon	790 shs WNS Holdings LTD	43,705	42,842
	BNY Mellon	456 shs Globant SA	93,830	103,858
	BNY Mellon	1,345 shs Qiagen NV	60,258	58,413
	BNY Mellon	751 shs Advanced Energy Industries Inc	77,941	86,395
	BNY Mellon	669 shs Agilysys Inc	66,226	89,846
	BNY Mellon	493 shs Allegiant Travel Co	35,615	40,347
	BNY Mellon	1,482 shs Ameris Bancorp	85,515	104,155
	BNY Mellon	1,106 shs Azek Co Inc/the	45,248	58,751
	BNY Mellon	142 shs Badger Meter Inc	27,268	30,788
	BNY Mellon	307 shs Balchem Corp	49,960	55,420
	BNY Mellon	776 shs Berry Global Group Inc	46,189	56,112

\$ 717,934,453	\$ 816,055,935
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 717,934,453	\$ 816,055,935
	BNY Mellon	1,794 shs Bio-Techne Corp	138,873	135,196
	BNY Mellon	1,040 shs Azenta Inc	47,671	48,058
	BNY Mellon	6,760 shs CCC Intelligent Solutions	70,573	85,176
	BNY Mellon	1,007 shs CH Robinson Worldwide Inc	103,814	106,319
	BNY Mellon	253 shs CACI International Inc	118,856	116,350
	BNY Mellon	181 shs Carlisle Cos Inc	73,516	82,663
	BNY Mellon	772 shs Casella Waste Systems Inc	73,690	87,398
	BNY Mellon	265 shs Casey's General Stores Inc	89,812	111,535
	BNY Mellon	115 shs Chemed Corp	66,419	65,824
	BNY Mellon	713 shs Churchill Downs Inc	95,593	101,324
	BNY Mellon	1,184 shs Civitas Resources Inc	67,299	61,426
	BNY Mellon	542 shs Clean Harbors Inc	124,207	140,969
	BNY Mellon	37 shs Coca-Cola Consolidated Inc	41,708	48,259
	BNY Mellon	875 shs Crane Co	121,928	159,320
	BNY Mellon	1,355 shs Crane NXT Co	72,629	84,931
	BNY Mellon	1,535 shs Descartes Systems Group Inc/TH	147,372	179,395
	BNY Mellon	313 shs Eagle Materials Inc	80,484	96,692
	BNY Mellon	4,478 shs Element Solutions Inc	114,583	128,429
	BNY Mellon	187 shs Emcor Group Inc	68,268	95,392
	BNY Mellon	245 shs Aspen Technology Inc	55,404	61,250
	BNY Mellon	800 shs Encompass Health Corp	70,906	82,352
	BNY Mellon	672 shs Enpro Inc	97,582	127,075
	BNY Mellon	831 shs Ensign Group Inc/the	113,282	121,501
	BNY Mellon	1,529 shs First Industrial Realty Trust	82,576	81,725
	BNY Mellon	869 shs Five9 Inc	32,378	35,872
	BNY Mellon	723 shs Fox Factory Holding Corp	33,802	23,483
	BNY Mellon	2,226 shs Gentex Corp	64,057	68,027
	BNY Mellon	2,155 shs Gildan Activewear Inc	96,504	106,931
	BNY Mellon	1,805 shs Glacier Bancorp Inc	83,972	104,491
	BNY Mellon	1,382 shs Globus Medical Inc	98,639	118,313
	BNY Mellon	1,930 shs Graphic Packaging Holding Co	52,929	58,074
	BNY Mellon	976 shs Griffon Corp	66,145	82,277
	BNY Mellon	911 shs Guidewire Software Inc	147,170	184,833
	BNY Mellon	1,364 shs Holozyme Therapeutics Inc	76,971	65,745
	BNY Mellon	1,749 shs Hancock Whitney Corp	87,947	103,856
	BNY Mellon	1,567 shs HUB Group Inc	68,843	80,920
	BNY Mellon	669 shs Irhythm Technologies Inc	51,933	58,180
	BNY Mellon	930 shs ITT Inc	124,233	145,192

\$ 721,157,021	\$ 819,700,688
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 721,157,021	\$ 819,700,688
	BNY Mellon	352 shs Insulet Corp	84,344	93,907
	BNY Mellon	373 shs Jacobs Solutions Inc	49,597	52,679
	BNY Mellon	1,804 shs KBR Inc	115,330	109,737
	BNY Mellon	158 shs Kadant Inc	51,453	65,221
	BNY Mellon	529 shs Lamb Weston Holdings Inc	36,647	40,860
	BNY Mellon	275 shs Landstar System Inc	49,780	51,128
	BNY Mellon	275 shs Littelfuse Inc	71,043	67,834
	BNY Mellon	1,103 shs Steven Madden LTD	50,307	50,275
	BNY Mellon	214 shs Magnera Corp	4,075	4,383
	BNY Mellon	692 shs Masco Corp	55,227	55,747
	BNY Mellon	2,233 shs Matador Resources Co	120,950	134,002
	BNY Mellon	725 shs Materion corp	73,020	83,825
	BNY Mellon	118 shs Medpace Holdings Inc	39,064	40,194
	BNY Mellon	495 shs Modine Manufacturing Co	55,921	67,216
	BNY Mellon	320 shs Morningstar Inc	98,201	113,328
	BNY Mellon	407 shs Neurocrine Biosciences Inc	48,243	51,587
	BNY Mellon	458 shs Chord Energy Corp	62,816	58,404
	BNY Mellon	424 shs Onto Innovation Inc	78,770	69,612
	BNY Mellon	1,207 shs Q2 Holdings Inc	87,967	126,421
	BNY Mellon	2,981 shs Rev Group Inc	79,344	92,471
	BNY Mellon	345 shs RBC Bearings Inc	98,951	115,613
	BNY Mellon	1,755 shs Rush Enterprises Inc	89,851	108,722
	BNY Mellon	3,059 shs Seacoast Banking Corp of Florida	83,935	91,648
	BNY Mellon	411 shs Silicon Laboratories Inc	49,089	45,477
	BNY Mellon	2,354 shs Silgan Holdings Inc	117,332	135,426
	BNY Mellon	314 shs Simpson Manufacturing Co Inc	57,627	59,158
	BNY Mellon	1,199 shs Southstate Corp	109,723	132,717
	BNY Mellon	2,287 shs Stag Industrial Inc	86,408	84,139
	BNY Mellon	2,654 shs Summit Materials Inc	99,747	135,195
	BNY Mellon	665 shs Texas Roadhouse Inc	104,744	136,505
	BNY Mellon	649 shs Timken Co	53,442	50,265
	BNY Mellon	62 shs Topbuild Corp	22,829	24,220
	BNY Mellon	2,035 shs Trimble Inc	134,250	148,494
	BNY Mellon	51 shs Tyler Technologies Inc	27,281	32,088
	BNY Mellon	439 shs UFP Industries Inc	53,920	59,660
	BNY Mellon	446 shs Universal Display Corp	87,729	73,376
	BNY Mellon	360 shs Valmont Industries Inc	102,486	125,230
	BNY Mellon	1,809 shs Vercyte Inc	58,671	77,697

\$ 723,907,135	\$ 822,765,149
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 723,907,135	\$ 822,765,149
	BNY Mellon	537 shs Waste Connections Inc	91,391	103,356
	BNY Mellon	293 shs Waters Corp	101,684	112,723
	BNY Mellon	307,870 shs Husky International Cov Lite	305,946	309,708
	BNY Mellon	387,317 shs Carnival 4/24 @ 0% due 10/18/2028	387,801	389,254
	BNY Mellon	250,000 shs Aimco Clo Series var rt due 4/20/2034	249,147	250,194
	BNY Mellon	494,898 shs Universal Services 0% due 5/12/2028	488,093	497,991
	BNY Mellon	500,000 shs Ameren Corp @ 5% due 1/15/2029	498,870	504,590
	BNY Mellon	449,880 shs American Airlines 2016-2 @ 3.2% due 12/15/2029	407,461	427,238
	BNY Mellon	342,512 shs Ameican Airlines 2016-3 @ 3.25% due 4/15/2030	315,111	315,981
	BNY Mellon	227,276 shs Americredit Automobile @ 5.75% due 2/18/2028	227,267	228,185
	BNY Mellon	248,748 shs Applied Systems @ 0% due 2/7/2031	250,307	250,743
	BNY Mellon	498,744 shs Avolon 6/23 B6 @ 0% due 6/9/2028	501,237	498,604
	BNY Mellon	500,000 shs Avolon Holdings @ 2.125% due 2/21/2026	456,900	482,300
	BNY Mellon	200,000 shs BA Credit Card Trust @ 4.98% due 11/15/2028	199,973	201,948
	BNY Mellon	200,000 shs Bae Systems PLC @ 5% due 3/26/2027	199,182	201,472
	BNY Mellon	200,000 shs Banco Santander SA var rt due 7/15/2028	200,000	202,048
	BNY Mellon	750,000 shs Bank of America Corp var rt due 7/22/2026	740,100	750,007
	BNY Mellon	750,000 shs Bank of America Corp var rt due 9/15/2027	755,482	764,257
	BNY Mellon	250,000 shs Belron 10/24 @ 0% due 10/1/2031	249,375	252,625
	BNY Mellon	150,000 shs Boeing Co @ 6.259% due /1/2027	150,000	153,711
	BNY Mellon	600,000 shs Booz Allen Hamilton Inc @ 3.875% due 9/1/2028	560,524	574,374
	BNY Mellon	212,716 shs British Airways @ 3.35% due 12/15/2030	189,245	200,204
	BNY Mellon	150,000 shs Broadcom Inc @ 5.05% die 7/12/2029	149,804	151,689
	BNY Mellon	150,000 shs Broadcom Inc @ 4.15% die 2/15/2028	149,782	147,897
	BNY Mellon	156,243 shs Buckeye Partners @ 0% due 11/1/2026	156,438	156,350
	BNY Mellon	400,000 shs Cow LLC @ 5.1% due 3/1/2030	398,036	398,344
	BNY Mellon	478,175 shs Carval Clo var rt due 7/16/2031	478,175	479,574
	BNY Mellon	300,000 shs Chase Issuance Trust @ 3.97% due 9/15/2027	294,961	298,644
	BNY Mellon	1,300,000 shs Chase Issuance Trust @ 4.62% due 1/16/2029	1,299,802	1,305,382
	BNY Mellon	800,000 shs Citigroup Inc var rt due 9/29/2026	799,736	804,800
	BNY Mellon	100.000 shs Coca Cola Consolidated Inc @ 5.25% due 6/1/29	99,843	102,360
	BNY Mellon	148,216 shs Corelogic @ 0% due 6/2/2028	141,454	147,266
	BNY Mellon	100,000 shs Crown Castle Towers @ 4.241% due 7/15/2048	97,700	96,599
	BNY Mellon	100,000 shs Crown Castle Inc @ 5.6% due 6/1/2029	99,661	102,891
	BNY Mellon	150,000 shs Crown Castle Inc @ 4.9% due 9/1/2029	149,604	149,809
	BNY Mellon	200,000 shs DTE Energy Co @ 4.95% due 7/1/2027	199,762	201,300
	BNY Mellon	250,000 shs Darden Restaurants Inc @ 4.35% due 10/15/2027	249,948	247,425

\$ 736,196,937	\$ 835,226,992
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 736,196,937	\$ 835,226,992
	BNY Mellon	445,861 shs Duff & Phelps	438,307	432,321
	BNY Mellon	437,904 shs Dryden 40 Senior var rt due 8/15/2031	437,904	438,687
	BNY Mellon	500,000 shs Edison International @ 5.45% due 6/15/2029	499,645	510,030
	BNY Mellon	203,481 shs Elanco Animal Health	201,954	203,481
	BNY Mellon	300,000 shs Element Fleet Mgmt @ 5.643% due 3/13/2027	300,000	305,139
	BNY Mellon	500,000 shs Energy Transfer @ 5.55% due 2/15/2028	501,480	511,785
	BNY Mellon	250,000 shs Equinix Inc @ 1.25% due 7/15/2025	243,250	244,550
	BNY Mellon	150,000 shs Essential Utilities Inc @ 4.8% due 8/15/2027	149,946	150,353
	BNY Mellon	250,000 shs Exelon Corp @ 5.15% due 3/15/2029	249,453	253,955
	BNY Mellon	500,000 shs Extra Space Storae @ 3.875% due 12/15/2027	470,115	488,895
	BNY Mellon	78,458 shs Flatiron Clo 18 var rt due 4/17/2031	78,360	78,536
	BNY Mellon	250,000 shs Flex Ltd @ 6% due 1/15/2028	255,285	257,218
	BNY Mellon	650,000 shs Ford Credit Auto var rt due 8/15/2036	649,793	656,799
	BNY Mellon	518,056 shs Ford Credit Auto Owner @ 5.32% due 1/15/2027	518,038	519,574
	BNY Mellon	300,000 shs Ford Motor Credit Co @ 3.375% due 11/13/2025	283,191	294,867
	BNY Mellon	400,000 shs General Motors @ 5.55% due 7/15/2029	399,820	408,932
	BNY Mellon	1,250,000 shs Goldman Sachs Group var rt due 8/10/2026	1,251,663	1,258,150
	BNY Mellon	200,000 shs HSBC Holdings var rt due 11/19/2028	200,000	200,864
	BNY Mellon	250,000 shs Heico Corp @ 5.25% due 8/1/2028	250,623	254,067
	BNY Mellon	200,000 shs Hewlett Packard @ 4.55% due 10/15/2029	199,972	198,060
	BNY Mellon	207,630 shs Hilton Grand Vacation @ 5.5% due 3/25/2038	207,594	209,521
	BNY Mellon	150,000 shs Hilton Grand Vacation @ 4.98% due 8/27/2040	149,977	150,055
	BNY Mellon	250,000 shs Hilton Hotels @ 0% due 11/6/2030	250,313	251,470
	BNY Mellon	498,126 shs Hub International @ 0% due 6/20/2030	498,283	501,628
	BNY Mellon	400,000 shs Hyundai Capital @ 4.875% due 11/1/2027	399,868	400,228
	BNY Mellon	100,000 shs Idex Corp @ 4.95% due 9/1/2029	99,941	100,636
	BNY Mellon	350,000 shs Infor Inc @ 1.75% due 7/15/2025	332,157	342,804
	BNY Mellon	200,000 shs IQVIA Inc @ 5.7% due 5/15/2028	200,136	204,560
	BNY Mellon	200,000 shs JBS USA Holding LUX @ 2.5% due 1/15/2027	191,274	189,902
	BNY Mellon	750,000 shs JP Morgan Chase var rt due 12/15/2025	748,035	750,075
	BNY Mellon	1,000,000 shs JP Morgan Chase var rt due 10/22/2027	1,017,120	1,023,680
	BNY Mellon	150,000 shs Kyndryl Holdings Inc @ 2.05% due 10/15/2026	134,268	142,443
	BNY Mellon	350,000 shs LPL Holdings Inc @ 5.7% due 5/20/2027	349,867	355,782
	BNY Mellon	150,000 shs Las Vegas Sands Corp @ 5.9% due 6/1/2027	149,805	152,404
	BNY Mellon	500,000 shs Lennox International Inc @ 5.5% due 9/15/2028	504,315	512,505
	BNY Mellon	350,000 shs Lloyds Banking Group var rt due 1/5/2028	350,000	353,969
	BNY Mellon	97,610 shs MVW 2024-2 LLC @ 4.43% due 3/20/2042	97,597	96,035

\$ 749,456,286	\$ 848,630,952
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 749,456,286	\$ 848,630,952
	BNY Mellon	110,222 shs Magnetite XV Ltd var rt due 7/25/2031	110,298	110,422
	BNY Mellon	200,000 shs Marriott Internaional @ 5.55% due 10/15/2028	202,432	206,212
	BNY Mellon	315,604 shs Medline Industries @ 0% due 10/23/2028	315,999	317,419
	BNY Mellon	900,000 shs Morgan Stanley var rt due 7/17/2026	886,932	898,848
	BNY Mellon	467,000 shs Morgan Stanley var rt due 4/8/2030	466,978	480,977
	BNY Mellon	378,379 shs MVW 20204-1 LLC 1A @ 5.32% due 2/20/2043	378,358	381,962
	BNY Mellon	250,000 shs National Securities @ 4.9% due 6/26/2029	249,550	252,812
	BNY Mellon	309,564 shs Navient Private Educ @ 1.31% due 1/15/2069	290,071	287,569
	BNY Mellon	1,137,315 shs Navient Private Educ @ 2.6% due 8/15/2068	1,054,589	1,082,770
	BNY Mellon	273,420 shs Navient Private Edu @ 2.12% due 1/15/2069	257,431	257,476
	BNY Mellon	521,455 shs Navient Private Edu @ 1.69% due 5/15/2069	481,476	482,216
	BNY Mellon	220,944 shs Navient Private Educ @ 1.17% due 9/16/2069	196,105	202,791
	BNY Mellon	410,638 shs Navient Private Educ @ 1.33% due 4/15/2069	371,387	372,178
	BNY Mellon	179,670 shs Navient Private Educ @ 5.66% due 10/15/2072	179,646	182,843
	BNY Mellon	376,954 shs Neuberger Berman var rt due 1/28/2030	376,954	378,185
	BNY Mellon	980,688 shs Neuberger Berman var rt due 4/20/2031	980,688	982,602
	BNY Mellon	650,000 shs Neuberger Berman var rt due 7/25/2035	650,000	650,518
	BNY Mellon	96,000 shs Nextera Energy Operating @ 4.5% due 9/15/2027	89,640	91,307
	BNY Mellon	250,000 shs Nisource Inc @ 5.2% due 7/1/2029	249,495	254,280
	BNY Mellon	500,000 shs Nordson Corp @ 4.5% due 12/15/2029	499,035	492,715
	BNY Mellon	50,000 shs OGE Energy Corp @ 5.45% due 5/15/2029	49,935	51,305
	BNY Mellon	200,000 shs PNC Financial Services Group var rt deu 1/21/2028	200,000	202,314
	BNY Mellon	250,000 shs Pacific Gas and Electric Co @ 5.55% due 5/15/2029	249,833	255,977
	BNY Mellon	110,582 shs Palmer Square Loan var rt due 7/20/2029	110,637	110,677
	BNY Mellon	250,000 shs Palmer Square Loan var rt due 10/15/2032	250,000	250,405
	BNY Mellon	500,000 shs Palmer Square Loan var rt due 1/15/2033	500,000	500,000
	BNY Mellon	500,000 shs Penske Truck Leasing Co @ 4.4% due 7/1/2027	478,170	495,390
	BNY Mellon	250,000 shs Petroleos Mexicanos @ 6.5% due 3/13/2027	237,750	243,913
	BNY Mellon	247,449 shs Solera 6/21 Cov Lite @ 0% due 6/2/2028	242,191	248,335
	BNY Mellon	248,128 shs Prolamina 3/24 Cov Lite @ 0% due 9/15/2028	248,748	248,672
	BNY Mellon	500,000 shs Public Service Enterprise @ 5.875% due 10/15/28	512,065	521,075
	BNY Mellon	500,000 shs Regal Rexnord Corp @ 6.05% due 2/15/2026	500,995	504,920
	BNY Mellon	300,000 shs Kite Realty Group Trust @ 4.75% due 9/15/2030	288,519	297,105
	BNY Mellon	247,506 shs Roper Technologies @ 0% due 11/22/2029	248,434	248,590
	BNY Mellon	50,000 shs Royal Bank of Canada var rt due 10/18/2027	50,000	49,829
	BNY Mellon	250,000 shs SBA Communications @ 0% due 1/22/2031	250,312	250,000
	BNY Mellon	72,640 shs SBNA Auto Receivable @ 5.7% due 3/15/2027	72,639	72,762

\$ 762,233,578	\$ 861,548,323
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 762,233,578	\$ 861,548,323
	BNY Mellon	173,814 shs SMB Private Educati @ 2.23% due 9/15/2037	165,693	165,243
	BNY Mellon	360,263 shs SMB Private Educati @ 5.38% due 1/15/2053	365,299	363,040
	BNY Mellon	498,125 shs Seaworld 1/24 Cov Lite @ 0% due 8/25/2028	499,059	497,657
	BNY Mellon	59,802 shs Santander Drive Auto @ 6.08% due 5/17/2027	59,889	59,962
	BNY Mellon	179,083 shs Santander Drive Auto @ 5.71% due 2/16/2027	179,078	179,423
	BNY Mellon	39,345 shs Santander Drive Auto @ 5.41% due 7/15/2027	339,326	340,261
	BNY Mellon	350,000 shs Santander Drive Auto @ 4.88% due 9/15/2027	349,986	350,420
	BNY Mellon	250,000 shs Santander Drive Auto @ 4.62% due 11/15/2028	249,992	249,520
	BNY Mellon	162,140 shs Santander Drive Auto @ 6.18% due 2/16/2027	162,489	162,424
	BNY Mellon	250,000 shs Delta Air Lines Inc @ 4.5% due 10/20/2025	245,837	248,733
	BNY Mellon	150,000 shs JM Smucker Co @ 5.9% due 11/15/2028	154,265	157,002
	BNY Mellon	200,000 shs Sonoco Prducts Co @ 4.45% due 9/1/2026	199,856	198,792
	BNY Mellon	350,000 shs Sprint Spectrum Co @ 5.152% due 9/20/2029	346,493	352,118
	BNY Mellon	500,000 shs Sumitomo Mitsui Financial @ 5.464% due 1/13/26	500,070	503,805
	BNY Mellon	250,000 shs Sysco Corp @ 5.75% due 1/17/2029	255,595	259,443
	BNY Mellon	50,023 shs TCI Flatiron Clo var rt due 11/18/2030	50,048	50,076
	BNY Mellon	233,213 shs TCI Flatiron Clo var rt due 1/29/2032	233,143	233,933
	BNY Mellon	250,000 shs Targa Resources Corp @ 6.15% due 3/1/2029	256,275	262,500
	BNY Mellon	232,460 shs TIAA Clo IV var rt due 1/20/2032	232,460	232,787
	BNY Mellon	497,497 shs Transdigm 11/23 @ 0% due 2/14/2031	498,741	497,328
	BNY Mellon	498,750 shs Ultimate Software 1/24 @ 0% due 2/10/2031	500,620	501,952
	BNY Mellon	250,000 shs UBS Group AG var rt due 5/12/2026	244,684	249,373
	BNY Mellon	200,000 shs UBS Group AG var rt due 2/8/2030	199,986	203,410
	BNY Mellon	220,724 shs United Airlines 2016-1 @ 3.1% due 1/7/2030	209,003	208,897
	BNY Mellon	250,500 shs United Air Lines 10/24 @ 0% due 2/22/2031	249,248	251,753
	BNY Mellon	2,400,000 shs US Treasury Note @ 0.875% due 9/30/2026	2,184,916	2,260,128
	BNY Mellon	2,750,000 shs US Treasury Note @ 4.125% due 10/31/2027	2,733,223	2,751,073
	BNY Mellon	3,000,000 shs US Treasury Note @ 4.625% due 9/30/2023	3,050,489	3,052,740
	BNY Mellon	300,000 shs US Treasury Note @ 4.625% due 11/15/2023	301,805	302,343
	BNY Mellon	150,000 shs US Treasury Note @ 3.875% due 10/15/2024	149,812	149,004
	BNY Mellon	275,000 shs Venture Global Calcasieu @ 3.875% due 8/15/2029	255,281	255,448
	BNY Mellon	500,000 shs Veralto Corp @ 5.5% due 9/18/2026	501,630	506,345
	BNY Mellon	1,100,000 shs Verizon Master Trust @ 5% due 12/20/2028	1,099,967	1,104,928
	BNY Mellon	500,000 shs Verizon Master Trust @ 4.17% due 8/20/2030	499,870	496,765
	BNY Mellon	250,000 shs TK Elevator US @ 5.25% due 7/15/2027	239,473	246,220
	BNY Mellon	500,000 shs VICI Properties LP @ 4.75% due 2/15/2028	478,635	497,065
	BNY Mellon	170,331 shs Virginia Power Fuel Sec @ 5.088% due 5/1/2029	170,329	171,036

\$ 780,646,143	\$ 880,121,270
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
AS OF NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 501

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 780,646,143	\$ 880,121,270
	BNY Mellon	250,000 shs Vistra Operations Co @ 5.05% due 12/30/2026	249,870	250,363
	BNY Mellon	350,000 shs Worldpayboost Newco @ 0% due 1/31/2031	351,312	352,874
	BNY Mellon	200,000 shs Weir Group PLC @ 2.2% due 5/13/2026	192,040	191,930
	BNY Mellon	300,000 shs Wells Fargo & Co var rt due 8/15/2026	294,708	299,295
	BNY Mellon	150,000 shs Wells Fargo & Co var rt due 4/22/2028	150,000	153,006
	BNY Mellon	200,763 shs Datatel/Ellucian @ 0% due 10/9/2029	201,516	202,833
	BNY Mellon	285,513 shs Pimco Income Fund	3,021,880	3,043,566

\$ 785,107,469	\$ 884,615,137
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**TEAMSTERS WESTERN REGION AND NEW JERSEY
HEALTH CARE FUND ACTIVE PLAN
SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF 5% OF NOVEMBER 30, 2023 PLAN ASSETS
FOR THE YEAR ENDED NOVEMBER 30, 2024**

Employer Identification Number 86-6052021

Plan Number 001

November 30, 2024

Schedule H Line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on trasaction date	(i) Net gain or (loss)
BNY Mellon	Pimco Income Fund	\$43,999,173	\$67,600,000			\$74,115,289		(\$6,515,289)

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>12/01/2023</u> and ending <u>11/30/2024</u>	
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 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND ACTIVE PLAN	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 11/01/1950
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) TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE 2550 W. UNION HILLS DRIVE, STE 290 PHOENIX AZ 85027	2b Employer Identification Number (EIN) 86-6052021 2c Plan Sponsor's telephone number (855) 215-2039 2d Business code (see instructions) 488990

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	<u>Andrew A. Marshall</u> Andrew A. Marshall (Sep 5, 2025 14:53:43 PDT)	<u>09/05/2025</u>	ANDREW MARSHALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Andrew A. Marshall</u> Andrew A. Marshall (Sep 5, 2025 14:53:43 PDT)	<u>09/05/2025</u>	ANDREW MARSHALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 49997
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) (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) 49997 6a(2) 49732 6b 6c 6d 49732 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 26
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 4L	

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

a Pension Schedules

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

b General Schedules

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

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on trasaction date	(i) Net gain or (loss)
BNY Mellon	Pimco Income Fund	\$43,999,173	\$67,600,000			\$74,115,289		(\$6,515,289)