

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 12/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Signature of plan administrator (ANDREW MARSHALL, 09/05/2025), 2. Signature of employer/plan sponsor (ANDREW MARSHALL, 09/05/2025), 3. Signature of DFE.

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">4413</td> </tr> </table>	<b>5</b>	4413																		
<b>5</b>	4413																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6a(1)</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6a(2)</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6b</b></td> <td style="text-align: right;">4823</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6c</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6d</b></td> <td style="text-align: right;">4823</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6e</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6f</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6g(1)</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6g(2)</b></td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6h</b></td> <td></td> </tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>	4823	<b>6c</b>		<b>6d</b>	4823	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="text-align: right;">24</td> </tr> </table>	<b>7</b>	24																		
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

<b>A</b> Name of plan TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN	<b>B</b> Three-digit plan number (PN) ▶	502
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	<b>D</b> Employer Identification Number (EIN) 86-6052021	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

ARROWSTREET CAPITAL

04-3472863

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

GROSVENOR CAPITAL MANAGEMENT LP

20-3979494

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

APOGEM CAPITAL LLC

13-5582869

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

PIMCO INCOME FUND

33-0629048

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

AUDAX SENIOR LOAN FUND I, LP

26-0602957

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

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

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

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	2475211	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUECROSS BLUESHIELD OF AZ

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	1769336	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 28 50 51	NONE	1664212	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	972734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS, SAYLES & 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	NONE	948814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PENNANT PARK SENIOR CREDIT FUND II

1350 AVEUE OF THE AMERICAS 32ND FL  
NEW YORK, NY 10019

(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	919755	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	893066	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MC CREDIT PARTNERS LP

46-2738205

(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 99	NONE	786840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKSTONE REAL ESTATE PARTNERSXFLP

88-2000590

(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	776752	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	724683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HAMILTON LANE GP X LLC

61-1808970

(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	NONE	589640	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	114844	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JPMORGAN INVESTMENT MANAGEMENT, INC

13-3200244

(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 27	NONE	667093	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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?
28	NONE	637701	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	611903	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKSTONE CAPITAL OPPORTUNITIES FD

01-0899018

(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	424361	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TA DEBT FUND

420 NW 5TH STREET  
EVANSVILLE, IN 47708

(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	489257	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	479318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGALL BRYANT & 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	407870	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAWSON PORTFOLIO FINANCE 5 LP

79 WELLINGTON ST WEST STE 2100  
TORONTO CA

(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 55	NONE	417166	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	363763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JPM STRATEGIC

13-3200244

(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 27 24 50 51	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	346239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

RREEF AMERICA LLC

58-2364506

(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	345598	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	336761	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUDAX MEZZANINE FUND V-A, LP

85-0530384

(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?
72	NONE	331113	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HAMILTON LANE GP IX LLC

110 WASHINGTON STREET STE 1300  
CONSHOHOCKEN, PA 19428

(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	NONE	182575	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	110242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DAWSON PORTFOLIO FINANCE 6 LP

79 WELLINGTON ST WEST STE 2100  
TORONTO CA

(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 55	NONE	283904	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVATUS CAPITAL PARTNERS LLC

47-5408253

(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	NONE	266215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(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 51	NONE	261032	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WHITE OAK SUMMIT FUND LP

26-0340395

(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	NONE	256240	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKSTONE INFRASTRUCTURE PARTNERS

345 PARK AVENUE  
NEW YORK, NY 10154

(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	229363	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	160641	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JPM PEG US CORPORATE FIN VII LP

13-3200244

(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 27	NONE	151323	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	130864	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	92887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	76946	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	49560	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	42684	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	33581	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BNYM MELLON CF SL STOCK INDEX

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	31699	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	26385	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	16432	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE GP X LLC	52	114844
(d) Enter name and EIN (address) of source of indirect compensation  HAMILTON LANE GP X LLC 110 WASHINGTON STREET SUITE 1300 CONSHOHOCKEN, PA 19428  61-1808970	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2  JPM STRATEGIC	(b) Service Codes (see instructions)  28 27 24 50 51	(c) Enter amount of indirect compensation  346219
(d) Enter name and EIN (address) of source of indirect compensation  JP MORGAN CHASE BANK NA 150 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606  13-4994650	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2  NEUBERGER BERMAN	(b) Service Codes (see instructions)  52 28	(c) Enter amount of indirect compensation  724683
(d) Enter name and EIN (address) of source of indirect compensation  NEUBERGER BERMAN (PF) STRAT  84-4332954	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  INVESTMENT MANAGEMENT FEES	

**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
HAMILTON LANE GP IX LLC	52	110242
(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.	
HAMILTON LANE GP IX LLC  61-1808970	110 WASHINGTON STREET SUITE 1300 CONSHOHOCKEN, PA 19428	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	15436
(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  13-2988846	8403 COLESVILLE ROAD SILVER SPRING, MD 20910	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	4024
(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  45-3957469	234 SPRING LAKE DRIVE ITASCA, IL 60143	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	4822
(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 LINDBERGH 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	9299
(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	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

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

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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

<b>A</b> Name of plan <u>TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>502</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>86-6052021</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX EXEMPT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
<b>c</b> EIN-PN <u>04-3472863-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16941691</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILLIAM BLAIR COLLECTIVE INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY-WILLIAM BLAIR</u>		
<b>c</b> EIN-PN <u>27-6331814-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88722578</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET ACWI EX US FUND IV</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ARROWSTREET LIMITED PARTNER</u>		
<b>c</b> EIN-PN <u>98-0652482-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158288470</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CORE DISCIPLINED ALPHA TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NHIT CORE DISCIPLINED ALPHA TRUST</u>		
<b>c</b> EIN-PN <u>27-6564691-029</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>318739548</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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

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**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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

<b>A</b> Name of plan <b>TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>86-6052021</b>	

**Part I Asset and Liability Statement**

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	7774087	4812207
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	31078368	39266293
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2960960	3742989
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	19061343	18166346
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	396045310	533254440
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	840464176	1104952464
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	948988636	1221863695
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	253770475	347834908
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	148804	145176

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2500292159	3274038518
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	13597000	10600700
<b>h</b> Operating payables .....	<b>1h</b>	953990	1451666
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	890376	984691
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	15441366	13037057
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2484850793	3261001461

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	432543773	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	10665723	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		443209496
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	1538357	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1538357
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	4989717	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	18948374	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		23938091
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	64600995	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	43137799	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		21463196
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	107498951	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		107498951

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		203860785
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		74308235
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8116059
<b>c</b> Other income .....	<b>2c</b>		13830681
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		897763851

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	104790299	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	-2996300	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		101793999
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	363763	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	42684	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	15967826	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	26385	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	36376	
(11) Other expenses .....	<b>2i(11)</b>	3382150	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		19819184
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		121613183

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		776150668
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: HENNINGFIELD & ASSOCIATES, INC.

(2) EIN: 54-2189926

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

*Certified Public Accountants*

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

## **Independent Auditors' Report**

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

### **Opinion**

We have audited the financial statements of Teamsters Western Region And New Jersey Health Care Fund Retiree 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 Retiree 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 Retiree 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 Retiree 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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Board of Trustees  
Teamsters Western Region And New Jersey  
Health Care Fund Retiree 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 Retiree 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 Retiree 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 Retiree 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 are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Henningfield & Associates, Inc.*

**HENNINGFIELD & ASSOCIATES, INC.**  
Valencia, CA  
September 5, 2025

**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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	18,166,346 shs Dreyfus Govt. Securities MM	18,166,346	18,166,346
	BNY Mellon	32,629,916 shs Pimco Income Fund - Ins	365,084,245	347,834,908
	BNY Mellon	2,868,915 shs CTF SMID Cap Research Equity Portfolio	53,392,828	86,870,776
	BNY Mellon	88,722,578 shs William Blair Intl Leaders Fund Class I	69,722,574	88,722,578
	BNY Mellon	345,258,929 shs Neuberger Berman Stratigic Income Fd	311,800,000	345,458,929
	BNY Mellon	1,289,115 shs Arrowstreet International Equity ACWI Ex	88,992,723	158,288,470
	BNY Mellon	6,337,191 shs CTF International Contrarian	79,081,457	88,086,948
	BNY Mellon	192,661 shs BNYM-M CF NSL SIF	261,699,548	481,155,376
	BNY Mellon	418,624 shs RREEF America Reit II LP	44,627,006	52,528,898
	BNY Mellon	305,356,311 shs Camden Bonds Plus Fund LLC	300,713,130	305,356,311
	BNY Mellon	27,788,975 shs Loomis Sayles NHIT Core	307,460,000	318,739,548
	BNY Mellon	11,313,537 shs Blackstone RE Partners X LP	9,658,656	11,313,537
	BNY Mellon	25,540,005 shs MC Credit Fund I LP	21,280,698	25,540,005
	BNY Mellon	13,828,536 shs White Oak Summit Fd LP	19,829,091	13,828,536
	BNY Mellon	19,808,882 shs HL PE Offshore Fund X LP	14,339,996	19,808,882
	BNY Mellon	16,941,691 shs Ullico Infra Tax Exempt Fd LP	14,824,517	16,941,691
	BNY Mellon	14,492,980 shs Hamilton Lane PE Fund IX IP	10,124,738	15,492,980
	BNY Mellon	18,041,240 shs Grosvenor Opp Multi Credit Master Fd C	15,000,000	18,041,240
	BNY Mellon	38,876,251 shs Strategic Property Fund LP	44,428,243	38,876,251
	BNY Mellon	4,556,022 shs Audax Mezzanine Fund VA LP	4,093,906	4,556,022
	BNY Mellon	8,776,058 shs Innovatus Flagship Fund I LP	8,265,601	8,776,058
	BNY Mellon	27,851,668 shs Goldpoint Ptns Sel Mgr V LP	21,559,095	27,851,668
	BNY Mellon	48,808,338 shs IIF Erisa Hedged LP	34,322,009	48,808,338
	BNY Mellon	8,934,915 shs Blackstone Cap Opp Fund IV LP	7,677,536	8,934,915
	BNY Mellon	16,014,137 shs Dawson Partners V LP	16,034,378	16,014,137
	BNY Mellon	11,741,108 shs Peg US Corporate Fin VII LP	9,726,555	11,741,108
	BNY Mellon	12,451,855 shs TA Debt Fund V LP	12,409,441	12,451,855
	BNY Mellon	7,443,856 shs Blackstone Senior Dir Ldg Fd	7,443,856	7,443,856
	BNY Mellon	7,791,443 shs Blackstone Infra Ptns V LP	6,518,265	7,971,443
	BNY Mellon	12,430,191 shs Dawson Portfolio Finance 6	11,544,544	12,430,191
	BNY Mellon	7,134,203 shs Pennantpark Sr Cr Fd 11 Erisa LP	6,988,316	7,134,203
	BNY Mellon	64,084,094 shs Audax Senior Loan Fund I LP	62,500,000	64,084,094
	BNY Mellon	3,567,315 shs Thoma Bravo Credit III FDR LP	3,567,315	3,567,315
	BNY Mellon	20,137 shs Alibaba Group Holding Ltd	2,954,033	1,759,370
	BNY Mellon	18,620 shs Alphabet Inc	1,181,265	3,174,524
	BNY Mellon	66,662 shs Alphabet Inc	6,665,280	11,262,545
	BNY Mellon	75,922 shs Amazon.com Inc	8,578,735	15,783,425
	BNY Mellon	24,518 shs Autodesk Inc	4,976,372	7,156,804
	BNY Mellon	63,383 shs Boeing Co	11,202,872	9,852,254

\$ 2,298,435,170	\$ 2,741,806,335
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,298,435,170	\$ 2,741,806,335
	BNY Mellon	2,997 shs Deere & Co	856,711	1,396,302
	BNY Mellon	61,792 shs Walt Disney Co	6,874,679	7,258,706
	BNY Mellon	24,312 shs Expeditors International	2,291,031	2,957,312
	BNY Mellon	32,563 shs Meta Platforms Inc	5,851,092	18,701,582
	BNY Mellon	6,406 shs Factset Research Systems Inc	2,255,215	3,143,232
	BNY Mellon	18,067 shs Illumina Inc	4,074,011	2,604,358
	BNY Mellon	7,423 shs Intuitive Surgical Inc	1,694,818	4,023,266
	BNY Mellon	26,170 shs Microsoft Corp	5,259,714	11,081,948
	BNY Mellon	108,359 shs Monster Beverage Corp	4,416,445	5,973,832
	BNY Mellon	65,079 shs Natixis Loomis Focused Growth	2,166,040	2,504,956
	BNY Mellon	17,266 shs Netflix Inc	5,486,614	15,311,661
	BNY Mellon	29,151 shs Nike Inc	2,209,335	2,296,224
	BNY Mellon	24,314 shs Novartis AG Adr	2,072,346	2,571,692
	BNY Mellon	36,551 shs Novo Nordisk AS Adr	1,813,567	3,903,647
	BNY Mellon	134,074 shs Nvidia Corp	2,186,209	18,535,731
	BNY Mellon	73,717 shs Oracle Corp	5,274,103	13,625,850
	BNY Mellon	28,030 shs Paypal Holdings Inc	2,668,935	2,432,163
	BNY Mellon	23,535 shs Qualcomm Inc	2,811,207	3,731,004
	BNY Mellon	4,797 shs Regeneron Pharmaceuticals Inc	2,736,280	3,598,805
	BNY Mellon	55,311 shs Roche Holding AG Adr	2,289,302	2,005,079
	BNY Mellon	36,492 shs SEI Investments Co	2,251,099	3,015,334
	BNY Mellon	24,617 shs Salesforce Inc	4,331,630	8,123,364
	BNY Mellon	59,755 shs Shopify Inc	3,365,483	6,907,678
	BNY Mellon	30,909 shs Block Inc	2,941,251	2,736,992
	BNY Mellon	41,003 shs Starbucks Corp	3,587,221	4,201,167
	BNY Mellon	58,832 shs Tesla Inc	11,296,487	20,306,453
	BNY Mellon	5,672 shs Thermo Fisher Scientific Inc	3,080,369	3,004,061
	BNY Mellon	12,897 shs Vertex Pharmaceuticals Inc	3,208,834	6,037,473
	BNY Mellon	40,751 shs Visa Inc	8,235,365	12,839,825
	BNY Mellon	8,543 shs Workday Inc	1,472,214	2,135,665
	BNY Mellon	16,826 shs Yum! Brands Inc	1,880,956	2,337,804
	BNY Mellon	19,688 shs Yum China Holdings Inc	1,004,114	916,476
	BNY Mellon	34,400 shs Medtronic PLC	3,081,211	2,976,976
	BNY Mellon	47,000 shs Alcon Inc	3,106,582	4,175,950
	BNY Mellon	11,300 shs Adobe Inc	3,879,095	5,830,009
	BNY Mellon	55,895 shs American International Group I	4,266,084	4,297,208
	BNY Mellon	30,509 shs American Water Works Co Inc	3,586,950	4,177,902
	BNY Mellon	13,900 shs Ameriprice Financial Inc	3,281,585	7,978,183

\$ 2,431,579,354	\$ 2,971,462,205
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,431,579,354	\$ 2,971,462,205
	BNY Mellon	16,000 shs Amgen Inc	3,622,581	4,525,920
	BNY Mellon	14,900 shs Ansys Inc	3,540,367	5,231,390
	BNY Mellon	37,200 shs Atmos Energy Corp	4,106,969	5,629,104
	BNY Mellon	27,929 shs Blackstone Inc	3,156,363	5,336,953
	BNY Mellon	151,800 shs Coterra Energy Inc	3,361,868	4,056,096
	BNY Mellon	37,900 shs Capital One Financial Corp	3,894,087	7,277,179
	BNY Mellon	65,600 shs Coca Cola Co	3,573,500	4,203,648
	BNY Mellon	34,755 shs Commerce Bancshares Inc	1,796,019	2,563,181
	BNY Mellon	12,600 shs Constellation Brands Inc	2,902,184	3,035,970
	BNY Mellon	100,700 shs Corteva Inc	4,435,469	6,267,568
	BNY Mellon	26,500 shs Cullen Frost Bankers Inc	2,765,794	3,726,430
	BNY Mellon	18,400 shs Danaher Corp	3,143,046	4,410,296
	BNY Mellon	20,700 shs Ecolab Inc	3,925,040	5,149,539
	BNY Mellon	46,400 shs Equity Lifestyle Properties Inc	2,961,732	3,309,712
	BNY Mellon	14,300 shs General Dynamics Corp	2,971,056	4,061,343
	BNY Mellon	19,400 shs Honeywell International Inc	4,096,150	4,518,842
	BNY Mellon	42,100 shs Lennar Corp	3,197,933	7,341,819
	BNY Mellon	16,948 shs Lowe's Cos Inc	3,894,078	4,617,144
	BNY Mellon	10,135 shs Martin Marietta Materials Inc	3,091,596	6,081,000
	BNY Mellon	38,300 shs Merck & Co	3,661,304	3,892,812
	BNY Mellon	206,200 shs CIE Generale Des Etablissement Adr	3,356,322	3,348,482
	BNY Mellon	17,107 shs Microsoft Corp	3,482,339	7,244,130
	BNY Mellon	56,900 shs Microchip Technology Inc	3,800,152	4,083,383
	BNY Mellon	307,600 shs Mitsubishi UFJ Financial Group Adr	2,102,594	3,663,516
	BNY Mellon	24,700 shs Oshkosh Corp	2,629,458	2,806,167
	BNY Mellon	22,000 shs PNC Financial Services Group	2,992,832	4,723,840
	BNY Mellon	14,000 shs Parker Hannifin Corp	3,367,065	9,840,600
	BNY Mellon	24,000 shs Procter & Gamble Co	3,399,706	4,302,240
	BNY Mellon	31,400 shs Qualcomm Inc	3,402,078	4,977,842
	BNY Mellon	36,700 shs RPM International Inc	2,858,817	5,093,226
	BNY Mellon	230,500 shs Sony Group Corp ADR	3,379,858	4,621,525
	BNY Mellon	8,700 shs Teledyne Technologies Inc	3,563,273	4,221,762
	BNY Mellon	62,361 shs Totalenergies Se Adr	4,016,615	3,616,314
	BNY Mellon	98,100 shs US Bancorp	3,552,144	5,227,749
	BNY Mellon	101,300 shs Verizon Communications Inc	4,456,697	4,491,642
	BNY Mellon	58,800 shs Xcel Energy Inc	3,934,560	4,266,528
	BNY Mellon	36,600 shs Xylem Inc/NY	3,406,251	4,639,050
	BNY Mellon	8,075 shs WNS Holdings Ltd	599,113	437,907

\$ 2,557,976,364	\$ 3,148,304,054
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,557,976,364	\$ 3,148,304,054
	BNY Mellon	4,664 shs Globant SA	959,774	1,062,273
	BNY Mellon	13,745 shs Qiagen NV	673,492	596,945
	BNY Mellon	7,678 shs Advanced Energy Industries Inc	815,549	883,277
	BNY Mellon	6,847 shs Agilysys Inc	513,125	919,552
	BNY Mellon	5,041 shs Allegiant Travel Co	648,206	412,555
	BNY Mellon	15,142 shs Ameris Bancorp	723,046	1,064,180
	BNY Mellon	11,305 shs Azek Co Inc	220,930	600,522
	BNY Mellon	1,447 shs Badger Meter Inc	121,073	313,739
	BNY Mellon	3,142 shs Balchem Corp	400,778	567,194
	BNY Mellon	7,933 shs Berry Global Group Inc	415,832	573,635
	BNY Mellon	18,331 shs Bio-Techne Corp	1,476,176	1,381,424
	BNY Mellon	10,627 shs Azena Inc	487,121	491,074
	BNY Mellon	69,079 shs CCC Intelligent Solutions Hold	649,325	870,395
	BNY Mellon	10,290 shs CH Robinson Worldwide Inc	915,432	1,086,418
	BNY Mellon	2,581 shs CACI International Inc	783,464	1,186,950
	BNY Mellon	1,850 shs Carlisle Cos Inc	486,129	844,895
	BNY Mellon	7,887 shs Casella Waste Systems Inc	634,267	892,887
	BNY Mellon	2,704 shs Casey's General Stores Inc	620,773	1,138,087
	BNY Mellon	1,177 shs Chemed Corp	638,671	673,703
	BNY Mellon	7,282 shs Churchill Downs Inc	843,796	1,034,845
	BNY Mellon	12,100 shs Civitas Resources Inc	853,192	627,748
	BNY Mellon	5,542 shs Clean Harbors Inc	950,466	1,441,419
	BNY Mellon	375 shs Coca Cola Consolidated Inc	187,774	489,109
	BNY Mellon	8,946 shs Crane Co	630,348	1,628,888
	BNY Mellon	13,850 shs Crane NXT Co	607,573	868,118
	BNY Mellon	15,685 shs Descartes Systems Group Inc/Th	1,219,055	1,833,106
	BNY Mellon	3,194 shs Eagle Materials Inc	450,575	986,690
	BNY Mellon	45,766 shs Element Solutions Inc	984,466	1,312,569
	BNY Mellon	1,913 shs Emcor Group Inc	218,746	975,860
	BNY Mellon	2,501 shs Aspen Technologies Inc	492,029	625,250
	BNY Mellon	8,171 shs Encompass Health Corp	503,988	841,123
	BNY Mellon	6,870 shs Enpro Inc	674,306	1,299,117
	BNY Mellon	8,492 shs Ensign Group Inc	836,828	1,241,615
	BNY Mellon	15,621 shs First Industrial Realty Trust	815,120	834,942
	BNY Mellon	8,884 shs Five9 Inc	584,856	366,732
	BNY Mellon	7,386 shs Fox Factory Hodiing Corp	542,354	239,897
	BNY Mellon	22,747 shs Gentex Corp	632,826	695,148
	BNY Mellon	22,025 shs Gildan Activewear Inc	751,052	1,092,881

\$ 2,582,938,877	\$ 3,182,298,816
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,582,938,877	\$ 3,182,298,816
	BNY Mellon	18,445 shs Glacier Bancorp Inc	926,126	1,067,781
	BNY Mellon	14,125 shs Globus Medical Inc	957,165	1,209,241
	BNY Mellon	19,726 shs Graphic Packaging Holding	421,181	593,555
	BNY Mellon	9,970 shs Griffon Corp	622,044	840,471
	BNY Mellon	9,311 shs Guidewire Software Inc	759,424	1,889,109
	BNY Mellon	13,938 shs Halozyme Therapeutics Inc	538,103	671,812
	BNY Mellon	17,878 shs Hancock Whitney Corp	889,270	1,061,596
	BNY Mellon	16,017 shs Hub Group Inc	709,013	827,118
	BNY Mellon	6,833 shs Irhythm Technologies, Inc	787,039	594,232
	BNY Mellon	9,506 shs ITT Inc	756,385	1,484,077
	BNY Mellon	3,599 shs Insulet Corp	862,914	960,141
	BNY Mellon	3,809 shs Jacobs Solutions Inc	427,806	537,945
	BNY Mellon	18,438 shs KBR Inc	970,576	1,121,584
	BNY Mellon	1,618 shs Kadant Inc	542,752	667,894
	BNY Mellon	5,404 shs Lamb Weston Holdings Inc	439,996	417,405
	BNY Mellon	2,807 shs Landstar System Inc	501,388	521,877
	BNY Mellon	2,806 shs Littelfuse Inc	766,593	692,156
	BNY Mellon	11,270 shs Steven Madden LTD	391,387	513,687
	BNY Mellon	2,191 shs Magnera Corp	36,742	44,872
	BNY Mellon	7,076 shs Masco Corp	478,528	570,043
	BNY Mellon	22,814 shs Matador Resources Co	1,279,455	1,369,068
	BNY Mellon	7,407 shs Materion Corp	775,057	856,397
	BNY Mellon	1,209 shs Medpace Holdings Inc	365,672	411,822
	BNY Mellon	6,633 shs Timken Co	543,642	513,726
	BNY Mellon	639 shs Topbuild Corp	160,607	249,619
	BNY Mellon	20,800 shs Trimble Inc	1,372,205	1,517,776
	BNY Mellon	526 shs Tyler Technologies Inc	180,997	330,943
	BNY Mellon	4,483 shs UFP Industries Inc	417,934	609,240
	BNY Mellon	4,557 shs Universal Display Corp	663,179	749,718
	BNY Mellon	3,683 shs Valmont Industries Inc	1,013,218	1,281,168
	BNY Mellon	18,489 shs Veracyte Inc	449,461	794,103
	BNY Mellon	5,489 shs Waste Connections Inc	742,295	1,056,468
	BNY Mellon	2,997 shs Waters Corp	964,607	1,153,006
	BNY Mellon	5,062 shs Modine Manufacturing Co	172,503	687,369
	BNY Mellon	3,268 shs Morningstar Inc	835,832	1,157,362
	BNY Mellon	4,160 shs Neurocrine Biosciences Inc	568,670	527,280
	BNY Mellon	4,678 shs Chord Energy Corp	716,786	596,539
	BNY Mellon	4,336 shs Onto Innovation Inc	401,191	711,884

\$ 2,607,346,620	\$ 3,213,158,900
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,607,346,620	\$ 3,213,158,900
	BNY Mellon	12,332 shs Q2 Holdings Inc	631,454	1,291,654
	BNY Mellon	30,459 shs Rev Group Inc	719,415	944,838
	BNY Mellon	3,530 shs RBC Bearings Inc	1,012,581	1,182,938
	BNY Mellon	17,931 shs Rush Enterprises Inc	856,452	1,110,825
	BNY Mellon	31,261 shs Seacoast Banking Corp of Flori	1,067,635	936,579
	BNY Mellon	4,200 shs Silicon Laboratories Inc	566,218	464,730
	BNY Mellon	24,054 shs Silgan Holdings Inc	1,042,470	1,383,826
	BNY Mellon	3,212 shs Siimpson Manufacturing Co Inc	589,485	605,141
	BNY Mellon	12,248 shs Southstate Corp	963,439	1,355,731
	BNY Mellon	23,367 shs Stag Industrial Inc	857,177	859,672
	BNY Mellon	27,122 shs Summit Materials Inc	1,070,901	1,381,594
	BNY Mellon	6,798 shs Texas Roadhouse Inc	583,342	1,395,425

\$ 2,617,307,189	\$ 3,226,071,853
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**TEAMSTERS WESTERN REGION  
AND NEW JERSEY HEALTH CARE FUND  
RETIREE PLAN**

**FINANCIAL STATEMENTS**

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

**ERISA Plan No. 502  
EIN 86-6052021**

**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN  
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**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE 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.

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

*Certified Public Accountants*

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

## **Independent Auditors' Report**

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

### **Opinion**

We have audited the financial statements of Teamsters Western Region And New Jersey Health Care Fund Retiree 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 Retiree 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 Retiree 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 Retiree 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](http://www.henningfieldcpa.com)

Board of Trustees  
Teamsters Western Region And New Jersey  
Health Care Fund Retiree 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 Retiree 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 Retiree 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 Retiree 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 are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Henningfield & Associates, Inc.*

**HENNINGFIELD & ASSOCIATES, INC.**

Valencia, CA

September 5, 2025

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

**ASSETS**

	<b>TWR Plan</b>	<b>Legacy Plan</b>	<b>Total</b>
<b>INVESTMENTS AT FAIR VALUE (Note 2)</b>			
Dreyfus money market funds	\$ 18,145,662	\$ 20,684	\$ 18,166,346
Registered investment companies - mutual funds	347,438,864	396,044	347,834,908
Common stock	532,647,277	607,163	533,254,440
Partnership interests	1,103,694,367	1,258,097	1,104,952,464
Common collective trusts	<u>1,220,472,483</u>	<u>1,391,212</u>	<u>1,221,863,695</u>
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>	<u>3,222,398,653</u>	<u>3,673,200</u>	<u>3,226,071,853</u>
<b>CASH AND CASH EQUIVALENTS (Note 8)</b>			
Operating Checking	<u>3,845,520</u>	<u>966,687</u>	<u>4,812,207</u>
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<u>3,845,520</u>	<u>966,687</u>	<u>4,812,207</u>
<b>RECEIVABLES</b>			
Contributions receivable (Notes 2 and 6)	39,266,293	-	39,266,293
Prescription rebate receivable	2,622,359	20,434	2,642,793
Retiree drug subsidy receivable	552,246	-	552,246
Interest receivable	528,836	529	529,365
Miscellaneous receivable	<u>18,585</u>	<u>-</u>	<u>18,585</u>
<b>TOTAL RECEIVABLES</b>	<u>42,988,319</u>	<u>20,963</u>	<u>43,009,282</u>
<b>OTHER ASSETS</b>	<u>145,128</u>	<u>48</u>	<u>145,176</u>
<b>TOTAL ASSETS</b>	<u>\$ 3,269,377,620</u>	<u>\$ 4,660,898</u>	<u>\$ 3,274,038,518</u>

**LIABILITIES AND NET ASSETS  
AVAILABLE FOR BENEFITS**

<b>LIABILITIES</b>			
Accrued liabilities	\$ 1,445,725	\$ 5,941	\$ 1,451,666
Deferred retiree contributions	864,300	13,969	878,269
Due from related entity (Note 7)	<u>105,727</u>	<u>695</u>	<u>106,422</u>
<b>TOTAL LIABILITIES</b>	<u>2,415,752</u>	<u>20,605</u>	<u>2,436,357</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 3,266,961,868</u>	<u>\$ 4,640,294</u>	<u>\$ 3,271,602,161</u>

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

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

**ASSETS**

	<b>TWR Plan</b>	<b>Legacy Plan</b>	<b>Total</b>
<b>INVESTMENTS AT FAIR VALUE (Note 2)</b>			
Dreyfus money market funds	\$ 19,061,343	\$ -	\$ 19,061,343
Registered investment companies - mutual funds	253,770,475	-	253,770,475
Common stock	396,045,310	-	396,045,310
Partnership interests	840,464,176	-	840,464,176
Common collective trusts	<u>948,988,636</u>	<u>-</u>	<u>948,988,636</u>
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>	<u>2,458,329,940</u>	<u>-</u>	<u>2,458,329,940</u>
 <b>CASH AND CASH EQUIVALENTS (Note 8)</b>			
Operating Checking	<u>3,641,848</u>	<u>4,132,239</u>	<u>7,774,087</u>
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<u>3,641,848</u>	<u>4,132,239</u>	<u>7,774,087</u>
 <b>RECEIVABLES</b>			
Contributions receivable (Notes 2 and 6)	31,078,368	-	31,078,368
Prescription rebate receivable	1,922,762	9,108	1,931,870
Retiree drug subsidy receivable	431,233	-	431,233
Interest receivable	<u>597,857</u>	<u>-</u>	<u>597,857</u>
<b>TOTAL RECEIVABLES</b>	<u>34,030,220</u>	<u>9,108</u>	<u>34,039,328</u>
 <b>OTHER ASSETS</b>	<u>148,776</u>	<u>28</u>	<u>148,804</u>
<b>TOTAL ASSETS</b>	<u>\$ 2,496,150,784</u>	<u>\$ 4,141,375</u>	<u>\$ 2,500,292,159</u>

**LIABILITIES AND NET ASSETS  
AVAILABLE FOR BENEFITS**

<b>LIABILITIES</b>			
Accrued liabilities	\$ 953,660	\$ 330	\$ 953,990
Deferred retiree contributions	815,500	16,242	831,742
Due from related entity (Note 7)	<u>58,634</u>	<u>-</u>	<u>58,634</u>
<b>TOTAL LIABILITIES</b>	<u>1,827,794</u>	<u>16,572</u>	<u>1,844,366</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 2,494,322,990</u>	<u>\$ 4,124,803</u>	<u>\$ 2,498,447,793</u>

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

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

	<b>TWR Plan</b>	<b>Legacy Plan</b>	<b>Total</b>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>			
Employer contributions (Notes 2 and 6)	\$ 431,905,223	\$ 638,550	\$ 432,543,773
Participant contributions	<u>10,443,214</u>	<u>222,509</u>	<u>10,665,723</u>
Total Contributions	<u>442,348,437</u>	<u>861,059</u>	<u>443,209,496</u>
Prescription Drug Rebates	<u>13,181,274</u>	<u>97,161</u>	<u>13,278,435</u>
Retiree Prescription Subsidy	<u>552,246</u>	<u>-</u>	<u>552,246</u>
Investment Income			
Interest and Dividend Income (Exhibit A)	35,467,969	43,359	35,511,328
Net Gain on Sale of Investments (Exhibit A)	47,542,156	58,120	47,600,276
Net Unrealized Appreciation in Fair Value of Investments (Exhibit B)	<u>357,319,797</u>	<u>292,273</u>	<u>357,612,070</u>
Total investment income	440,329,922	393,752	440,723,674
Less investment expenses	<u>(14,286,984)</u>	<u>(16,630)</u>	<u>(14,303,614)</u>
Net investment income	<u>426,042,938</u>	<u>377,122</u>	<u>426,420,060</u>
<b>TOTAL ADDITIONS</b>	<u>\$ 882,124,895</u>	<u>\$ 1,338,809</u>	<u>\$ 883,460,237</u>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>			
Benefits paid to or for participants:			
Indemnity benefits			
Medical	\$ 63,166,580	\$ 337,701	\$ 63,504,281
Prescription drugs	35,697,987	436,811	36,134,798
Dental	4,248,276	-	4,248,276
Vision	<u>902,944</u>	<u>-</u>	<u>902,944</u>
	<u>104,015,787</u>	<u>774,512</u>	<u>104,790,299</u>
<b>ADMINISTRATIVE EXPENSES (Exhibit C)</b>	<u>5,470,230</u>	<u>45,340</u>	<u>5,515,570</u>
<b>TOTAL DEDUCTIONS</b>	<u>109,486,017</u>	<u>819,852</u>	<u>110,305,869</u>
<b>NET INCREASE</b>	772,638,878	515,490	773,154,368
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>			
<b>BEGINNING OF YEAR</b>	<u>2,494,322,990</u>	<u>4,124,803</u>	<u>2,498,447,793</u>
<b>END OF YEAR</b>	<u>\$ 3,266,961,868</u>	<u>\$ 4,640,293</u>	<u>\$ 3,271,602,161</u>

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

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

	<b>TWR Plan</b>	<b>Legacy Plan</b>	<b>Total</b>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>			
Employer contributions (Notes 2 and 6)	\$ 447,071,304	\$ 646,815	\$ 447,718,119
Participant contributions	<u>9,634,877</u>	<u>253,271</u>	<u>9,888,148</u>
Total Contributions	<u>456,706,181</u>	<u>900,086</u>	<u>457,606,267</u>
Prescription Drug Rebates	<u>9,582,167</u>	<u>73,689</u>	<u>9,655,856</u>
Retiree Prescription Subsidy	<u>431,233</u>	<u>-</u>	<u>431,233</u>
Investment Income			
Interest and Dividend Income (Exhibit A)	30,534,833	-	30,534,833
Net Gain on Sale of Investments (Exhibit A)	43,482,841	-	43,482,841
Net Unrealized Appreciation in Fair Value of Investments (Exhibit B)	<u>109,934,284</u>	<u>-</u>	<u>109,934,284</u>
Total investment income	183,951,958	-	183,951,958
Less investment expenses	<u>(9,589,093)</u>	<u>-</u>	<u>(9,589,093)</u>
Net investment income	<u>174,362,865</u>	<u>-</u>	<u>174,362,865</u>
<b>TOTAL ADDITIONS</b>	<b>\$ <u>641,082,446</u></b>	<b>\$ <u>973,775</u></b>	<b>\$ <u>642,056,221</u></b>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>			
Benefits paid to or for participants:			
Indemnity benefits			
Medical	\$ 47,293,079	\$ 453,917	\$ 47,746,996
Prescription drugs	27,731,299	218,724	27,950,023
Dental	3,653,460	-	3,653,460
Vision	<u>592,547</u>	<u>-</u>	<u>592,547</u>
	<u>79,270,385</u>	<u>672,641</u>	<u>79,943,026</u>
ADMINISTRATIVE EXPENSES (Exhibit C)	<u>3,590,915</u>	<u>39,193</u>	<u>3,630,108</u>
<b>TOTAL DEDUCTIONS</b>	<b><u>82,861,300</u></b>	<b><u>711,834</u></b>	<b><u>83,573,134</u></b>
NET INCREASE	558,221,146	261,941	558,483,087
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>			
<b>BEGINNING OF YEAR</b>	<u>1,936,101,844</u>	<u>3,862,862</u>	<u>1,939,964,706</u>
<b>END OF YEAR</b>	<b>\$ <u>2,494,322,990</u></b>	<b>\$ <u>4,124,803</u></b>	<b>\$ <u>2,498,447,793</u></b>

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

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

	<b>November 30, 2024</b>	<b>November 30, 2023</b>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
<b>TWR</b>		
Claims incurred but not reported for retired participants (Note 2)	\$ 10,469,400	\$ 13,468,000
<b>Legacy</b>		
Claims incurred but not reported for retired participants (Note 2)	<u>131,300</u>	<u>129,000</u>
<b>TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS</b>	<u>10,600,700</u>	<u>13,597,000</u>
<b>POSTRETIREMENT BENEFIT OBLIGATIONS (Note 2)</b>		
Current retirees, beneficiaries and dependents	1,693,188,052	1,360,824,093
Other participants fully eligible for benefits	1,227,705,447	1,770,582,399
Other participants not yet fully eligible for benefits	<u>2,440,161,462</u>	<u>1,572,303,094</u>
	<u>5,361,054,961</u>	<u>4,703,709,586</u>
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS (Notes 2 and 3)</b>	<u>\$ 5,371,655,661</u>	<u>\$ 4,717,306,586</u>

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

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

	November 30, 2024	November 30, 2023
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS</b>		
Balance at beginning of year	\$ -	\$ -
Claims reported and approved for payment	104,790,299	79,943,026
Claims paid	<u>(104,790,299)</u>	<u>(79,943,026)</u>
Balance at end of year	<u>-</u>	<u>-</u>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
<b>TWR</b>		
Balance at beginning of year	13,468,000	9,929,000
Net change during year:		
Claims incurred but not reported for retired participants	<u>(2,998,600)</u>	<u>3,539,000</u>
Balance at end of year	<u>10,469,400</u>	<u>13,468,000</u>
<b>Legacy</b>		
Balance at beginning of year	129,000	64,000
Net change during year:		
Claims incurred but not reported for retired participants	<u>2,300</u>	<u>65,000</u>
Balance at end of year	<u>131,300</u>	<u>129,000</u>
<b>TOTAL OBLIGATIONS OTHER THAN RETIREMENT BENEFIT OBLIGATIONS</b>	<u>10,600,000</u>	<u>13,597,000</u>
<b>POSTRETIREMENT BENEFIT OBLIGATION</b>		
Balance at beginning of year	4,703,709,586	4,438,992,710
Increase (decrease) during the year attributable to:		
Benefits earned net of benefits paid		
Service cost	181,717,174	175,901,511
Interest cost	254,189,278	228,965,652
Expected benefits paid net of retiree contributions	(88,585,601)	(71,162,343)
Actuarial experience loss	99,169,150	151,805,199
Changes in actuarial assumptions	295,975,892	(220,793,143)
Plan amendments	<u>(85,120,518)</u>	<u>-</u>
Balance at end of year	<u>5,361,054,961</u>	<u>4,703,709,586</u>
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</b>	<u>\$ 5,371,655,661</u>	<u>\$ 4,717,306,586</u>

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

**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE 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 - 2024**

	<b>TWR</b>	<b>Legacy</b>	<b>Total</b>
Interest and Dividend Income			
Cash Equivalent	\$ 1,536,479	\$ 1,878	\$ 1,538,357
Common stock	4,983,625	6,092	4,989,717
Common collective trusts	10,022,627	12,253	10,034,880
Registered investment companies - mutual funds	<u>18,925,238</u>	<u>23,136</u>	<u>18,948,374</u>
Total investment income	<u>\$ 35,467,969</u>	<u>\$ 43,359</u>	<u>\$ 35,511,328</u>

**INTEREST AND DIVIDEND INCOME - 2023**

	<b>TWR</b>	<b>Legacy</b>	<b>Total</b>
Interest and Dividend Income			
Cash Equivalent	\$ 1,596,440	\$ -	\$ 1,596,440
Common stock	4,175,605	-	4,175,605
Common collective trusts	8,508,730	-	8,508,730
Registered investment companies - mutual funds	<u>16,254,058</u>	<u>-</u>	<u>16,254,058</u>
Total investment income	<u>\$ 30,534,833</u>	<u>\$ -</u>	<u>\$ 30,534,833</u>

**REALIZED GAIN/(LOSS) ON SALE OF INVESTMENTS - 2024**

<b>Description</b>	<b>Proceeds</b>	<b>Cost</b>	<b>Gain/(Loss)</b>
Common collective trusts	\$ 1,054,640	\$ 852,191	\$ 202,449
Common stock	64,600,995	43,137,799	21,463,196
Registered investment companies - mutual funds	49,500,000	52,290,222	(2,790,222)
Partnership interest	<u>345,597</u>	<u>287,346</u>	<u>58,251</u>
	<u>\$ 115,501,232</u>	<u>\$ 96,567,558</u>	18,933,674
Partnership Income			<u>28,666,602</u>
<b>TOTAL REALIZED GAIN ON SALE OF INVESTMENTS</b>			<u>\$ 47,600,276</u>

**REALIZED GAIN/(LOSS) ON SALE OF INVESTMENTS - 2023**

<b>Description</b>	<b>Proceeds</b>	<b>Cost</b>	<b>Gain/(Loss)</b>
Common collective trusts	\$ 110,553,033	\$ 90,449,129	\$ 20,103,904
Common stock	42,330,168	37,980,511	4,349,657
Partnership interest	<u>251,523</u>	<u>185,307</u>	<u>66,216</u>
	<u>\$ 153,134,724</u>	<u>\$ 128,614,947</u>	24,519,777
Partnership Income			<u>18,963,064</u>
<b>TOTAL REALIZED GAIN ON SALE OF INVESTMENTS</b>			<u>\$ 43,482,841</u>

The accompanying notes are an integral part of this exhibit.

**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN  
EXHIBIT B - NET UNREALIZED APPRECIATION(DEPRECIATION)  
IN FAIR VALUE OF INVESTMENTS  
FOR THE YEAR 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**

	<b>November 30, 2024</b>	<b>November 30, 2023</b>
Registered Investment Companies - Mutual Funds	\$ 10,906,281	\$ (2,916,734)
Common Stock	<u>107,498,951</u>	<u>49,504,278</u>
	<u>118,405,232</u>	<u>46,587,544</u>

**Investments at Estimated Fair Value**

Common Collective Trust	193,623,456	57,171,529
Partnership Interests	<u>45,583,382</u>	<u>6,175,211</u>
	<u>239,206,838</u>	<u>63,346,740</u>
	\$ <u>357,612,070</u>	\$ <u>109,934,284</u>

	<b>November 30, 2024</b>	<b>November 30, 2023</b>
Fair value of investment, end of the year (Schedule 1)	\$ 3,226,071,853	\$ 2,458,329,940
Cost of investments, end of the year (Schedule 1)	<u>2,617,307,189</u>	<u>2,207,177,346</u>
Net unrealized appreciation, end of the year	608,764,664	251,152,594
Net unrealized appreciation, beginning of the year	<u>251,152,594</u>	<u>141,218,310</u>
Changes in net unrealized appreciation in fair value of investments	\$ <u>357,612,070</u>	\$ <u>109,934,284</u>

The accompanying notes are an integral part of this exhibit.

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

	<b>TWR</b>	<b>Legacy</b>	<b>Total</b>
Administration - SSA, Inc.	\$ 348,826	\$ 14,937	\$ 363,763
Administration - Prescription	92,240	647	92,887
Administration - Vision	76,946	-	76,946
Consulting fees	150,173	10,468	160,641
Cost Containment Fees			
Blue Cross / Blue Shield PPO access fees	1,762,131	7,205	1,769,336
Aetna PPO access fees	877,363	-	877,363
Aetna Dental access fees	95,371	-	95,371
Medical review / case management	4,385	1,970	6,355
Secondary network access fees	-	2,158	2,158
Mines and Associates	-	2,068	2,068
Investment consultant	1,662,286	1,926	1,664,212
Insurance and bond premiums	223,953	71	224,024
Mailing, postage and miscellaneous	26,081	782	26,863
Printing and supplies	26,096	1,388	27,484
Legal	26,059	326	26,385
Audit fees	41,984	700	42,684
Professional fees	20,881	261	21,142
Conference and meeting expenses	15,056	178	15,234
PCORI fees	<u>20,399</u>	<u>255</u>	<u>20,654</u>
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b><u>\$ 5,470,230</u></b>	<b><u>\$ 45,340</u></b>	<b><u>\$ 5,515,570</u></b>

The accompanying notes are an integral part of this exhibit.

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

	<b>TWR</b>	<b>Legacy</b>	<b>Total</b>
Administration - SSA, Inc.	\$ 298,269	\$ 16,479	\$ 314,748
Administration - Prescription	52,641	824	53,465
Administration - Vision	48,698	-	48,698
Consulting fees	86,191	2,211	88,402
Cost Containment Fees			
Blue Cross / Blue Shield PPO access fees	667,753	7,657	675,410
Aetna PPO access fees	726,793	-	726,793
Aetna Dental access fees	82,264	-	82,264
Medical review / case management	3,982	990	4,972
Secondary network access fees	-	2,460	2,460
Mines and Associates	-	2,281	2,281
Investment consultant	1,298,441	-	1,298,441
Insurance and bond premiums	173,039	40	173,079
Mailing, postage and miscellaneous	30,512	1,669	32,181
Printing and supplies	32,267	2,511	34,778
Legal	15,162	294	15,456
Audit fees	40,493	946	41,439
Professional fees	7,121	146	7,267
Conference and meeting expenses	8,951	178	9,129
PCORI fees	<u>18,338</u>	<u>507</u>	<u>18,845</u>
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ <u>3,590,915</u></b>	<b>\$ <u>39,193</u></b>	<b>\$ <u>3,630,108</u></b>

The accompanying notes are an integral part of this exhibit.

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

**NOTE 1 - PLAN DESCRIPTION**

The Teamsters Western Region And New Jersey Health Care Fund Retiree Plan was established June 1, 2014, and maintained under collective bargaining agreements between the Motor Truck Association of Southern California and International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers, Western Conference Teamsters, Local Unions and employers signatory to the agreements. The Plan was created in order to provide and keep in force group accident and health insurance including group hospitalization, medical and surgical or any of such insurance as may be determined by the Trustees for the benefit of the retirees and their dependents. In addition, the Plan provides dental and vision benefits to retiree's signatory to Collective Bargaining Agreements that provide for these benefits. The 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.

**Retiree Contributions**

Medicare eligible TWR retirees remit monthly contributions ranging from \$50 to \$100 depending on family content. Non-Medicare eligible TWR retirees remit monthly contributions ranging from \$150 to \$300 depending on family content. Legacy retirees remit monthly contributions ranging from \$334 to \$535, depending on family content. In addition, Legacy retirees from non-contributing employers remit monthly contributions ranging from \$547 to \$1,073, depending on family content.

**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 RETIREE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**NOVEMBER 30, 2024 AND 2023**

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

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.

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

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

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

**Investments (Continued)**

Limited partnerships, common collective trusts and other private equity: Limited partnerships, common collective trusts and other private equity funds 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 and managers of the common collective trusts and private equity funds 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:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Balance 11/30/24</b>
Dreyfus money market funds	\$ 18,166,346			\$ 18,166,346
Common stock	533,254,440			533,254,440
Common collective trusts		\$ 88,086,948		88,086,948
Registered investment companies				
- mutual funds	<u>347,834,908</u>	<u>                    </u>	<u>                    </u>	<u>347,834,908</u>
	<u>\$ 899,255,694</u>	<u>\$ 88,086,948</u>	<u>\$                    </u>	<u>\$ 987,342,642</u>

**Investments measured at net asset value**

Common collective trusts	1,133,776,747
Partnership interests - other	949,509,523
Partnership - Hedge Fund Private Debt	18,041,240
Partnership - Private Debt	12,451,855
Partnership - Private Real Estate	11,313,537
Partnership - Private Equity	<u>113,636,309</u>
	<u>\$ 3,226,071,853</u>

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Balance 11/30/23</b>
Dreyfus money market funds	\$ 19,061,343			\$ 19,061,343
Common stock	396,045,310			396,045,310
Common collective trusts		\$ 79,884,452		79,884,452
Registered investment companies				
- mutual funds	<u>253,770,476</u>	<u>                    </u>	<u>                    </u>	<u>253,770,476</u>
	<u>\$ 668,877,129</u>	<u>\$ 79,884,452</u>	<u>\$                    </u>	<u>\$ 748,761,581</u>

**Investments measured at net asset value**

Common collective trusts	869,104,183
Partnership interests - other	707,196,676
Partnership - Hedge Fund Private Debt	16,810,618
Partnership - Private Debt	8,241,199
Partnership - Private Real Estate	1,495,805
Partnership - Private Equity	<u>106,719,878</u>
	<u>\$ 2,458,329,940</u>

**TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE 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)	\$ 582,692,286	\$ 462,833,253	monthly	15 days	\$ -	\$ -
Common/collective trusts (f)	481,155,376	359,156,964	daily	1 day	-	-
Common/collective trusts (g)	86,870,776	62,503,945	monthly	15 days	-	-
Limited partnerships						
Fixed income (b)	305,356,311	236,338,002	monthly	15 days	-	-
Fixed income (c)	25,540,005	25,384,598	not permitted	N/A	-	-
Real estate (d)	52,528,899	56,413,558	quarterly	45 days	-	-
Private equity (b)	13,828,536	15,044,198	not permitted	N/A	-	-
Private equity (e)	35,301,862	38,221,818	not permitted	N/A	3,965,311	4,992,295
Real estate (h)	38,876,251	43,809,475	quarterly	45 days	-	-
Private Debt (i)	18,041,240	16,810,618	not permitted	N/A	-	-
Fixed income (j)	345,458,929	278,652,649	monthly	15 days	-	-
Private Debt (k)	8,776,058	8,650,477	not permitted	N/A	1,369,848	1,835,533
Private Equity (l)	27,851,668	25,884,876	not permitted	N/A	4,416,606	5,670,868
Hedge Fund (m)	48,808,338	34,647,707	not permitted	N/A	-	-
Private Debt (n)	8,934,915	6,109,899	not permitted	N/A	7,212,028	8,308,198
Private Debt (o)	4,556,022	3,927,278	not permitted	N/A	10,283,519	11,138,772
Private Debt (p)	28,444,328	13,263,032	not permitted	N/A	28,971,598	20,648,987
Private Equity (q)	11,741,108	6,671,474	not permitted	N/A	15,064,780	18,863,016
Private Debt (r)	12,451,855	8,241,199	not permitted	N/A	21,450,000	24,750,000
Private Real Estate (s)	11,313,537	1,495,805	not permitted	N/A	30,194,411	38,507,243
Private Equity Infrastructure (t)	7,971,443	5,507,534	not permitted	N/A	40,000,000	2,801,732
Private Debt (u)	64,084,094	-	quarterly	90 days	12,500,000	-
Private Debt (v)	7,443,856	-	not permitted	N/A	17,823,091	-
Private Debt (w)	3,567,315	-	not permitted	N/A	21,432,685	-
Private Debt (x)	7,134,203	-	not permitted	N/A	22,957,164	-

(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 and other private equity fund that focus on fixed-income investments. These funds make direct or indirect investments that seek to generate current income and capital appreciation while minimizing the risk of loss of principal through lending to middle-market companies, commercial lending and high-yield structured finance securities.

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

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

**Investments (Continued)**

- (c) This class of investment includes limited partnership/private equity fund that specializes in debt capital investments in middle market companies in entrepreneur, management/family owned and sponsor-backed businesses. The fund invests in all industry groups.
- (d) This class of investment include a limited liability partnership that invest in real estate markets of the United States. The strategy of the real estate fund is to make investments in diversified properties, including retail, office, industrial and residential real estate markets of the United States.
- (e) This class of investment specializes in fund of funds investments. The Fund invests in private equity, venture capital, mezzanine, buyout, turnaround/distressed debt funds and secondary investment funds.
- (f) This strategy of investment is focused on investing in publicly traded U.S. Large Capitalization stocks, seeking capital appreciation and dividend income.
- (g) This strategy of investment is focused on investing in publicly traded U.S. Small to Mid-Capitalization stocks, seeking capital appreciation and dividend income.
- (h) This strategy of investment is focused on high current income, modest appreciation and compelling risk adjusted returns. The fund invests in real estate with dominant competitive characteristics in markets with attractive demographics and demand drivers. Assets are expected to be held for a medium to long-term holding period.
- (i) This strategy of investment is focused on select investments in primarily North American credit markets through various market cycles. The private debt fund invests in a diversified portfolio of opportunistic and specialty credit areas that are relatively difficult to access.
- (j) 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 loans.
- (k) The fund's objective is to identify distressed, disruptive and growth opportunities across private debt. The portfolio holds a collection of distributable, cash-flowing investments that vary by asset class, geography, industry, position in the capital structure, and point of entry. The fund invests in all sectors.
- (l) The investment is a private equity limited partnership. The partnership invests in a portfolio of US middle market buyout funds, diversified by sponsor, strategy and vintage year, and makes select equity co-investments. The fund expects to invest 80% of the Fund's total committed capital in approximately 25-30 buyout funds, with established relationships, and 20% in direct equity co-investments.
- (m) The investment is an infrastructure limited partnership that makes direct private investments in a range of core and core-plus infrastructure assets (generally stable, mature assets with some potential for growth through usage increases, operational efficiencies or expansion opportunities. The Fund primarily invests in United States., Western Europe, Canada and Australia, and secondarily in other countries.
- (n) The investment is a private debt closed-end fund limited partnership that provides debt capital to upper middle market and large capital performing companies in connection with leveraged buyouts, mergers and acquisitions, recapitalizations, growth financings and other corporate transactions. The strategy takes a flexible and opportunistic approach, investing in a wide array of issuers and industries in the United States and Europe to build a diversified portfolio of secured debt, subordinated debt, preferred securities, convertible securities, and other credit oriented structured investments.
- (o) The investment is a closed-end commingled private debt partnership that makes unsecured loans to North American middle market companies. The manager targets companies with stable cash flows in low-volatility industries. The manager invests in common stock alongside all mezzanine loans in a roughly 15/85 split.

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

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

**Investments (Continued)**

- (p) The investment is a close-end commingled private debt partnership that provides financing to private equity portfolios. The underlying assets are limited partnership interests in high quality private equity funds and typically will loan up to two-thirds loan-to-value ratio.
- (q) The investment is a closed-end commingled private equity partnership that seeks investments in small and medium-sized private equity funds (Fund of Funds) in the United States of America. The strategy is to invest in 20-25 private equity fund investments and 10-15 indirect co-investments (i.e. where the Fund invests directly in companies owned by private equity managers in its portfolio).
- (r) The investment is a private debt partnership that invests in private debt across five business sectors: business services, healthcare, consumer technology and financial services. The fund seeks to make 25-40 investments in both senior debt as well as junior debt and typically targets loan maturities between 4 to 8 years. The Funds private debt strategy focuses on lending to companies owned by TA Associates private equity funds.
- (s) The investment strategy of the real estate partnership seeks to acquire distressed and or undermanaged properties at attractive pricing. The investment process is to acquire high-quality, well located assets at attractive valuations, address any property and or business issues through proactive asset management and leasing, sell the assets once the Fund's operating and financial underwriting objectives for the property are achieved.
- (t) The investment is a hedge fund partnership that is an infrastructure core plus fund. The Fund seeks to apply long-term buy-and-hold strategy to large scale infrastructure assets with a focus on delivering stable, long-term appreciation together with predictable annual cash flow yield. The Fund invests across sectors including energy transition infrastructure, transportation, digital infrastructure and water and waste.
- (u) The investment is a commingled Fund private debt fund. The Fund invests in senior secured debt obligations of middle-market companies sponsored by leading private equity firms in the United States and Canada. The Fund invests 99% in first lien loans.
- (v) The investment targets senior secured, floating-rate loans to large stable companies with defensible market positions operating in recession resilient industries. The Fund is structured as an evergreen fund, featuring rolling 2 year investment periods where limited partners can opt out or reinvest proceeds, either in part or in full.
- (w) The investment is a closed-end commingled fund that will make 30-50 debt investments (60% first lien, 40% second/subordinated debt) in companies operating in the business software sector, including companies owned by the investment managers private equity fund.
- (x) The investment is a closed-end commingled fund that invests in direct lending. Their direct lending approach focuses on core middle market companies backed by sponsors where loan structures and pricing are generally more favorable to lenders. The portfolio has broad diversification, by issuer and industry and low loan to value ratios.

**Postretirement Benefits**

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to November 30. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

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

**Postretirement Benefits (Continued)**

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

On March 26, 2014, the Board of Trustees approved a split of the welfare plan between retirees and active members. Due to the split, all postretirement benefit obligations were transferred from the Active Fund.

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

<b>Discount Rate</b>	5.25% - prior year 5.25%
<b>Health Care Cost Trends</b>	
Medical Age 65 and over	A 5.5% annual increase in per capita cost benefits, decreasing by .25% per year for four years until 4.5% per year.
Medical Under Age 65	A 7.0% annual increase in per capita cost benefits, decreasing by .25% per year for ten years until 4.5% per year.
Prescription drugs	A 12% annual increase in per capita cost benefits, decreasing by .25% per year for fifteen years until 4.5% per year.
Dental	4.0% per year
Vision	3.0% per year
<b>Administration expenses</b>	An administrative expense load of \$503 per participant increasing at 3% per year was added to projected incurred claim costs in developing the benefit obligations.
<b>Medicare Part D Subsidy Assumption</b>	These calculation include an estimate of \$225 per month per participant, increasing at 4.5% per year for retiree prescription drug plan federal subsidies that the Plan is eligible to receive. The Plan has been determined to be actuarially equivalent to Medicare Part D Standard Benefit.
<b>Participation and Coverage Election</b>	75% of full-time employees and 35% of part time employees working for contributing employers (and therefore eligible to receive subsidized post-retirement welfare coverage) were assumed to participate in the plan at retirement. All surviving spouses were assumed to continue participation upon a retiree's death.
<b>Mortality Rates</b>	
Post-retirement	110% of Pri-2012 Healthy Retiree Blue Collar Headcount-Weighted Tables, projected generationally from 2012 with Scale MP-2021.
Disabled lives	110% of Pri-2012 Disabled Retiree Headcount-Weighted Tables, projected generationally from 2012 with Scale MP-2021.
Contingent Survivor	110% of Pri-2012 Contingent Survivor Blue Collar Headcount-Weighted Tables, projected generationally from 2012 with Scale MP-2021.

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

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

**Postretirement Benefits (Continued)**

**Retiree Contributions Legacy Retirees** Retiree and spouse contribution rates may be periodically reset by the Trustees. The monthly contribution effective January 1, 2017 are as follows:

Pre Medicare Retiree or Pre Medicare Spouse/Dependent  
Contributing Employer \$ 334

Pre Medicare Retiree and Pre Medicare Spouse/Dependent  
Contributing Employer \$ 535

**Retiree Contributions by TWR177 Retirees** Retiree and spouse contribution rates may be periodically reset the Trustees. The monthly contributions are as follows:

Pre Medicare Retiree and Pre Medicare Spouse/Dependent  
Under Age 65 Single Family  
2016 and Later 150 300

Pre Medicare Retiree and Medicare Spouse/Dependent  
Age 65 and Over Single Family  
2016 and Later 200 200

Medicare Retiree and Medicare Spouse/Dependent  
Age 65 and Over Single Family  
2016 and Later 50 100

**Medical Per-Capita Health Cost**

Age	Retiree		Prescription Drugs	
	Male	Female	Male	Female
50	\$ 9,143	\$ 9,654	\$ 2,431	\$ 2,567
55	10,317	10,480	2,743	2,786
60	11,879	11,361	3,158	3,021
64	14,437	12,334	3,838	3,279
65	1,817	1,509	4,030	3,347
70	2,041	1,688	4,526	3,745
75	2,254	1,775	5,000	3,937
80	2,361	1,895	5,236	4,202

The annual per capita dental and vision claims cost for plan year 2023/2024 was estimated to be \$588 and \$104, respectively.

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

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) provides a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The postretirement benefits include an estimate of \$225 per month per participant increasing at 4.5% per year, for retiree prescription drug plan federal subsidies.

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

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

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

**Postretirement Benefits (Continued)**

**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.

**NOTE 3 - BENEFIT OBLIGATIONS**

The Plan's deficiency of net assets over benefit obligations at November 30, 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

The health care cost-trend assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of November 30, 2024, and 2023 by \$1,131,751,863 and \$1,010,320,762, respectively.

**NOTE 4 - 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 5 - 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.

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

**NOTE 6 - MAJOR CONTRIBUTIONS**

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

	<b>Contributions</b>		<b>Receivables</b>	
	<b>November 30, 2024</b>	<b>November 30, 2023</b>	<b>November 30, 2024</b>	<b>November 30, 2023</b>
Employer A	\$ 431,676,072	\$ 446,839,208	\$ 39,266,293	\$ 31,078,368

**NOTE 7 - 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 Administrators beginning August 1, 2003. The administrative and claims fees paid to Southwest Service Administrators for the year ended November 30, 2024, and 2023 were \$363,763 and \$314,748, respectively. In addition, the Plan had a payable balance to Teamsters Western Region and New Jersey Health Care Fund Active Plan (Active Plan), a related plan, for shared expenses paid by the Active Plan on behalf of the Retiree Plan in the amount of \$106,422. The amount was 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.

**NOTE 8 - 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 9 - 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.

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

**NOTE 10 - 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.

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

**NOTE 11 - 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)

	<b>November 30, 2024</b>	<b>November 30, 2023</b>
Net Assets Available For Benefits Per Audited Financial Statement	\$ 3,271,602,161	\$ 2,498,447,793
Liabilities reported on Form 5500		
Estimated Claims Incurred But Not Reported (IBNR)	<u>(10,600,700)</u>	<u>(13,597,000)</u>
Net Assets per Form 5500 Schedule H - Part I, Line 1(l)	<u>\$ 3,261,001,461</u>	<u>\$ 2,484,850,793</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	\$ 773,154,368	
Changes in Estimated Claims Incurred But Not Reported (IBNR) and premiums payable	<u>2,996,300</u>	
Net Income (Loss) per Form 5500 Schedule H - Part II, Line 2(k)	<u>\$ 776,150,668</u>	
Postretirement Benefits Included On Financial Statement	<u>\$ 5,361,054,961</u>	<u>\$ 4,703,709,586</u>
Postretirement Benefits Included On Form 5500	<u>\$ 0</u>	<u>\$ 0</u>

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

**FORM 5500  
SCHEDULE H, PART IV, LINE 4  
E.I.N. 86-6052021, PLAN NO. 502**

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

**NOVEMBER 30, 2024**

**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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	18,166,346 shs Dreyfus Govt. Securities MM	18,166,346	18,166,346
	BNY Mellon	32,629,916 shs Pimco Income Fund - Ins	365,084,245	347,834,908
	BNY Mellon	2,868,915 shs CTF SMID Cap Research Equity Portfolio	53,392,828	86,870,776
	BNY Mellon	88,722,578 shs William Blair Intl Leaders Fund Class I	69,722,574	88,722,578
	BNY Mellon	345,258,929 shs Neuberger Berman Stratigic Income Fd	311,800,000	345,458,929
	BNY Mellon	1,289,115 shs Arrowstreet International Equity ACWI Ex	88,992,723	158,288,470
	BNY Mellon	6,337,191 shs CTF International Contrarian	79,081,457	88,086,948
	BNY Mellon	192,661 shs BNYM-M CF NSL SIF	261,699,548	481,155,376
	BNY Mellon	418,624 shs RREEF America Reit II LP	44,627,006	52,528,898
	BNY Mellon	305,356,311 shs Camden Bonds Plus Fund LLC	300,713,130	305,356,311
	BNY Mellon	27,788,975 shs Loomis Sayles NHIT Core	307,460,000	318,739,548
	BNY Mellon	11,313,537 shs Blackstone RE Partners X LP	9,658,656	11,313,537
	BNY Mellon	25,540,005 shs MC Credit Fund I LP	21,280,698	25,540,005
	BNY Mellon	13,828,536 shs White Oak Summit Fd LP	19,829,091	13,828,536
	BNY Mellon	19,808,882 shs HL PE Offshore Fund X LP	14,339,996	19,808,882
	BNY Mellon	16,941,691 shs Ullico Infra Tax Exempt Fd LP	14,824,517	16,941,691
	BNY Mellon	14,492,980 shs Hamilton Lane PE Fund IX IP	10,124,738	15,492,980
	BNY Mellon	18,041,240 shs Grosvenor Opp Multi Credit Master Fd C	15,000,000	18,041,240
	BNY Mellon	38,876,251 shs Strategic Property Fund LP	44,428,243	38,876,251
	BNY Mellon	4,556,022 shs Audax Mezzanine Fund VA LP	4,093,906	4,556,022
	BNY Mellon	8,776,058 shs Innovatus Flagship Fund I LP	8,265,601	8,776,058
	BNY Mellon	27,851,668 shs Goldpoint Ptns Sel Mgr V LP	21,559,095	27,851,668
	BNY Mellon	48,808,338 shs IIF Erisa Hedged LP	34,322,009	48,808,338
	BNY Mellon	8,934,915 shs Blackstone Cap Opp Fund IV LP	7,677,536	8,934,915
	BNY Mellon	16,014,137 shs Dawson Partners V LP	16,034,378	16,014,137
	BNY Mellon	11,741,108 shs Peg US Corporate Fin VII LP	9,726,555	11,741,108
	BNY Mellon	12,451,855 shs TA Debt Fund V LP	12,409,441	12,451,855
	BNY Mellon	7,443,856 shs Blackstone Senior Dir Ldg Fd	7,443,856	7,443,856
	BNY Mellon	7,791,443 shs Blackstone Infra Ptns V LP	6,518,265	7,971,443
	BNY Mellon	12,430,191 shs Dawson Portfolio Finance 6	11,544,544	12,430,191
	BNY Mellon	7,134,203 shs Pennantpark Sr Cr Fd 11 Erisa LP	6,988,316	7,134,203
	BNY Mellon	64,084,094 shs Audax Senior Loan Fund I LP	62,500,000	64,084,094
	BNY Mellon	3,567,315 shs Thoma Bravo Credit III FDR LP	3,567,315	3,567,315
	BNY Mellon	20,137 shs Alibaba Group Holding Ltd	2,954,033	1,759,370
	BNY Mellon	18,620 shs Alphabet Inc	1,181,265	3,174,524
	BNY Mellon	66,662 shs Alphabet Inc	6,665,280	11,262,545
	BNY Mellon	75,922 shs Amazon.com Inc	8,578,735	15,783,425
	BNY Mellon	24,518 shs Autodesk Inc	4,976,372	7,156,804
	BNY Mellon	63,383 shs Boeing Co	11,202,872	9,852,254

\$ 2,298,435,170	\$ 2,741,806,335
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,298,435,170	\$ 2,741,806,335
	BNY Mellon	2,997 shs Deere & Co	856,711	1,396,302
	BNY Mellon	61,792 shs Walt Disney Co	6,874,679	7,258,706
	BNY Mellon	24,312 shs Expeditors International	2,291,031	2,957,312
	BNY Mellon	32,563 shs Meta Platforms Inc	5,851,092	18,701,582
	BNY Mellon	6,406 shs Factset Research Systems Inc	2,255,215	3,143,232
	BNY Mellon	18,067 shs Illumina Inc	4,074,011	2,604,358
	BNY Mellon	7,423 shs Intuitive Surgical Inc	1,694,818	4,023,266
	BNY Mellon	26,170 shs Microsoft Corp	5,259,714	11,081,948
	BNY Mellon	108,359 shs Monster Beverage Corp	4,416,445	5,973,832
	BNY Mellon	65,079 shs Natixis Loomis Focused Growth	2,166,040	2,504,956
	BNY Mellon	17,266 shs Netflix Inc	5,486,614	15,311,661
	BNY Mellon	29,151 shs Nike Inc	2,209,335	2,296,224
	BNY Mellon	24,314 shs Novartis AG Adr	2,072,346	2,571,692
	BNY Mellon	36,551 shs Novo Nordisk AS Adr	1,813,567	3,903,647
	BNY Mellon	134,074 shs Nvidia Corp	2,186,209	18,535,731
	BNY Mellon	73,717 shs Oracle Corp	5,274,103	13,625,850
	BNY Mellon	28,030 shs Paypal Holdings Inc	2,668,935	2,432,163
	BNY Mellon	23,535 shs Qualcomm Inc	2,811,207	3,731,004
	BNY Mellon	4,797 shs Regeneron Pharmaceuticals Inc	2,736,280	3,598,805
	BNY Mellon	55,311 shs Roche Holding AG Adr	2,289,302	2,005,079
	BNY Mellon	36,492 shs SEI Investments Co	2,251,099	3,015,334
	BNY Mellon	24,617 shs Salesforce Inc	4,331,630	8,123,364
	BNY Mellon	59,755 shs Shopify Inc	3,365,483	6,907,678
	BNY Mellon	30,909 shs Block Inc	2,941,251	2,736,992
	BNY Mellon	41,003 shs Starbucks Corp	3,587,221	4,201,167
	BNY Mellon	58,832 shs Tesla Inc	11,296,487	20,306,453
	BNY Mellon	5,672 shs Thermo Fisher Scientific Inc	3,080,369	3,004,061
	BNY Mellon	12,897 shs Vertex Pharmaceuticals Inc	3,208,834	6,037,473
	BNY Mellon	40,751 shs Visa Inc	8,235,365	12,839,825
	BNY Mellon	8,543 shs Workday Inc	1,472,214	2,135,665
	BNY Mellon	16,826 shs Yum! Brands Inc	1,880,956	2,337,804
	BNY Mellon	19,688 shs Yum China Holdings Inc	1,004,114	916,476
	BNY Mellon	34,400 shs Medtronic PLC	3,081,211	2,976,976
	BNY Mellon	47,000 shs Alcon Inc	3,106,582	4,175,950
	BNY Mellon	11,300 shs Adobe Inc	3,879,095	5,830,009
	BNY Mellon	55,895 shs American International Group I	4,266,084	4,297,208
	BNY Mellon	30,509 shs American Water Works Co Inc	3,586,950	4,177,902
	BNY Mellon	13,900 shs Ameriprice Financial Inc	3,281,585	7,978,183

\$ 2,431,579,354	\$ 2,971,462,205
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,431,579,354	\$ 2,971,462,205
	BNY Mellon	16,000 shs Amgen Inc	3,622,581	4,525,920
	BNY Mellon	14,900 shs Ansys Inc	3,540,367	5,231,390
	BNY Mellon	37,200 shs Atmos Energy Corp	4,106,969	5,629,104
	BNY Mellon	27,929 shs Blackstone Inc	3,156,363	5,336,953
	BNY Mellon	151,800 shs Coterra Energy Inc	3,361,868	4,056,096
	BNY Mellon	37,900 shs Capital One Financial Corp	3,894,087	7,277,179
	BNY Mellon	65,600 shs Coca Cola Co	3,573,500	4,203,648
	BNY Mellon	34,755 shs Commerce Bancshares Inc	1,796,019	2,563,181
	BNY Mellon	12,600 shs Constellation Brands Inc	2,902,184	3,035,970
	BNY Mellon	100,700 shs Corteva Inc	4,435,469	6,267,568
	BNY Mellon	26,500 shs Cullen Frost Bankers Inc	2,765,794	3,726,430
	BNY Mellon	18,400 shs Danaher Corp	3,143,046	4,410,296
	BNY Mellon	20,700 shs Ecolab Inc	3,925,040	5,149,539
	BNY Mellon	46,400 shs Equity Lifestyle Properties Inc	2,961,732	3,309,712
	BNY Mellon	14,300 shs General Dynamics Corp	2,971,056	4,061,343
	BNY Mellon	19,400 shs Honeywell International Inc	4,096,150	4,518,842
	BNY Mellon	42,100 shs Lennar Corp	3,197,933	7,341,819
	BNY Mellon	16,948 shs Lowe's Cos Inc	3,894,078	4,617,144
	BNY Mellon	10,135 shs Martin Marietta Materials Inc	3,091,596	6,081,000
	BNY Mellon	38,300 shs Merck & Co	3,661,304	3,892,812
	BNY Mellon	206,200 shs CIE Generale Des Etablissement Adr	3,356,322	3,348,482
	BNY Mellon	17,107 shs Microsoft Corp	3,482,339	7,244,130
	BNY Mellon	56,900 shs Microchip Technology Inc	3,800,152	4,083,383
	BNY Mellon	307,600 shs Mitsubishi UFJ Financial Group Adr	2,102,594	3,663,516
	BNY Mellon	24,700 shs Oshkosh Corp	2,629,458	2,806,167
	BNY Mellon	22,000 shs PNC Financial Services Group	2,992,832	4,723,840
	BNY Mellon	14,000 shs Parker Hannifin Corp	3,367,065	9,840,600
	BNY Mellon	24,000 shs Procter & Gamble Co	3,399,706	4,302,240
	BNY Mellon	31,400 shs Qualcomm Inc	3,402,078	4,977,842
	BNY Mellon	36,700 shs RPM International Inc	2,858,817	5,093,226
	BNY Mellon	230,500 shs Sony Group Corp ADR	3,379,858	4,621,525
	BNY Mellon	8,700 shs Teledyne Technologies Inc	3,563,273	4,221,762
	BNY Mellon	62,361 shs Totalenergies Se Adr	4,016,615	3,616,314
	BNY Mellon	98,100 shs US Bancorp	3,552,144	5,227,749
	BNY Mellon	101,300 shs Verizon Communications Inc	4,456,697	4,491,642
	BNY Mellon	58,800 shs Xcel Energy Inc	3,934,560	4,266,528
	BNY Mellon	36,600 shs Xylem Inc/NY	3,406,251	4,639,050
	BNY Mellon	8,075 shs WNS Holdings Ltd	599,113	437,907

\$ 2,557,976,364	\$ 3,148,304,054
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,557,976,364	\$ 3,148,304,054
	BNY Mellon	4,664 shs Globant SA	959,774	1,062,273
	BNY Mellon	13,745 shs Qiagen NV	673,492	596,945
	BNY Mellon	7,678 shs Advanced Energy Industries Inc	815,549	883,277
	BNY Mellon	6,847 shs Agilysys Inc	513,125	919,552
	BNY Mellon	5,041 shs Allegiant Travel Co	648,206	412,555
	BNY Mellon	15,142 shs Ameris Bancorp	723,046	1,064,180
	BNY Mellon	11,305 shs Azek Co Inc	220,930	600,522
	BNY Mellon	1,447 shs Badger Meter Inc	121,073	313,739
	BNY Mellon	3,142 shs Balchem Corp	400,778	567,194
	BNY Mellon	7,933 shs Berry Global Group Inc	415,832	573,635
	BNY Mellon	18,331 shs Bio-Techne Corp	1,476,176	1,381,424
	BNY Mellon	10,627 shs Azena Inc	487,121	491,074
	BNY Mellon	69,079 shs CCC Intelligent Solutions Hold	649,325	870,395
	BNY Mellon	10,290 shs CH Robinson Worldwide Inc	915,432	1,086,418
	BNY Mellon	2,581 shs CACI International Inc	783,464	1,186,950
	BNY Mellon	1,850 shs Carlisle Cos Inc	486,129	844,895
	BNY Mellon	7,887 shs Casella Waste Systems Inc	634,267	892,887
	BNY Mellon	2,704 shs Casey's General Stores Inc	620,773	1,138,087
	BNY Mellon	1,177 shs Chemed Corp	638,671	673,703
	BNY Mellon	7,282 shs Churchill Downs Inc	843,796	1,034,845
	BNY Mellon	12,100 shs Civitas Resources Inc	853,192	627,748
	BNY Mellon	5,542 shs Clean Harbors Inc	950,466	1,441,419
	BNY Mellon	375 shs Coca Cola Consolidated Inc	187,774	489,109
	BNY Mellon	8,946 shs Crane Co	630,348	1,628,888
	BNY Mellon	13,850 shs Crane NXT Co	607,573	868,118
	BNY Mellon	15,685 shs Descartes Systems Group Inc/Th	1,219,055	1,833,106
	BNY Mellon	3,194 shs Eagle Materials Inc	450,575	986,690
	BNY Mellon	45,766 shs Element Solutions Inc	984,466	1,312,569
	BNY Mellon	1,913 shs Emcor Group Inc	218,746	975,860
	BNY Mellon	2,501 shs Aspen Technologies Inc	492,029	625,250
	BNY Mellon	8,171 shs Encompass Health Corp	503,988	841,123
	BNY Mellon	6,870 shs Enpro Inc	674,306	1,299,117
	BNY Mellon	8,492 shs Ensign Group Inc	836,828	1,241,615
	BNY Mellon	15,621 shs First Industrial Realty Trust	815,120	834,942
	BNY Mellon	8,884 shs Five9 Inc	584,856	366,732
	BNY Mellon	7,386 shs Fox Factory Hodiing Corp	542,354	239,897
	BNY Mellon	22,747 shs Gentex Corp	632,826	695,148
	BNY Mellon	22,025 shs Gildan Activewear Inc	751,052	1,092,881

\$ 2,582,938,877	\$ 3,182,298,816
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,582,938,877	\$ 3,182,298,816
	BNY Mellon	18,445 shs Glacier Bancorp Inc	926,126	1,067,781
	BNY Mellon	14,125 shs Globus Medical Inc	957,165	1,209,241
	BNY Mellon	19,726 shs Graphic Packaging Holding	421,181	593,555
	BNY Mellon	9,970 shs Griffon Corp	622,044	840,471
	BNY Mellon	9,311 shs Guidewire Software Inc	759,424	1,889,109
	BNY Mellon	13,938 shs Halozyme Therapeutics Inc	538,103	671,812
	BNY Mellon	17,878 shs Hancock Whitney Corp	889,270	1,061,596
	BNY Mellon	16,017 shs Hub Group Inc	709,013	827,118
	BNY Mellon	6,833 shs Irhythm Technologies, Inc	787,039	594,232
	BNY Mellon	9,506 shs ITT Inc	756,385	1,484,077
	BNY Mellon	3,599 shs Insulet Corp	862,914	960,141
	BNY Mellon	3,809 shs Jacobs Solutions Inc	427,806	537,945
	BNY Mellon	18,438 shs KBR Inc	970,576	1,121,584
	BNY Mellon	1,618 shs Kadant Inc	542,752	667,894
	BNY Mellon	5,404 shs Lamb Weston Holdings Inc	439,996	417,405
	BNY Mellon	2,807 shs Landstar System Inc	501,388	521,877
	BNY Mellon	2,806 shs Littelfuse Inc	766,593	692,156
	BNY Mellon	11,270 shs Steven Madden LTD	391,387	513,687
	BNY Mellon	2,191 shs Magnera Corp	36,742	44,872
	BNY Mellon	7,076 shs Masco Corp	478,528	570,043
	BNY Mellon	22,814 shs Matador Resources Co	1,279,455	1,369,068
	BNY Mellon	7,407 shs Materion Corp	775,057	856,397
	BNY Mellon	1,209 shs Medpace Holdings Inc	365,672	411,822
	BNY Mellon	6,633 shs Timken Co	543,642	513,726
	BNY Mellon	639 shs Topbuild Corp	160,607	249,619
	BNY Mellon	20,800 shs Trimble Inc	1,372,205	1,517,776
	BNY Mellon	526 shs Tyler Technologies Inc	180,997	330,943
	BNY Mellon	4,483 shs UFP Industries Inc	417,934	609,240
	BNY Mellon	4,557 shs Universal Display Corp	663,179	749,718
	BNY Mellon	3,683 shs Valmont Industries Inc	1,013,218	1,281,168
	BNY Mellon	18,489 shs Veracyte Inc	449,461	794,103
	BNY Mellon	5,489 shs Waste Connections Inc	742,295	1,056,468
	BNY Mellon	2,997 shs Waters Corp	964,607	1,153,006
	BNY Mellon	5,062 shs Modine Manufacturing Co	172,503	687,369
	BNY Mellon	3,268 shs Morningstar Inc	835,832	1,157,362
	BNY Mellon	4,160 shs Neurocrine Biosciences Inc	568,670	527,280
	BNY Mellon	4,678 shs Chord Energy Corp	716,786	596,539
	BNY Mellon	4,336 shs Onto Innovation Inc	401,191	711,884

\$ 2,607,346,620	\$ 3,213,158,900
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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		\$ 2,607,346,620	\$ 3,213,158,900
	BNY Mellon	12,332 shs Q2 Holdings Inc	631,454	1,291,654
	BNY Mellon	30,459 shs Rev Group Inc	719,415	944,838
	BNY Mellon	3,530 shs RBC Bearings Inc	1,012,581	1,182,938
	BNY Mellon	17,931 shs Rush Enterprises Inc	856,452	1,110,825
	BNY Mellon	31,261 shs Seacoast Banking Corp of Flori	1,067,635	936,579
	BNY Mellon	4,200 shs Silicon Laboratories Inc	566,218	464,730
	BNY Mellon	24,054 shs Silgan Holdings Inc	1,042,470	1,383,826
	BNY Mellon	3,212 shs Siimpson Manufacturing Co Inc	589,485	605,141
	BNY Mellon	12,248 shs Southstate Corp	963,439	1,355,731
	BNY Mellon	23,367 shs Stag Industrial Inc	857,177	859,672
	BNY Mellon	27,122 shs Summit Materials Inc	1,070,901	1,381,594
	BNY Mellon	6,798 shs Texas Roadhouse Inc	583,342	1,395,425

\$ 2,617,307,189	\$ 3,226,071,853
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**TEAMSTERS WESTERN REGION AND NEW JERSEY  
HEALTH CARE FUND RETIREE 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**

<b>(a) Identity of party involved</b>	<b>(b) Description of asset</b>	<b>(c) Purchase price</b>	<b>(d) Selling price</b>	<b>(e) Lease rental</b>	<b>(f) Expense incurred with transaction</b>	<b>(g) Cost of asset</b>	<b>(h) Current value of asset on trasaction date</b>	<b>(i) Net gain or (loss)</b>
BNY Mellon	Pimco Income Fund	\$135,448,374	\$49,500,000			\$52,290,222		(\$2,790,222)

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 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.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here .....▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....▶

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

<b>1a</b> Name of plan <b>TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND RETIREE PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>502</b>
	<b>1c</b> Effective date of plan	<b>12/01/2013</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE</b>  <b>2550 W. UNION HILLS DRIVE, STE 290</b>  <b>PHOENIX AZ 85027</b>	<b>2b</b> Employer Identification Number (EIN)	<b>86-6052021</b>
	<b>2c</b> Plan Sponsor's telephone number	<b>(855) 215-2039</b>
	<b>2d</b> Business code (see instructions)	<b>488990</b>

**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.

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

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

**Form 5500 (2023)  
v. 230728**

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4 4 1 3
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a (1)</b> Total number of active participants at the beginning of the plan year ..... <b>a (2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>	   4 8 2 3  4 8 2 3          2 4
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	2 4

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

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

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

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

<b>(a) Identity of party involved</b>	<b>(b) Description of asset</b>	<b>(c) Purchase price</b>	<b>(d) Selling price</b>	<b>(e) Lease rental</b>	<b>(f) Expense incurred with transaction</b>	<b>(g) Cost of asset</b>	<b>(h) Current value of asset on trasaction date</b>	<b>(i) Net gain or (loss)</b>
BNY Mellon	Pimco Income Fund	\$135,448,374	\$49,500,000			\$52,290,222		(\$2,790,222)