

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743 1b Three-digit plan number (PN) 501 1c Effective date of plan 02/21/1955 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO. 743 C/O GROUP ADMINISTRATORS, LTD. 20 N. MARTINGALE ROAD SUITE 290 SCHAUMBURG, IL 60173 20 N. MARTINGALE ROAD SUITE 290 SCHAUMBURG, IL 60173 2b Employer Identification Number (EIN) 36-6076696 2c Plan Sponsor's telephone number 847-519-1880 2d Business code (see instructions) 484110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for DEBRA SIMMONS-PETERSON (08/29/2025) and DAVID KOZIN (09/16/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	935
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	927
	6a(2)	928
	6b	8
	6c	
	6d	936
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	25

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO. 743	D Employer Identification Number (EIN) 36-6076696	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0187675	291	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2298333
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO. 743		D Employer Identification Number (EIN) 36-6076696

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

1 Coverage Information:

(a) Name of insurance carrier

AETNA HEALTH, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-2169745	95109	0187675HNO	623	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4836286
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO. 743</p>	<p>D Employer Identification Number (EIN) 36-6076696</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0742147	68608	01-020604-00	729	03/01/2024	02/28/2025

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	46675
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO. 743	D Employer Identification Number (EIN) 36-6076696	

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

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

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

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

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

GROUP ADMINISTRATORS

36-3381052

(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 99	NONE	57622	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SEGAL CONSULTING

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	40171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35860	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)

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 68	NONE	26418	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 checked="" type="checkbox"/>

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

LANER MUCHIN, LTD

36-3088463

(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	16579	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	10740	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

TEAMSTERS LOCAL NO. 743 UNION

36-1757834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SPONSORING UNION	10146	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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO. 743	D Employer Identification Number (EIN) 36-6076696

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
Assets			
a Total noninterest-bearing cash	1a	250243	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	86454	95336
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19188	19696
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	573630	454961
(2) U.S. Government securities	1c(2)	1254705	583454
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	883405	1084968
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3029432	3380958
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	82292	19929
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	10755	10348
f Total assets (add all amounts in lines 1a through 1e).....	1f	6190104	5649650
Liabilities			
g Benefit claims payable.....	1g	22800	17500
h Operating payables.....	1h	5505	16624
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2157	2582
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	30462	36706
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6159642	5612944

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6887412	
(B) Participants.....	2a(1)(B)	16632	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6904044
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	27809	
(B) U.S. Government securities.....	2b(1)(B)	20217	
(C) Corporate debt instruments.....	2b(1)(C)	34873	
(D) Loans (other than to participants).....	2b(1)(D)	3130	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		86029
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	39959	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		39959
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3489202	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3480022	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		9180
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	411526	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7450738

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	112711	
(2) To insurance carriers for the provision of benefits	2e(2)	7662861	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7775572
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	57622	
(3) Recordkeeping fees	2i(3)	19456	
(4) IQPA audit fees	2i(4)	26550	
(5) Investment advisory and investment management fees	2i(5)	26418	
(6) Bank or trust company trustee/custodial fees	2i(6)	10740	
(7) Actuarial fees	2i(7)	40171	
(8) Legal fees	2i(8)	16579	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	24328	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		221864
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7997436

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-546698
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS

FEBRUARY 28, 2025





**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8
Supplemental Information	
Schedules of Administrative Expenses	16
Schedule of Assets (Held at End of Year)	17
Schedule of Reportable Transactions	19





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Teamsters Local No. 743
Health and Welfare Trust Fund
Schaumburg, Illinois

Opinion

We have audited the accompanying financial statements of the Teamsters Local No. 743 Health and Welfare Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of February 28, 2025 and February 29, 2024, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Teamsters Local No. 743 Health and Welfare Trust Fund as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits and changes in 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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



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

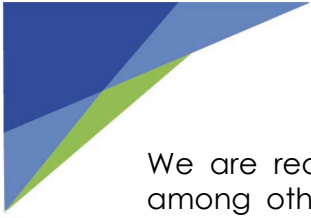
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedules Required by ERISA

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

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

Other Supplemental Information

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

Calibre CPA Group, PLLC

Chicago, IL
August 18, 2025



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
Assets		
Investments, at fair value		
Short-term investments	\$ 454,961	\$ 573,630
U.S. Government obligations	583,454	1,254,705
Common stock	3,380,958	3,029,432
Corporate bonds	<u>1,084,968</u>	<u>883,405</u>
Total investments, at fair value	<u>5,504,341</u>	<u>5,741,172</u>
Receivables		
Employer contributions	95,336	86,454
Note receivable	19,929	82,292
Accrued interest on investments	<u>19,696</u>	<u>19,188</u>
Total receivables	<u>134,961</u>	<u>187,934</u>
Prepaid expenses	<u>10,348</u>	<u>10,755</u>
Cash	<u>-</u>	<u>250,243</u>
Total assets	<u>5,649,650</u>	<u>6,190,104</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and payroll tax withholdings	16,624	5,505
Cash overdraft	1,175	-
Due to related parties	<u>1,407</u>	<u>2,157</u>
Total liabilities	<u>19,206</u>	<u>7,662</u>
Net assets available for benefits	<u>\$ 5,630,444</u>	<u>\$ 6,182,442</u>

See accompanying notes to financial statements.



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
Additions		
Contributions		
Employer contributions and liquidated damages	\$ 6,887,412	\$ 7,299,807
Participant contributions	<u>16,632</u>	<u>28,802</u>
Total contributions	<u>6,904,044</u>	<u>7,328,609</u>
Investment income		
Interest and dividends	125,988	123,967
Net appreciation in fair value of assets	420,706	613,336
Less: investment expenses	<u>(31,305)</u>	<u>(31,608)</u>
Investment income - net	<u>515,389</u>	<u>705,695</u>
Total additions	<u>7,419,433</u>	<u>8,034,304</u>
Deductions		
Self-insured benefits claims paid	118,011	147,295
Health insurance premiums	7,619,645	7,339,107
Life insurance premiums	<u>43,216</u>	<u>44,521</u>
Benefits paid to participants	7,780,872	7,530,923
Administrative expenses	<u>190,559</u>	<u>253,821</u>
Total deductions	<u>7,971,431</u>	<u>7,784,744</u>
Net change	(551,998)	249,560
Net assets available for benefits		
Beginning of year	<u>6,182,442</u>	<u>5,932,882</u>
End of year	<u>\$ 5,630,444</u>	<u>\$ 6,182,442</u>

See accompanying notes to financial statements.



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	<u>2025</u>	<u>2024</u>
Obligations for current benefit coverage, at present value of estimated amounts		
Claims incurred but not reported	\$ <u>17,500</u>	\$ <u>22,800</u>
Postretirement benefit obligations		
Current retirees	67,288	133,759
Other participants fully eligible for benefits	133,620	104,862
Other participants not yet fully eligible for benefits	<u>111,646</u>	<u>64,807</u>
 Total postretirement benefit obligations	 <u>312,554</u>	 <u>303,428</u>
 Total benefit obligations	 <u>\$ 330,054</u>	 <u>\$ 326,228</u>

See accompanying notes to financial statements.



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
Obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	\$ 22,800	\$ 32,700
Claims and premiums incurred	7,775,572	7,521,023
Claims and premiums paid	<u>(7,780,872)</u>	<u>(7,530,923)</u>
Total benefit obligations	<u>17,500</u>	<u>22,800</u>
Postretirement benefit obligations		
Balance at beginning of year	303,428	272,660
Change during the year attributable to		
Benefits earned net of benefits paid	8,937	9,423
Actuarial experience loss	-	(15,262)
Actuarial assumptions	<u>189</u>	<u>36,607</u>
Total postretirement benefit obligations at end of year	<u>312,554</u>	<u>303,428</u>
Total benefit obligations at end of year	<u>\$ 330,054</u>	<u>\$ 326,228</u>

See accompanying notes to financial statements.



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Teamsters Local No. 743 Health and Welfare Trust Fund (the Plan) provides general information only. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

The Plan provides health, dental, vision, prescription drug, disability, and death benefits for eligible participants who perform work under the collective bargaining agreement with the Teamsters Local No. 743 (Local Union). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits - The Plan provides health, dental, vision, prescription drug, disability, and death benefits and an employee assistance program to participants, who qualify in accordance with eligibility requirements as specified in the Plan documents, and to their beneficiaries and their covered dependents. Participants become eligible initially on the first day of the month following the receipt of a monthly contribution from the employer. Participants remain eligible for benefits for each month that a contribution is made on their behalf. Effective January 1, 2016, participants will become eligible no later than the first day of the month in which their 90th day of employment falls following their date of hire.

Current health, prescription drug and death benefits of active and retired participants and their dependents and beneficiaries are provided under an insured plan of benefits. Dental, vision, and disability benefits continue to be provided on a self-funded basis.

Payments for health, prescription drug and death benefits of active and retired participants are the responsibility of the insurance carriers. Consequently, unpaid and non-reported claims are also the responsibility of the insurance carriers.

Postretirement Benefits - The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to February 28, 2025 and February 29, 2024. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. 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.

NOTE 1. DESCRIPTION OF THE PLAN (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.

The following were significant assumptions used in the valuations as of February 28, 2025 and February 29, 2024:

	2025	2024
Discount Rate	5.00%	5.25%
Mortality Table	Pri-2012 Healthy Headcount-weighted Annuitant Mortality Tables projected generationally from 2012 with Scale MP-2021	Pri-2012 Healthy Headcount-weighted Annuitant Mortality Tables projected generationally from 2012 with Scale MP-2021
Retirement Rates	5% from age 55-61 and 100% at age 62+	5% from age 55-61 and 100% at age 62+
Health Care Trend Rates		
Non-Medicare	8.50% graded to 4.50% over 14 years	7.75% graded to 4.50% over 13 years
Medicare	8.30%, graded to 4.50% over 13 years	22.00%, then 8.50% graded to 4.50% over 16 years
Retiree Contribution Increase Rate	Equal to health care trend	Equal to health care trend

If the assumed health care trend rates increased by 1%, the obligation as of February 28, 2025 and February 29, 2024 would increase by \$1,169 and \$26,948, respectively.

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

Contributions - The collective bargaining agreement provides that participating employers make monthly contributions to the Plan to provide benefits for participants. The employers' contribution rates are established by the collective bargaining agreements.

The Plan receives contributions under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), which provides that participants can elect to continue, for specified periods of time, their health care benefits which otherwise would have been lost due to certain events, by making the required monthly



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Contributions (continued)

contributions. The Plan receives contributions from participants to maintain eligibility on their behalf and to maintain coverage.

As of February 28, 2025 and February 29, 2024, it is projected that contributions on behalf of retirees represent 91% of the cost of benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation in fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - The Plan estimates amounts receivable from reporting employers at year-end based upon amounts collected subsequent to year-end. Based on review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits, is recognized when received.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses - The Plan pays all administrative expenses.

NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan and related Trust that it qualifies as a tax-exempt organization pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related Trust is tax-exempt.



NOTE 3. TAX STATUS (CONTINUED)

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At February 28, 2025, the Plan is no longer subject to income tax examinations for years prior to the fiscal year ended February 28, 2022.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (the Trustees) to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, any assets remaining after the payment of all obligations and expenses will be used, in accordance with a dissolution plan adopted by the Trustees, to continue the benefits provided by the existing Plan until such assets have been exhausted or in such manner as will best serve the purposes of the Plan.

NOTE 5. ESTIMATED LIABILITIES FOR FUTURE CLAIMS

The estimated liability for benefit claims incurred but not yet reported was prepared by the consultant of the Plan. The estimate is based on claims incurred prior to March 1, 2025 and 2024 paid after the fiscal year end.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has related entities which include a severance plan, employee pension plan and a union, which are tax exempt organizations.

During the years ended February 28, 2025 and February 29, 2024, the Plan reimbursed the Local Union (a related party) \$10,146 and \$14,364, respectively, for its share of administrative expenses incurred by the Local Union on behalf of the Plan. As of February 28, 2025 and February 29, 2024, the Plan owed \$1,407 and \$2,157, respectively, to the Local Union for shared administrative expenses.

The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.



NOTE 7. CONTRIBUTION RATES

Effective January 1, 2025, 2024 and 2023, the following retiree contribution rates were in effect:

	<u>2025</u>	<u>2024</u>	<u>2023</u>
<u>Under age 65</u>			
Single PPO	\$ 1,062	\$ 879	\$ 734
Family PPO	2,759	2,284	1,909
Single HMO	879	727	641
Family HMO	2,281	1,888	1,664
<u>Over age 65</u>			
Single	363	306	249
Family	727	612	498

Effective January 1, 2023, there was a 3% decrease in contribution rates to employers.

Effective January 1, 2024, there was a 5% increase in contribution rates to employers.

Effective January 1, 2025, there was a 5% increase in contribution rates to employers.

NOTE 8. FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at February 28, 2025 and February 29, 2024.

Short-term investments and common stock: Valued at the closing price reported on the active market in which the individual securities are traded.

U.S. Government obligations: Valued at the closing price reported on the active market in which the individual securities are traded.

Corporate bonds: Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2025 and February 29, 2024:

	February 28, 2025			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 454,961	\$ 454,961	\$ -	\$ -
U.S. Government obligations	583,454	583,454	-	-
Common stock	3,380,958	3,380,958	-	-
Corporate bonds	<u>1,084,968</u>	<u>-</u>	<u>1,084,968</u>	<u>-</u>
Total assets at fair value	<u>\$ 5,504,341</u>	<u>\$ 4,419,373</u>	<u>\$ 1,084,968</u>	<u>\$ -</u>
	February 29, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 573,630	\$ 573,630	\$ -	\$ -
U.S. Government obligations	1,254,705	1,254,705	-	-
Common stock	3,029,432	3,029,432	-	-
Corporate bonds	<u>883,405</u>	<u>-</u>	<u>883,405</u>	<u>-</u>
Total assets at fair value	<u>\$ 5,741,172</u>	<u>\$ 4,857,767</u>	<u>\$ 883,405</u>	<u>\$ -</u>



NOTE 9. NOTE RECEIVABLE

On February 16, 2016, the Local Union (related party) agreed to convert the employer contribution balance owed to the Plan for the period of October 2013 through December 2015 into a 5.50% installment note of \$766,728 payable in equal installments of \$10,649, which includes interest, through March 2022.

On June 25, 2019, the Plan and Local Union agreed to amend the terms of the installment note extending the note through June 1, 2025 and reducing the interest rate on the note to 5.37% effective June 1, 2019 with the first payment due July 1, 2019. The Plan also extended a credit of \$70,000 to the Local Union based on the Shared Services Agreement for administrative services performed by a Local Union employee on behalf of the Plan from January 1, 2016 through December 31, 2018.

The principal amount owed as of February 28, 2025 and February 29, 2024 is \$19,929 and \$82,292, respectively. The future principal contribution amount to be received from the Local Union for the note as of February 28, 2025, for the remaining year is as follows:

2026	<u>\$ 19,929</u>
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NOTE 10. RISKS AND UNCERTAINTIES

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

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

NOTE 11. CREDIT RISK

The Plan maintains cash in bank accounts which, at times, exceed federally insured limits. At February 28, 2025, the balance of funds held did not exceed the federally insured limits. The Plan has not experienced any losses, nor does it believe it is exposed to any significant risk of loss at this time.



NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at February 28, 2025 and February 29, 2024 to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 5,630,444	\$ 6,182,442
Benefit obligations currently payable	<u>(17,500)</u>	<u>(22,800)</u>
Net assets available for benefits per Form 5500	<u>\$ 5,612,944</u>	<u>\$ 6,159,642</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended February 28, 2025 to Form 5500:

Benefits paid to participants per the financial statements	\$ 7,780,872
Add - benefit obligations at February 28, 2025	17,500
Less - benefit obligations at February 29, 2024	<u>(22,800)</u>
Benefits paid to participants per Form 5500	<u>\$ 7,775,572</u>

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

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the year ended February 28, 2025:

Total additions per audited financial statements	\$ 7,419,433
Investment management expenses	<u>31,305</u>
Total additions per Form 5500	<u>\$ 7,450,738</u>
Total deductions per audited financial statements	\$ 7,971,431
Effects of changes in benefit obligations	(5,300)
Investment management expenses	<u>31,305</u>
Total deductions per Form 5500	<u>\$ 7,997,436</u>

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 18, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	<u>2025</u>	<u>2024</u>
Actuarial and consulting fees	\$ 40,171	\$ 55,483
Administrator fees	57,622	51,796
Audit and accounting fees	35,860	39,196
Bank fees	5,853	6,209
Conference and dues fees	6,549	2,390
Insurance	14,384	15,530
Legal fees	16,579	31,665
Postage and printing	3,395	37,188
Shared administrative expenses	<u>10,146</u>	<u>14,364</u>
 Total administrative expenses	 <u>\$ 190,559</u>	 <u>\$ 253,821</u>

TEAMSTERS LOCAL NO. 743 HEALTH AND WELFARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEBRUARY 28, 2025

SCHEDULE H, LINE 4i

EIN 36-6076696
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, shares or par/maturity value	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	Common stock						
	ABBOTT LABORATORIES	Common stock	N/A	N/A	323	\$ 14,006	\$ 44,577
	ADOBE SYSTEMS INC	Common stock	N/A	N/A	82	24,880	35,962
	ADVANCED MICRO DEVICES INC	Common stock	N/A	N/A	152	24,173	15,179
	ALPHABET INC CL A	Common stock	N/A	N/A	280	12,685	47,678
	ALPHABET INC CL C	Common stock	N/A	N/A	640	22,957	110,221
	AMAZON COM INC	Common stock	N/A	N/A	660	26,592	140,105
	AMPHENOL CORP	Common stock	N/A	N/A	1,582	29,957	105,361
	APPLE INC	Common stock	N/A	N/A	758	29,514	183,315
	APPLIED MATERIALS INC	Common stock	N/A	N/A	402	27,222	63,544
	AVERY DENNISON CORP	Common stock	N/A	N/A	162	19,705	30,451
	BANK OF AMERICA CORP	Common stock	N/A	N/A	1,376	41,040	63,434
	BECTON DICKINSON & CO	Common stock	N/A	N/A	52	12,666	11,728
	BERKSHIRE HATHAWAY INC	Common stock	N/A	N/A	157	39,321	80,671
	BROADCOM INC	Common stock	N/A	N/A	690	22,488	137,607
	CATERPILLAR INC	Common stock	N/A	N/A	171	23,714	58,815
	CBRE GROUP INC	Common stock	N/A	N/A	131	16,996	18,594
	CHEVRON CORP	Common stock	N/A	N/A	207	24,279	32,834
	CHUBB LTD	Common stock	N/A	N/A	84	19,414	23,980
	CONOCOPHILLIPS	Common stock	N/A	N/A	229	13,265	22,705
	DANAHER CORP	Common stock	N/A	N/A	241	19,164	50,070
	DOLLAR GENERAL CORP.	Common stock	N/A	N/A	179	17,635	13,278
	EOG RESOURCES INC C	Common stock	N/A	N/A	159	13,262	20,183
	HONEYWELL INTERNATIONAL INC	Common stock	N/A	N/A	89	9,380	18,947
	ILLINOIS TOOL WORKS INC	Common stock	N/A	N/A	283	29,872	74,706
	ISHARES RUSSELL 2000 VALUE	Common stock	N/A	N/A	400	62,012	64,440
	JOHNSON & JOHNSON	Common stock	N/A	N/A	274	27,028	45,215
	JPM CHASE & CO	Common stock	N/A	N/A	352	26,695	93,157
	KENVUE INC	Common stock	N/A	N/A	1,093	23,558	25,795
	LOWE'S COS INC	Common stock	N/A	N/A	273	17,402	67,879
	LVMH MOET HENNESSY	Common stock	N/A	N/A	127	20,105	18,356
	MARSH & MCLENNAN COMPANIES INC	Common stock	N/A	N/A	241	16,181	57,319
	MARVELL TECHNOLOGY INC	Common stock	N/A	N/A	718	27,776	65,927
	MERCK & CO INC	Common stock	N/A	N/A	204	14,596	18,819
	MICROSOFT CORP	Common stock	N/A	N/A	374	42,833	148,474
	MOTOROLA SOLUTIONS INC	Common stock	N/A	N/A	56	24,145	24,652
	NEXTERA ENERGY INC	Common stock	N/A	N/A	438	33,718	30,734
	ORACLE CORP	Common stock	N/A	N/A	457	22,191	75,889
	O'REILLY AUTOMOTIVE INC	Common stock	N/A	N/A	54	11,122	74,177
	PALO ALTO NETWORKS INC	Common stock	N/A	N/A	292	31,703	55,606
	PARKER HANNIFAN CORP	Common stock	N/A	N/A	63	12,361	42,116
	PEPSICO INC	Common stock	N/A	N/A	289	29,669	44,353
	PROGRESSIVE CORP	Common stock	N/A	N/A	214	17,370	60,348
	RAYTHEON TECHNOLOGIES	Common stock	N/A	N/A	500	39,038	66,495
	S&P GLOBAL INC	Common stock	N/A	N/A	78	16,536	41,632
	SALESFORCE.COM INC	Common stock	N/A	N/A	74	15,791	22,041
	SCHLUMBERGER LTD	Common stock	N/A	N/A	227	12,987	9,457
	SCHNEIDER ELECTRIC SA UNSP ADR	Common stock	N/A	N/A	718	33,738	34,939
	SHERWIN WILLIAMS CO	Common stock	N/A	N/A	146	27,991	52,891
	SIMON PROPERTY GROUP INC	Common stock	N/A	N/A	233	30,612	43,359
	SONY CORP SPONSORED ADR	Common stock	N/A	N/A	1,350	30,358	33,804
	THERMO FISHER SCIENTIFIC INC	Common stock	N/A	N/A	130	36,189	68,765
	TJX COS INC	Common stock	N/A	N/A	622	22,270	77,601
	TRANE TECHNOLOGIES	Common stock	N/A	N/A	65	7,373	22,991
	UBER TECHNOLOGIES INC	Common stock	N/A	N/A	401	29,971	30,480
	UNION PACIFIC CORP	Common stock	N/A	N/A	206	27,512	50,818
	UNITED RENTALS INC	Common stock	N/A	N/A	44	35,106	28,262
	UNITEDHEALTH GROUP INC	Common stock	N/A	N/A	183	28,129	86,918
	VERALTO CORP	Common stock	N/A	N/A	80	2,519	7,981
	VISA INC CLASS A	Common stock	N/A	N/A	364	37,977	132,026
	WALMART INC	Common stock	N/A	N/A	822	28,691	81,057
	ZEBRA TECHNOLOGIES CORP CL-A	Common stock	N/A	N/A	78	21,043	24,574
	ZOETIS INC	Common stock	N/A	N/A	285	25,852	47,666
	Total common stock					<u>1,504,335</u>	<u>3,380,958</u>

**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

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

FEBRUARY 28, 2025

SCHEDULE H, LINE 4i

EIN 36-6076696
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value		
U.S. Government obligations							
	U.S. TREASURY NOTES	U.S. Government obligations	07/15/25	3.010%	100,000	\$ 96,398	\$ 99,527
	U.S. TREASURY NOTES	U.S. Government obligations	03/31/26	2.290%	100,000	107,273	98,043
	U.S. TREASURY NOTES	U.S. Government obligations	07/31/26	4.360%	300,000	302,051	301,290
	U.S. TREASURY NOTES	U.S. Government obligations	02/15/31	1.330%	100,000	96,176	84,594
	Total U.S. Government obligations					<u>601,898</u>	<u>583,454</u>
Corporate bonds							
	GENERAL DYNAMICS CORP	Corporate bond	05/15/25	3.510%	100,000	98,392	99,793
	ACE INA HOLDINGS	Corporate bond	05/03/26	3.390%	100,000	98,510	98,820
	JPM.ORGAN CHASE CO	Corporate bond	04/22/27	1.630%	100,000	94,314	96,784
	NEXTERA ENERGY CAPITAL	Corporate bond	05/01/27	3.620%	50,000	47,302	49,019
	ORACLE CORP	Corporate bond	11/15/27	3.360%	100,000	95,349	96,718
	JOHN DEERE CAPITAL CORP	Corporate bond	01/20/28	4.690%	100,000	100,971	101,306
	ANHEUSER BUSCH	Corporate bond	04/13/28	4.040%	50,000	49,134	49,552
	LOCKHEED MARTIN CORPORATION	Corporate bond	05/15/28	4.430%	100,000	98,466	100,391
	COMCAST CORP	Corporate bond	10/15/28	4.210%	100,000	98,003	98,663
	ENTERPRISE PRODUCTS OPERATING	Corporate bond	10/16/28	4.200%	50,000	56,269	49,412
	PNC FINANCIAL SERVICES	Corporate bond	04/23/29	3.600%	100,000	94,172	95,733
	WASTE MANAGEMENT INC	Corporate bond	04/15/32	4.310%	100,000	96,133	96,321
	NATIONAL RURAL UTILITY COOP	Corporate bond	01/15/33	5.530%	50,000	53,920	52,456
	Total corporate bonds					<u>1,080,935</u>	<u>1,084,968</u>
Short-term investments							
	GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS	Short-term investment	N/A	N/A	454,961	<u>454,961</u>	<u>454,961</u>
	Total assets (held at end of year)					<u>\$ 3,642,129</u>	<u>\$ 5,504,341</u>



**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED FEBRUARY 28, 2025

SCHEDULE H, LINE 4j

EIN 36-6076696
PLAN NO. 501

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Goldman Financial Square Treas Obligations	\$ 1,629,682	\$ -	\$ 1,629,682	\$ 1,629,682	\$ -
Goldman Financial Square Treas Obligations	-	1,748,351	1,748,351	1,748,351	-

TEAMSTERS LOCAL NO. 743 HEALTH AND WELFARE TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEBRUARY 28, 2025

SCHEDULE H, LINE 4i

EIN 36-6076696
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, shares or par/maturity value	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	Common stock						
	ABBOTT LABORATORIES	Common stock	N/A	N/A	323	\$ 14,006	\$ 44,577
	ADOBE SYSTEMS INC	Common stock	N/A	N/A	82	24,880	35,962
	ADVANCED MICRO DEVICES INC	Common stock	N/A	N/A	152	24,173	15,179
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	JPM CHASE & CO	Common stock	N/A	N/A	352	26,695	93,157
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	PROGRESSIVE CORP	Common stock	N/A	N/A	214	17,370	60,348
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	SCHNEIDER ELECTRIC SA UNSP ADR	Common stock	N/A	N/A	718	33,738	34,939
	SHERWIN WILLIAMS CO	Common stock	N/A	N/A	146	27,991	52,891
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	SONY CORP SPONSORED ADR	Common stock	N/A	N/A	1,350	30,358	33,804
	THERMO FISHER SCIENTIFIC INC	Common stock	N/A	N/A	130	36,189	68,765
	TJX COS INC	Common stock	N/A	N/A	622	22,270	77,601
	TRANE TECHNOLOGIES	Common stock	N/A	N/A	65	7,373	22,991
	UBER TECHNOLOGIES INC	Common stock	N/A	N/A	401	29,971	30,480
	UNION PACIFIC CORP	Common stock	N/A	N/A	206	27,512	50,818
	UNITED RENTALS INC	Common stock	N/A	N/A	44	35,106	28,262
	UNITEDHEALTH GROUP INC	Common stock	N/A	N/A	183	28,129	86,918
	VERALTO CORP	Common stock	N/A	N/A	80	2,519	7,981
	VISA INC CLASS A	Common stock	N/A	N/A	364	37,977	132,026
	WALMART INC	Common stock	N/A	N/A	822	28,691	81,057
	ZEBRA TECHNOLOGIES CORP CL-A	Common stock	N/A	N/A	78	21,043	24,574
	ZOETIS INC	Common stock	N/A	N/A	285	25,852	47,666
	Total common stock					<u>1,504,335</u>	<u>3,380,958</u>

**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

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

FEBRUARY 28, 2025

SCHEDULE H, LINE 4i

EIN 36-6076696
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
U.S. Government obligations							
	U.S. TREASURY NOTES	U.S. Government obligations	07/15/25	3.010%	100,000	\$ 96,398	\$ 99,527
	U.S. TREASURY NOTES	U.S. Government obligations	03/31/26	2.290%	100,000	107,273	98,043
	U.S. TREASURY NOTES	U.S. Government obligations	07/31/26	4.360%	300,000	302,051	301,290
	U.S. TREASURY NOTES	U.S. Government obligations	02/15/31	1.330%	100,000	96,176	84,594
	Total U.S. Government obligations					<u>601,898</u>	<u>583,454</u>
Corporate bonds							
	GENERAL DYNAMICS CORP	Corporate bond	05/15/25	3.510%	100,000	98,392	99,793
	ACE INA HOLDINGS	Corporate bond	05/03/26	3.390%	100,000	98,510	98,820
	JPM.ORGAN CHASE CO	Corporate bond	04/22/27	1.630%	100,000	94,314	96,784
	NEXTERA ENERGY CAPITAL	Corporate bond	05/01/27	3.620%	50,000	47,302	49,019
	ORACLE CORP	Corporate bond	11/15/27	3.360%	100,000	95,349	96,718
	JOHN DEERE CAPITAL CORP	Corporate bond	01/20/28	4.690%	100,000	100,971	101,306
	ANHEUSER BUSCH	Corporate bond	04/13/28	4.040%	50,000	49,134	49,552
	LOCKHEED MARTIN CORPORATION	Corporate bond	05/15/28	4.430%	100,000	98,466	100,391
	COMCAST CORP	Corporate bond	10/15/28	4.210%	100,000	98,003	98,663
	ENTERPRISE PRODUCTS OPERATING	Corporate bond	10/16/28	4.200%	50,000	56,269	49,412
	PNC FINANCIAL SERVICES	Corporate bond	04/23/29	3.600%	100,000	94,172	95,733
	WASTE MANAGEMENT INC	Corporate bond	04/15/32	4.310%	100,000	96,133	96,321
	NATIONAL RURAL UTILITY COOP	Corporate bond	01/15/33	5.530%	50,000	53,920	52,456
	Total corporate bonds					<u>1,080,935</u>	<u>1,084,968</u>
Short-term investments							
	GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS	Short-term investment	N/A	N/A	454,961	<u>454,961</u>	<u>454,961</u>
	Total assets (held at end of year)					<u>\$ 3,642,129</u>	<u>\$ 5,504,341</u>

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

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

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

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

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

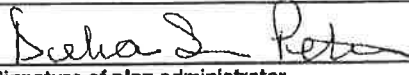

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan HEALTH AND WELFARE TRUST LOCAL NO. 743	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	02/21/1955
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES HEALTH AND WELFARE TRUST LOCAL NO C/O GROUP ADMINISTRATORS, LTD. 20 N. MARTINGALE ROAD SUITE 290 SCHAUMBURG IL 60173	2b Employer Identification Number (EIN)	36-6076696
	2c Plan Sponsor's telephone number	847-519-1880
	2d Business code (see instructions)	484110

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

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

SIGN HERE		8/29/25	DEBRA SIMMONS-PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9-16-25	DAVID KOZIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	935
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	927
a (2) Total number of active participants at the end of the plan year	6a(2)	928
b Retired or separated participants receiving benefits	6b	8
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	936
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	25

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 3 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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**TEAMSTERS LOCAL NO. 743
HEALTH AND WELFARE TRUST FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED FEBRUARY 28, 2025

SCHEDULE H, LINE 4j

EIN 36-6076696
PLAN NO. 501

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Goldman Financial Square Treas Obligations	\$ 1,629,682	\$ -	\$ 1,629,682	\$ 1,629,682	\$ -
Goldman Financial Square Treas Obligations	-	1,748,351	1,748,351	1,748,351	-