

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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: [X] 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: AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan): AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE
2b Employer Identification Number (EIN): 36-2331071
2c Plan Sponsor's telephone number: 708-482-0110
2d Business code (see instructions): 811190

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Mark Grasseschi (plan administrator) and Christopher Konecki (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6506
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	5569
	<b>6a(2)</b>	5525
	<b>6b</b>	973
	<b>6c</b>	
	<b>6d</b>	6498
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	313

**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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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

**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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">36-2331071</span></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  
DEARBORN NATIONAL 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
36-2598882	71129	FP00216	22	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">1375</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">408</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

GCG FINANCIAL, INC  
THREE PARKWAY NORTH, STE 500  
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1375	408	ADDITIONAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	15552
<b>b</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.	<b>10b</b>	

**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. ▶



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

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

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

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

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

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

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	731680
<b>b</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. ....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-2331071</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	000216	5947	09/01/2023	08/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	68440839	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		68440839
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	65559470	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		65559470
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	2881369	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		2881369
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶



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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
----------------	--

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	<b>0</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	536302
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	-40965
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	495337
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	360000
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	-39837
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	320163
(4) Claims charged .....		<b>9b(4)</b>	320163
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	61203	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>	63070	
(E) Taxes .....	<b>9c(1)(E)</b>	2420	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	39627	
(G) Other retention charges .....	<b>9c(1)(G)</b>	8854	
(H) Total retention .....	<b>9c(1)(H)</b>		175174
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	137689
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</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. ....	<b>10b</b>

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 **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE</b>		<b>D</b> Employer Identification Number (EIN) <b>36-2331071</b>

**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  
**HUMANA INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>39-1263473</b>	<b>73288</b>	<b>328303</b>	<b>797</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1857536
<b>b</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. ....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE	<b>D</b> Employer Identification Number (EIN) 36-2331071	

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

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

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

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

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

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

THE VANGUARD GROUP, INC  
  
23-1945930

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

BAIRD FUNDS, INC  
777 E. WISCONSIN AVENUE  
MILWAUKEE, WI 53202

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

FIDELITY INVESTMENTS  
245 SUMMER STREET  
BOSTON, MA 02210

**(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

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

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

PAYDHEALTH LLC

PO BOX 840557  
LOS ANGELES, CA 90084-0557

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	1117405	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)

EMPIRX HEALTH

47-1226691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	1104867	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)

SOUTHWEST SERVICE ADMINISTRATORS

2550 W UNION HILLS DR., UNIT 250  
PHOENIX, AZ 85027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	995008	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)

VALENZ CARE

23048 N. 15TH AVENUE  
PHOENIX, AZ 85027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	589315	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)

EPLAN LLC

20-3720767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	392615	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)

NATIONAL INVESTMENT SERVICES, INC

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	291930	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)

DELTA DENTAL OF ILLINOIS

36-2612058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	119193	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	169316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOHNSON & KROL, LLC

36-4342024

(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	173958	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)

MORGAN, LEWIS & BOCKUS LLP

23-0891050

(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	172385	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)

LABOR FIRST, LLC

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	138316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FOSTER & FOSTER INC.

59-1921114

(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	127350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY SOFTWARE SOLUTIONS

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	120712	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)

JEANINE EARTH-GILLUND

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	113189	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)

MACNELL ACCOUNTING AND CONSULTING L

30-0510353

(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	102250	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)

ANNE PENNEY

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79202	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)

TELADOC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	66651	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)

ABSOLUTE SOLUTIONS LLC

2863 W 95TH STREET SUITE 143  
NAPERVILLE, IL 60564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	65718	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)

KRISTINE BENDY

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65433	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)

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	61500	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)

KRISTIN LINK

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60804	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)

OLD NATIONAL BANK

35-1539838

(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	NONE	40840	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)

BUCK GLOBAL LLC

13-3954297

(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	40186	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)

STRATEGIC CAPITAL INVEST ADVISORS

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	39600	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)

MELANIE MULHERON

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37855	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)

LISA CONNER

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34195	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)

NICOLE KERKSTRA

36-2331071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31548	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)

K-PLUS TECHNOLOGY SOLUTIONS

36-4282001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14250	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)

PROFESSIONAL BENEFIT ADMINISTRATORS

36-3384135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	7500	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.

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2331071</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES, INC</u>		
<b>c</b> EIN-PN <u>39-2021943-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3722908</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES, INC</u>		
<b>c</b> EIN-PN <u>45-4783986-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9173268</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2331071</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	224714	20180
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	9930880	7836205
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1879139	3012056
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7105063	7522876
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	28423299	40802417
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	32502419	40345513
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	14136090	12896176
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	179082686	199796973
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	3233418	4640395

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	14556	5864
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	276532264	316878655
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	11233000	13170000
<b>h</b> Operating payables.....	<b>1h</b>	703879	827363
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	36360	67630
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	11973239	14064993
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	264559025	302813662

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	111342286	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2021184	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		113363470
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	539714	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1351554	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1645565	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	161175	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3698008
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	5384082	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		5384082
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	57179333	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	57100684	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		78649
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-4609474	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	915386
(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)	20243142
<b>c</b> Other income .....	2c	4203870
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	143277133

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	101322091
(2) To insurance carriers for the provision of benefits .....	2e(2)	731190
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	102053281
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	982623
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	102250
(4) IQPA audit fees .....	2i(4)	61500
(5) Investment advisory and investment management fees .....	2i(5)	331530
(6) Bank or trust company trustee/custodial fees .....	2i(6)	20678
(7) Actuarial fees .....	2i(7)	168166
(8) Legal fees .....	2i(8)	348460
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	954008
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	2969215
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	105022496

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	38254637
<b>l</b> 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Automobile Mechanics' Local No. 701  
Union and Industry Welfare Fund  
Burr Ridge, Illinois

### Opinion

We have audited the accompanying financial statements of Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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 Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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





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


Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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

### **Supplemental Schedules Required by ERISA**

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

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

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

### **Other Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of net 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 14, 2025



## AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE FUND

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Assets</b>		
<b>Investments - at fair value</b>		
U.S. Government and government agency obligations and municipal obligations	\$ 45,442,812	\$ 31,656,717
Corporate obligations	40,345,513	32,502,419
Registered investment companies	199,796,973	179,082,686
Common collective trusts	12,896,176	14,136,090
Cash equivalents	<u>7,522,876</u>	<u>7,105,063</u>
Total investments	<u>306,004,350</u>	<u>264,482,975</u>
<b>Receivables</b>		
Employer contributions	7,836,205	9,930,880
Prescription drug rebates	1,567,260	1,022,110
Subrogation recoveries	433,399	190,572
Accrued interest and dividends	881,753	602,830
Due from broker - net	56,002	-
Due from related funds - net	<u>-</u>	<u>30,686</u>
Total receivables	<u>10,774,619</u>	<u>11,777,078</u>
<b>Property and equipment - net</b>	<u>5,864</u>	<u>14,556</u>
<b>Other assets</b>	<u>73,642</u>	<u>32,941</u>
<b>Cash</b>	<u>20,180</u>	<u>224,714</u>
Total assets	<u>316,878,655</u>	<u>276,532,264</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	827,363	703,879
Fees mandated by ACA	38,548	36,360
Due to related funds - net	<u>29,082</u>	<u>-</u>
Total liabilities	<u>894,993</u>	<u>740,239</u>
<b>Net assets available for benefits</b>	<u>\$ 315,983,662</u>	<u>\$ 275,792,025</u>

See accompanying notes to financial statements.



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Additions</b>		
Contributions		
Employer contributions	\$ 111,342,286	\$ 107,846,594
Participant contributions	<u>2,021,184</u>	<u>2,421,950</u>
Total contributions	<u>113,363,470</u>	<u>110,268,544</u>
Investment income		
Net appreciation in fair value of investments	16,627,703	21,746,375
Interest, dividends and other investment income	<u>9,082,090</u>	<u>5,945,377</u>
	25,709,793	27,691,752
Less: investment expenses	<u>(352,208)</u>	<u>(293,853)</u>
Investment income - net	<u>25,357,585</u>	<u>27,397,899</u>
Subrogation recoveries	<u>783,488</u>	<u>262,384</u>
Prescription drug rebates	<u>2,487,380</u>	<u>1,968,218</u>
Liquidated damages and other income	<u>160,583</u>	<u>275,955</u>
Total additions	142,152,506	140,173,000
<b>Deductions - page 6</b>	<u>101,960,869</u>	<u>96,970,399</u>
<b>Net change</b>	40,191,637	43,202,601
<b>Net assets available for benefits</b>		
Beginning of year	<u>275,792,025</u>	<u>232,589,424</u>
End of year	<u>\$ 315,983,662</u>	<u>\$ 275,792,025</u>

See accompanying notes to financial statements.



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Deductions</b>		
Cost of benefits		
Claims		
Medical	\$ 71,976,787	\$ 69,177,768
Prescription	16,908,231	13,783,599
Optical	731,190	725,041
Dental	<u>3,308,554</u>	<u>3,378,619</u>
Total claims	<u>92,924,762</u>	<u>87,065,027</u>
Claims administration fees		
Access and administrative fees	2,848,722	2,863,413
Claims processing fees	1,531,211	1,683,880
Prescription claims administrative fees	2,222,271	2,797,234
Medical and prescription cost management fees	<u>589,315</u>	<u>645,959</u>
Total claims administration fees	<u>7,191,519</u>	<u>7,990,486</u>
Total cost of benefits	100,116,281	95,055,513
Fees mandated by ACA	38,548	36,360
Administrative expenses - net	<u>1,806,040</u>	<u>1,878,526</u>
Total deductions	<u>\$ 101,960,869</u>	<u>\$ 96,970,399</u>

See accompanying notes to financial statements.



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ <u>13,170,000</u>	\$ <u>11,233,000</u>
<b>Postretirement benefit obligations, net of amounts currently payable</b>		
Current retirees	35,583,000	23,958,000
Other participants fully eligible for benefits	35,001,000	23,606,000
Other participants not fully eligible for benefits	<u>46,612,000</u>	<u>35,719,000</u>
Total postretirement benefit obligations	<u>117,196,000</u>	<u>83,283,000</u>
 Total benefit obligations	 <u>\$ 130,366,000</u>	 <u>\$ 94,516,000</u>

See accompanying notes to financial statements.



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 11,233,000	\$ 12,552,000
Claims and benefit costs incurred	102,053,281	93,736,513
Claims and other benefit costs paid	<u>(100,116,281)</u>	<u>(95,055,513)</u>
Balance at end of year	<u>13,170,000</u>	<u>11,233,000</u>
<b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	83,283,000	72,733,000
Change during the year attributable to		
Changes in actuarial assumptions	(13,267,000)	566,000
Change due to claim costs and self-pay rates	44,158,000	11,605,000
Benefits earned	4,065,000	3,295,000
Interest	3,977,000	3,502,000
Plan experience	(1,334,000)	(5,356,000)
Benefits paid	<u>(3,686,000)</u>	<u>(3,062,000)</u>
Balance at end of year	<u>117,196,000</u>	<u>83,283,000</u>
 Total benefit obligations	 <u>\$ 130,366,000</u>	 <u>\$ 94,516,000</u>

See accompanying notes to financial statements.



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund (the Plan) was established as a result of collective bargaining agreements between the union and various employers to provide health and other benefits for eligible participants and their dependents. The Plan is a multiemployer welfare plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan has two plans of benefits; the Welfare Plan provides coverage to eligible active participants, while the Retired Member Plan provides coverage to eligible retirees.

**Welfare Plan**

The Welfare Plan was established during 1956 as a result of collective bargaining agreements to provide medical, prescription, death, disability, dental and/or optical benefits for eligible participants and their dependents.

To become initially eligible for benefits, a participant must be in full-time active employment with a contributing employer who has paid, on the participant's behalf, four consecutive weeks of contributions to the Plan. Continuous subsequent employment and weekly contributions will maintain eligibility.

Employers make contributions to the Plan pursuant to various collective bargaining agreements. Weekly employer contribution rates in effect during the years ended December 31, 2024 and 2023, ranged from \$287 to \$411.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan. COBRA rates increased from \$1,509 per month to \$1,537 on September 1, 2024 and increased from \$1,437 per month to \$1,509 on September 1, 2023.

In 2014, the Plan eliminated the annual limit of medical benefits.

**Retired Member Plan**

The Retired Member Plan was established to provide medical, dental, optical and prescription benefits for eligible retired participants and dependents who make self-payments.



## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

### Retired Member Plan (continued)

Participants remain eligible as long as they remit their payment to the Plan. Participation terminates for nonpayment of participant contributions on the first of the month following the due date.

Retired participants are eligible for benefits if they meet the following requirements under Option 1 or Option 2 (effective January 1, 2023):

#### Option 1:

- The participant was a collectively bargained participant in the Welfare Plan and;
- The participant meets one of the following coverage requirements:
  - Participant has attained age 55 and is eligible to begin receiving an immediate, early, disability or normal retirement benefit under the related Pension plan or the IAM National Pension Fund and has at least 10 years of eligibility in the Welfare Plan with coverage in all of the 5 years immediately prior to retirement; or
  - The participant is at least age 55 and has 20 years of eligibility as a participant in the Welfare Plan.
- The participant has filed a written application for Retiree Benefits and makes the applicable required self-payment within 90 days of the date when active eligibility terminates.
- If an application is not filed or the required self-payment is not made within the 90 day timeframe, the participant will lose eligibility for Retiree Benefits, with no possibility of reinstatement.

#### Option 2:

- The participant was a collectively bargained participant in the Welfare Plan, and;

The participant meets one of the two following years of coverage requirements:

- The participant has attained age 55 and has at least 25 years of eligibility in the Welfare Plan with at least 10 of the last 15 years of coverage prior to retirement with the Welfare Plan; or
- The participant has attained age 55 and has at least 30 years of eligibility in the Welfare Plan with at least 5 of the last 15 years of coverage prior to retirement with the Welfare Plan.



## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

### Retired Member Plan (continued)

- In order to obtain eligibility for Retiree Benefits under Option 2, the participant must file a written application for Retiree Benefits and make the applicable required self-payment at least 30 days prior to the effective date of the Retiree Benefits.
- If the participant meets all the conditions listed above under Option 2, the participant's eligibility for Retiree Benefits will begin on the first day of the month following 30 days from the date the Fund Office receives the participant's application and required self-payment.

Monthly participant contribution rates range from \$633 to \$646 during the year ended December 31, 2024 and \$611 to \$633 during the year ended December 31, 2023 for single coverage. Monthly participant contribution rates range from \$1,268 to \$1,291 during the year ended December 31, 2024 and \$1,268 to \$1,724 during the year ended December 31, 2023 for family coverage.

Effective April 1, 2014, the Plan no longer provides medical insurance to post-Medicare retirees and established a Health Reimbursement Account (HRA) to offset the cost of individual Medicare plans that are selected. The Plan deposited an initial lump-sum payment of \$500 on behalf of each Medicare-eligible retiree and dependent spouse to offset any cost sharing paid January 1, 2014 through March 30, 2014. An HRA account is an account that is set up on behalf of the retiree to keep track of contributions, reimbursements and track the participant's available balance. Each account is funded exclusively through contributions made on a participant's behalf by the Plan. The amount of the monthly contribution is determined by the Board of Trustees (the Trustees) and is subject to change or discontinue at any time. During the years ended December 31, 2024 and 2023, the contribution amount was \$63 per month for each retiree and spouse. Participants are not vested in the contributions made on their behalf, and their available balance may be used only for qualifying health care expenses that are not otherwise covered. No earnings are credited to a participant's account. There was one forfeiture of unused amounts during the years ended December 31, 2024 and 2023, totaling \$1,503 and \$4,167, respectively.

Participants should refer to the summary plan description, recent plan amendments and summary of material modifications for more complete information.

## 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 when incurred.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

Cash and equivalents held by custodians for investment purposes are reported as investments. Cash and cash equivalents held by the custodians includes money market funds and repurchase agreements.

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

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable.

**Subrogation Recoveries** - Claims that are reimbursed pursuant to subrogation matters are recorded upon settlement. Subrogation matters involve third parties considered to be responsible for claims paid by the Plan from whom the Plan seeks reimbursement.

**Property and Equipment** - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over five to ten year estimated useful lives.

**Payment of Benefits** - Claims payments are recorded when paid.

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

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



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Administrative Expenses** - Administrative expenses are paid by the Plan, as provided by the Plan document.

## NOTE 3. PRIORITIES UPON TERMINATION

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

## NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS

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

The 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.

Retirees contributed 32% and 42% of the estimated cost of providing their postretirement benefits during the years ended December 31, 2024 and 2023, respectively.

Some of the significant assumptions used in the valuations as of December 31, 2024 and 2023, were as follows:

Discount rate:  
2024 - 5.40%  
2023 - 4.65%



## NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (CONTINUED)

Postretirement mortality rates:

Healthy lives:

2024 - RPH-2014 Total Dataset Mortality Table fully generational using Scale MP-2014

2023 - RPH-2014 Total Dataset Mortality Table fully generational using Scale MP-2014

Disabled lives:

2024 - RPH-2014 Disabled Retiree Headcount-weighted Mortality Table fully generational using Scale MP-2014

2023 - RPH-2014 Disabled Retiree Headcount-weighted Mortality Table fully generational using Scale MP-2014

Medical trend rate:

2024 - 6.75%, graded to 4.0%

2023 - 7.00%, graded to 4.0%

Retirement age:

<u>Age</u>	<u>Retirement Rate</u>
55	10%
56 - 61	5%
62	40%
63 - 64	25%
65 and over	100%

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 by \$10,706,000 and by \$8,522,000 for December 31, 2023.

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

The funding of the postretirement benefit obligation is not covered by the contributions rate provided by the current bargaining agreement. The Plan empowers the Trustees to increase or decrease annually the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the annual cost of the Plan can be reduced or eliminated prospectively by action of the Trustees.



## NOTE 5. TAX STATUS

The Plan obtained its latest exemption letter dated October 30, 1958 in which the Internal Revenue Service (IRS) stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

## NOTE 6. FAIR VALUE MEASUREMENTS

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

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

## NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurements at 12/31/24 Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
U.S. Government and government agency obligations and municipal obligations	\$ 45,442,812	\$ 29,025,987	\$ 16,416,825	\$ -
Corporate obligations	40,345,513	-	40,345,513	-
Registered investment companies	199,796,973	199,796,973	-	-
Cash equivalents	7,522,876	-	7,522,876	-
	293,108,174	\$ 228,822,960	\$ 64,285,214	\$ -
Investments measured at net asset value *	12,896,176			
Investments at fair value	<u>\$ 306,004,350</u>			

	Fair Value Measurements at 12/31/23 Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
U.S. Government and government agency obligations and municipal obligations	\$ 31,656,717	\$ 18,327,636	\$ 13,329,081	\$ -
Corporate obligations	32,502,419	-	32,502,419	-
Registered investment companies	179,082,686	179,082,686	-	-
Cash equivalents	7,105,063	-	7,105,063	-
	250,346,885	\$ 197,410,322	\$ 52,936,563	\$ -
Investments measured at net asset value *	14,136,090			
Investments at fair value	<u>\$ 264,482,975</u>			

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

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

*U.S. Treasury notes:* The fair value of the Plan's investments in U.S. Treasury notes are valued using the quoted prices of identical investments on the active markets they are traded.



## NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

*Corporate obligations and other government agency obligations:* The fair value of the Plan's investments in corporate obligations, preferred stock and other government agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Common collective trusts:* The fair value of the Plan's investments in common collective trusts are valued using the units of participating representing an undivided interest in the underlying assets of the trust.

*Registered investment companies:* Shares held are traded on national securities exchanges and are valued at the NAV on the last business day of each period presented.

*Cash equivalents:* Estimates based on amortized cost which approximates fair value.

### Changes in fair value levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

There were no purchases of investments, whose fair value has been determined using significant unobservable inputs (Level 3), for the years ended December 31, 2024 and 2023. There were no transfers into or out of Level 3 during the year ended December 31, 2024.

### Investments measured at net asset value

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

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

## NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table summarizes the Plan's investments in certain entities that calculate net asset value per share as fair value measurement as of December 31, 2024 and 2023 by investment strategy:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common collective trusts	<u>\$ 12,896,176</u>	<u>\$ 14,136,090</u>	\$ -	15 days - Quarterly	3 - 15 days

All common collective trusts report as direct filing entities (DFEs) and can be redeemed between three and fifteen days.

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

## NOTE 7. OFFICE LEASE

The Plan and the related Pension Fund entered into a joint agreement to lease office space for a term of five years, five months, with a commencement date of October 1, 2014 through February 2020. In September 2019, the Plan amended the existing lease agreement effective February 2020 to extend the term an additional 3 years, 3 months, with a commencement date of February 1, 2020 through April 30, 2023. In July 2022, the Plan amended the lease a second time to extend the term an additional 3 years. This agreement calls for monthly rent of \$7,142 effective February 1, 2022, which increased to \$7,249 effective February 1, 2023 and increased to \$7,356 effective May 1, 2023 and increased to \$7,462. Lease payments are currently being shared by the Plan and the related Pension Fund and 401(k) Plan.

Total future minimum rental payments under the terms of the lease at December 31, 2024 are as follows:

Year ending December 31,	
2025	\$ 90,400
2026	<u>30,276</u>
Total	<u>\$ 120,676</u>



## NOTE 7. OFFICE LEASE (CONTINUED)

The Plan's share of rent expense for the years ended December 31, 2024 and 2023 was \$42,883 and \$42,260, respectively.

## NOTE 8. PROPERTY AND EQUIPMENT

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

	<u>2024</u>	<u>2023</u>
Office equipment	\$ 326,969	\$ 347,380
Leasehold improvements	<u>7,446</u>	<u>7,446</u>
	334,415	354,826
Less: accumulated depreciation	<u>(328,551)</u>	<u>(340,270)</u>
Net property and equipment	<u>\$ 5,864</u>	<u>\$ 14,556</u>

Depreciation expense for the years ended December 31, 2024 and 2023 was \$8,692 and \$11,620, respectively.

## NOTE 9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

### Identity of Organizations

The Plan has four related entities:

- Automobile Mechanics' Local No. 701 (the Local);
- Mechanics Local 701 Training Fund (the Training Fund);
- Mechanics' Local No. 701 Defined Contribution 401(k) Plan (the 401(k) Plan); and
- Automobile Mechanics' Local No. 701 Union and Industry Pension Fund (the Pension Fund).

Certain Trustees of the Plan serve as officers of the Local and Trustees of the Pension Fund, the Training Fund and the 401(k) Plan.

### Common Administrative Expenses

Certain common administrative expenses incurred with the Pension Fund and the 401(k) Plan are initially paid by the Plan. These expenses primarily include salaries and related benefits and payroll taxes, which are allocated to the Pension Fund and the 401(k) Plan based on estimates of time and costs incurred.

Total reimbursements received from the Pension Fund and the 401(k) Plan were \$772,419 for 2024 and \$762,617 for 2023.



## NOTE 9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

### Lockbox

The Plan shares a lockbox account for the deposit of employer contributions with the Pension Fund and the 401(k) Plan. The lockbox account is held in the name of the Plan. Contributions are transferred to the Pension Fund and the 401(k) Plan on a regular basis.

### Due from (to) Related Organizations

The amount due from (to) the Pension Fund and the 401(k) Plan at December 31, 2024 and 2023 is comprised of the following items:

	<u>2024</u>	<u>2023</u>
Common administrative expenses	\$ 67,851	\$ 67,167
Less: amounts due from lockbox	<u>(96,933)</u>	<u>(36,481)</u>
Net amounts due from (to) related funds	<u>\$ (29,082)</u>	<u>\$ 30,686</u>

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rule of ERISA.

## NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS AND OTHER EMPLOYEE BENEFITS

The Plan's shared employees are covered by a multiemployer defined benefit pension plan and a multiemployer welfare plan providing postretirement benefits. In addition, certain eligible employees are covered by a deferred compensation plan.

### Defined Benefit Pension Plan

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

The Plan's shared participation in a multiemployer pension plan for the years ended December 31, 2024 and 2023 is outlined in the table on the next page. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded or have a projected funding deficiency in the current plan year or next following 6 plan years, plans in the orange zone are between 65 and 80 percent funded

## NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS AND OTHER EMPLOYEE BENEFITS (CONTINUED)

and have a projected funding deficiency in the current plan year or next following 6 years and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the plan. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/ Implemented	Pension Contributions		Surcharge Imposed	Most Recent Available Annual Report (Form 5500)
		2024	2023		2024	2023		
Automobile Mechanics' Local No. 701 Union and Industry Pension Fund	36-6042061 001	Green as of 1/1/2025	Green as of 1/1/2024	No	\$ 53,689	\$ 94,727	No	12/31/23

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

### Welfare Plan that Provides Postretirement Benefits

The Plan's full-time employees are covered by a multiemployer health and welfare plan that provides medical benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. The Plan's share of contributions to this plan for the years ended December 31, 2024 and 2023 was \$95,038 and \$105,327, respectively.

### Deferred Compensation Plans

The Plan established a non-qualified deferred compensation plan intended to provide benefits to certain eligible shared employees of the Plan. This plan was frozen effective December 31, 2019. The Plan's share of total contributions to the deferred compensation plan were \$-0- for the years ended December 31, 2024 and 2023.

The trustees agreed to offer employees a defined contribution 401(k) plan. Total 401(k) employer contributions were \$17,666 and \$18,861 for the years ended December 31, 2024 and 2023, respectively.



## NOTE 11. CONCENTRATION OF CASH

Cash at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Old National Bank		
HRA	\$ 48,092	\$ 48,463
Claims checking account (overdraft)	(35,877)	(47,619)
Operations account	6,756	195,157
Lockbox account	<u>1,209</u>	<u>28,713</u>
Total	<u>\$ 20,180</u>	<u>\$ 224,714</u>

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

## NOTE 12. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are effective through 2024, and were equal to \$3.47 and \$3.22 per covered life for 2024 and 2023, respectively. Thereafter, the fee will be indexed based on increases in the projected per capita amount of national health expenditures. The fee is paid annually. During the years ended December 31, 2024 and 2023, the Plan recognized \$38,548 and \$36,360, respectively, in PCORI fees.

## NOTE 13. MAJOR EMPLOYER

Contributions from one employer accounted for approximately 6% of employer contributions during the years ended December 31, 2024 and 2023. In the event the employer suspends contributions, the Plan would terminate coverage to the employer's participants as required under the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

## NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 315,983,662	\$ 275,792,025
Less: amounts currently payable	<u>(13,170,000)</u>	<u>(11,233,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 302,813,662</u>	<u>\$ 264,559,025</u>

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

Benefits paid to or for participants per the financial statements	\$ 100,116,281
Add: amounts currently payable at end of year	13,170,000
Less: amounts payable at beginning of year	<u>(11,233,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 102,053,281</u>

	<u>2024</u>	<u>2023</u>
Total additions per audited financial statements	\$ 142,152,506	\$ 140,173,000
Investment expenses	<u>352,208</u>	<u>293,853</u>
Total additions per Form 5500	<u>\$ 142,504,714</u>	<u>\$ 140,466,853</u>

	<u>2024</u>	<u>2023</u>
Total deductions per audited financial statements	\$ 101,960,869	\$ 96,970,399
Effects of changes in benefit obligations	1,937,000	(1,319,000)
Investment expenses	<u>352,208</u>	<u>293,853</u>
Total deductions per Form 5500	<u>\$ 104,250,077</u>	<u>\$ 95,945,252</u>

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

## NOTE 15. SIGNIFICANT UNCERTAINTIES

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



## **NOTE 15. SIGNIFICANT UNCERTAINTIES (CONTINUED)**

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 reasonable possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## **NOTE 16. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through August 14, 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





**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

SCHEDULES OF NET ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Accounting services - payroll compliance audits	\$ 102,250	\$ 49,500
Accounting services and audit fees	61,500	58,500
Actuarial and other consulting fees	168,166	201,230
Bank fees	20,162	18,031
Computer consulting fees	134,962	117,071
Conferences and conventions	13,799	24,211
Depreciation	8,692	11,620
Document filming	2,191	14,103
Dues and subscriptions	12,462	14,567
General insurance and bonding	40,599	37,931
Legal fees	348,460	395,506
Life insurance	3,075	3,000
Miscellaneous	9,989	7,905
Office supplies	63,951	70,632
Payroll processing fees - ADP	7,854	7,335
Payroll taxes	76,027	78,521
Pension contributions	164,835	212,181
Postage	57,437	41,178
Rent	42,883	42,260
Repairs and maintenance	24,930	20,247
Salaries	982,623	977,267
Telephone	12,391	16,787
Utilities	6,908	5,231
Welfare contributions	212,313	216,329
Total	2,578,459	2,641,143
Less: reimbursements from Pension Fund and 401(k) Plan	(772,419)	(762,617)
Net administrative expenses	\$ 1,806,040	\$ 1,878,526



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN# 36-2331071  
Plan # 501

(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
<b>CASH EQUIVALENTS</b>								
	GOLDMAN SACHS GOVERNMENT INSTL FUND #465	Money Market	N/A	N/A	N/A	N/A	\$ 4,807,044	\$ 4,807,044
	OLD NATIONAL BANK	Repurchase Agreement	N/A	N/A	N/A	N/A	2,714,945	2,714,945
	CASH	Cash	N/A	N/A	N/A	N/A	887	887
	<b>TOTAL CASH EQUIVALENTS</b>						<b>7,522,876</b>	<b>7,522,876</b>
<b>U.S. GOVERNMENT AND GOVERNMENT AGENCY OBLIGATIONS AND MUNICIPAL OBLIGATIONS</b>								
	US TREASURY N/B	U.S. Government	N/A	01/15/2026	3.875%	409,000	402,013	407,679
	US TREASURY N/B	U.S. Government	N/A	08/31/2026	0.750%	1,832,000	1,660,594	1,730,342
	US TREASURY N/B	U.S. Government	N/A	01/31/2027	1.500%	400,000	377,563	378,340
	US TREASURY N/B	U.S. Government	N/A	12/31/2027	3.875%	1,933,000	1,922,365	1,911,157
	US TREASURY NOTE	U.S. Government	N/A	07/31/2028	1.000%	74,000	65,610	65,891
	FED NAT ASSOC ACES 19-M1	U.S. Government	N/A	09/25/2028	3.547%	79,321	74,658	76,336
	US TREASURY NOTE	U.S. Government	N/A	03/31/2029	2.375%	2,412,000	2,242,227	2,226,614
	US TREASURY N/B	U.S. Government	N/A	04/30/2030	3.500%	2,457,000	2,340,544	2,351,767
	FHLMC CMO	U.S. Government	N/A	08/25/2030	1.406%	80,000	68,125	66,867
	FED HOME LN MULTIFAMILY	U.S. Government	N/A	09/25/2030	1.566%	105,000	81,412	88,282
	FNMA CMO	U.S. Government	N/A	02/25/2031	3.610%	99,990	97,608	93,795
	US TREASURY N/B	U.S. Government	N/A	03/31/2031	4.125%	2,660,000	2,663,879	2,611,748
	FNMA REMIC	U.S. Government	N/A	07/25/2031	1.714%	125,000	108,770	103,505
	US TREASURY N/B	U.S. Government	N/A	05/15/2032	2.875%	900,000	830,950	808,524
	FHLMC MULTIFAMILY STRUCTURED	U.S. Government	N/A	09/27/2032	3.710%	140,000	132,355	129,250
	PUBLIC SERVICE OKLAHOMA	Municipal	N/A	01/15/2033	5.250%	190,000	196,632	186,998
	NEW YORK ST URBAN DEV CORP REV	Municipal	N/A	03/15/2033	3.900%	40,000	36,744	37,195
	FANNIEMAE-ACES 23-MS CI A2	U.S. Government	N/A	07/25/2033	4.400%	140,000	135,647	133,718
	US TREASURY N/B	U.S. Government	N/A	11/15/2033	4.500%	2,790,000	2,826,794	2,778,254
	OKLAHOMA ST DEV FUN AUTH REV	Municipal	N/A	12/01/2033	4.135%	70,624	69,907	68,350
	PUBLIC SERVICE ENTERPRIS	Municipal	N/A	04/01/2034	5.450%	170,000	171,231	169,555
	CALIFORNIA ST	Municipal	N/A	04/01/2034	7.500%	20,000	24,332	22,817
	FLORIDA ST BRD OF ADMIN FIN CORP REV	Municipal	N/A	07/01/2034	5.526%	300,000	301,942	303,006
	FNMA POOL # FN MA1959	U.S. Government	N/A	07/01/2034	3.500%	56,830	59,091	54,203
	FHLMC POOL # FHMS K-1514	U.S. Government	N/A	07/25/2034	2.481%	117,245	117,825	103,219
	US TREASURY N/B	U.S. Government	N/A	08/15/2034	3.875%	2,558,000	2,490,595	2,419,484
	FED HOME LN K-165 CI A2	U.S. Government	N/A	09/25/2034	4.489%	50,000	49,331	48,153
	US TREASURY N/B	U.S. Government	N/A	11/15/2034	4.250%	1,526,000	1,502,631	1,486,355
	FHLMC CMO	U.S. Government	N/A	01/25/2035	1.238%	64,602	64,600	52,133
	FNMA POOL # FN 890644	U.S. Government	N/A	08/01/2035	4.000%	59,737	64,302	57,865
	FHLMC GOLD	U.S. Government	N/A	09/01/2035	4.000%	33,337	35,569	32,272
	NEW YORK NY BUILD AMERICA BONDS	Municipal	N/A	03/01/2036	5.968%	55,000	58,419	56,422
	SOUTH CAROLINA ST STUDENT LN CORP	Municipal	N/A	10/27/2036	6.663%	123,265	122,764	122,725
	FHLMC POOL # FN MA2819	U.S. Government	N/A	11/01/2036	4.000%	26,723	27,696	25,791
	FNMA POOL #FN MA2914	U.S. Government	N/A	02/01/2037	4.000%	42,243	44,936	40,685
	FNMA POOL # FN MA2937	U.S. Government	N/A	03/01/2037	4.000%	47,971	50,759	46,197
	FNMA POOL #FN BM1257	U.S. Government	N/A	04/01/2037	2.500%	271,118	265,272	243,860
	NEW YORK CITY NY TRANS FIN AUTH	Municipal	N/A	08/01/2037	5.508%	75,000	76,962	73,943
	NEW YORK NY	Municipal	N/A	10/01/2037	5.517%	40,000	42,185	39,688
	FNMA POOL #FN BM3322	U.S. Government	N/A	12/01/2037	3.000%	155,974	166,770	142,078
	RIVERSIDE CNTY CA PENSN OBLG	Municipal	N/A	02/15/2038	3.818%	150,000	150,733	133,899
	CALIFORNIA ST TXBL-VARIOUS PURPOSE	Municipal	N/A	03/01/2038	5.125%	190,000	190,876	185,949
	CALIFORNIA ST	Municipal	N/A	04/01/2038	4.600%	-	-	-
	FNMA POOL # FN FM1647	U.S. Government	N/A	07/01/2038	4.000%	50,903	53,508	48,693
	CA ST GO TAXBL BAB	Municipal	N/A	04/01/2039	7.550%	290,000	352,743	342,789
	CALIFORNIA BUILD AMERICA BONDS STEM	Municipal	N/A	04/01/2039	4.988%	180,000	175,899	168,109
	LOS ANGELES CA WSTWTR SYS REV TAXBL	Municipal	N/A	06/01/2039	5.713%	55,000	60,003	55,815
	LOUISIANA LOC GOVT ENVRNMNTL	Municipal	N/A	08/01/2039	-	90,000	82,697	83,818
	UNIV OF VIRGINIA VA UNIV REVENUES	Municipal	N/A	09/01/2039	6.200%	185,000	198,901	194,831
	CALIFORNIA ST	Municipal	N/A	10/01/2039	7.300%	125,000	144,220	142,326
	UNIV SOUTHERN CALIFORNIA	Municipal	N/A	10/01/2039	3.028%	5,000	3,961	3,954
	CALIFORNIA ST	Municipal	N/A	11/01/2039	7.350%	200,000	232,978	228,700
	FHLMC POOL #FR SC0047	U.S. Government	N/A	01/01/2040	3.000%	191,882	204,384	174,085
	CHICAGO IL O'HARE INTERNATIONAL ARPT	Municipal	N/A	01/01/2040	6.395%	20,000	22,000	21,024
	NEW YORK ST DORM AUTH ST REV	Municipal	N/A	03/15/2040	5.600%	60,000	61,312	59,534
	NEW YORK NY BUILD AMERICA BONDS GO	Municipal	N/A	06/01/2040	5.846%	160,000	166,237	161,742
	OREGON EDU DISTIS FULL FAITH	Municipal	N/A	06/30/2040	2.895%	150,000	132,051	114,056
	GNMA CMO	U.S. Government	N/A	07/20/2040	5.032%	90,897	100,242	90,602
	LOS ANGELES CNTY CA PUBLIC WKS FING	Municipal	N/A	08/01/2040	7.618%	125,000	148,167	145,590
	DALLAS-FORT WORTH TX INTERNATIONAL	Municipal	N/A	11/01/2040	3.089%	50,000	41,604	38,408
	CHICAGO IL TRANSIT AUTH SALES TAX	Municipal	N/A	12/01/2040	6.200%	215,000	223,828	220,807
	LA PAZ CNTY AZ INDL DEV AUTH	Municipal	N/A	12/01/2040	7.000%	80,000	83,200	47,688
	FNMA POOL #AE9758	U.S. Government	N/A	12/01/2040	4.000%	12,538	13,032	11,830
	FHLMC GOLD	U.S. Government	N/A	02/01/2041	4.500%	36,484	38,988	35,418
	TEXAS NATURAL GAS SECURITIZTN FIN	Municipal	N/A	04/01/2041	5.169%	160,000	158,109	157,566
	US TREASURY N/B	U.S. Government	N/A	08/15/2041	1.750%	383,000	271,726	248,161
	CALIFORNIA ST TAXBL GO	Municipal	N/A	10/01/2041	5.875%	40,000	41,458	41,354
	FED NAT ASSOC POOL #FS4084	U.S. Government	N/A	02/01/2042	2.500%	266,348	234,839	228,606
	FNMA POOL #FN MA4570	U.S. Government	N/A	03/01/2042	2.000%	211,558	191,261	175,337
	FNMA POOL #FN MA4587	U.S. Government	N/A	04/01/2042	2.500%	402,550	360,387	342,744





**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares									
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value	
	FNMA POOL # FS3446	U.S. Government	N/A	05/01/2042	3.000%	236,322	\$ 212,432	\$ 209,119	
	FED NAT ASSOC POOL #MA4632	U.S. Government	N/A	06/01/2042	3.000%	249,274	217,004	219,149	
	DUKE UNIVERSITY HEALTH	Municipal	N/A	06/01/2042	3.162%	20,000	16,420	15,232	
	NEW YORK CITY NY MUNI WTR FIN AUTH	Municipal	N/A	06/15/2042	5.952%	65,000	70,536	65,437	
	FED HOME LN POOL #FR SC0300	U.S. Government	N/A	07/01/2042	3.000%	236,555	215,265	209,247	
	GNMA II POOL #AB2158	U.S. Government	N/A	08/20/2042	4.000%	44,629	48,367	42,017	
	FED NAT ASSOC 12-80 CI DB	U.S. Government	N/A	08/25/2042	3.500%	202,249	194,238	186,031	
	FNMA	U.S. Government	N/A	09/01/2042	2.500%	117,969	106,117	101,911	
	FED NAT ASSOC POOL #FS2844	U.S. Government	N/A	10/01/2042	3.500%	261,732	224,517	238,286	
	FNMA POOL # FN AQ0413	U.S. Government	N/A	10/01/2042	3.500%	85,233	86,871	77,662	
	FNMA POOL # EN AL9135	U.S. Government	N/A	01/01/2043	4.000%	58,498	62,008	55,194	
	FNMA POOL #FN FM3079	U.S. Government	N/A	02/01/2043	4.000%	210,305	212,014	198,436	
	US TREASURY N/B	U.S. Government	N/A	02/15/2043	3.875%	5,073,000	4,648,394	4,478,039	
	FED NAT ASSOC POOL #FS4915	U.S. Government	N/A	06/01/2043	5.000%	199,972	199,285	196,297	
	FED NAT ASSOC POOL #AU3742	U.S. Government	N/A	08/01/2043	3.500%	274,285	253,435	249,674	
	FED NAT ASSOC POOL #FS5953	U.S. Government	N/A	10/01/2043	6.000%	163,691	162,437	165,706	
	FNMA POOL #AV0692	U.S. Government	N/A	12/01/2043	4.000%	107,915	114,323	101,212	
	FED NAT ASSOC POOL #FS9735	U.S. Government	N/A	04/01/2044	6.000%	223,741	229,230	226,493	
	FED NAT ASSOC POOL #FS7907	U.S. Government	N/A	05/01/2044	6.000%	257,949	265,889	265,084	
	NEW YORK CITY NY MUNI WTR FIN AUTH	Municipal	N/A	06/15/2044	5.882%	55,000	60,864	54,528	
	GNMA II POOL# G2 784052	U.S. Government	N/A	07/20/2044	5.500%	44,689	49,828	45,773	
	US TREASURY N/B	U.S. Government	N/A	02/15/2045	2.500%	555,000	433,472	385,248	
	PORT AUTH OF NEW YORK & NEW JERSEY	Municipal	N/A	06/01/2045	4.823%	100,000	98,294	91,205	
	GOVT NAT TR 23-32 CI W	U.S. Government	N/A	06/20/2045	5.221%	131,487	134,610	131,896	
	LOS ANGELES CA DEPT WTR & PWR REV	Municipal	N/A	07/01/2045	6.574%	75,000	83,612	81,296	
	CAL FUNDING IV LTD ABS	Municipal	N/A	09/25/2045	2.220%	159,531	159,495	147,958	
	FNMA POOL# FN FS2892	U.S. Government	N/A	11/01/2045	4.000%	206,275	194,736	198,044	
	PORT AUTH OF NY & NJ NY REV TAXBL	Municipal	N/A	08/01/2046	5.310%	195,000	190,535	186,176	
	FED HOME LN POOL #SD2800	U.S. Government	N/A	09/01/2046	3.500%	227,193	206,071	205,131	
	FNMA POOL #FN MA2833	U.S. Government	N/A	12/01/2046	3.000%	243,618	229,763	211,329	
	FED NAT ASSOC POOL #FS8139	U.S. Government	N/A	04/01/2047	2.000%	478,732	398,137	381,296	
	FHLMC POOL # FG G60985	U.S. Government	N/A	05/01/2047	3.000%	294,502	281,898	256,225	
	FED HOME LN POOL #Z10029	U.S. Government	N/A	05/01/2047	3.000%	148,083	131,747	128,660	
	FED NAT ASSOC POOL #CA0386	U.S. Government	N/A	09/01/2047	4.000%	315,392	299,918	293,132	
	FED NAT ASSOC POOL #FS5449	U.S. Government	N/A	10/01/2047	3.000%	201,997	180,661	175,919	
	GNMA POOL # GNR 2018-128 KW	U.S. Government	N/A	11/20/2047	VAR%	41,682	48,352	43,170	
	FED NAT ASSOC POOL #FS4537	U.S. Government	N/A	12/01/2047	3.000%	329,610	294,441	290,845	
	FNMA POOL #FN FS1203	U.S. Government	N/A	01/01/2048	3.000%	179,276	160,788	155,628	
	FNMA POOL #FN BM3484	U.S. Government	N/A	02/01/2048	3.000%	174,977	152,066	152,067	
	GOVT NAT ASSOC POOL 18-103	U.S. Government	N/A	02/20/2048	FLOAT%	166,783	174,288	169,749	
	FED HOME LN POOL #Z10536	U.S. Government	N/A	03/01/2048	3.500%	488,272	455,695	438,434	
	FED NAT ASSOC POOL #FS4988	U.S. Government	N/A	03/01/2048	3.000%	208,662	183,948	182,326	
	FNMA CMO	U.S. Government	N/A	04/01/2048	4.500%	26,748	28,395	25,412	
	GOVT NAT ASSOC II POOL #787568	U.S. Government	N/A	04/20/2048	3.500%	437,915	416,361	395,485	
	FNMA POOL #FN FS3389	U.S. Government	N/A	08/01/2048	3.000%	148,174	136,297	127,850	
	US TREASURY NOTE	U.S. Government	N/A	11/15/2048	3.375%	3,177,000	2,784,654	2,482,444	
	GOVT NAT ASSOC 18-164	U.S. Government	N/A	11/20/2048	5.322%	167,937	171,086	169,951	
	BAY AREA CA TOLL AUTH TOLL BRIDGE	Municipal	N/A	04/01/2049	6.263%	140,000	152,979	147,966	
	FED NAT ASSOC POOL	U.S. Government	N/A	08/01/2049	3.000%	195,785	170,119	170,141	
	FED HOME LN POOL #SD3582	U.S. Government	N/A	10/01/2049	3.500%	326,934	283,554	294,032	
	FED HOME LN POOL# FR SD1714	U.S. Government	N/A	11/01/2049	3.000%	220,419	196,414	190,742	
	GNMA II	U.S. Government	N/A	12/20/2049	VAR%	85,356	94,772	85,542	
	GNMA II GTD PASSTHRU CTFS	U.S. Government	N/A	01/20/2050	4.500%	38,298	41,482	37,354	
	GNMA CMO	U.S. Government	N/A	02/20/2050	4.308%	121,536	127,815	114,359	
	GOV NAT 23-111 CI WA	U.S. Government	N/A	05/20/2050	5.876%	239,062	242,349	242,709	
	FHLMC POOL# FR SD1538	U.S. Government	N/A	12/01/2050	3.000%	142,177	132,003	123,035	
	FNMA POOL	U.S. Government	N/A	07/01/2051	4.500%	221,331	225,429	212,114	
	VIRGINIA ST HSG DEV AUTH	Municipal	N/A	07/25/2051	2.125%	174,100	169,456	132,788	
	GOVT NAT ASSOC II POOL #787516	U.S. Government	N/A	12/20/2051	4.500%	464,001	447,326	443,738	
	FNMA POOL #FN BF0214	U.S. Government	N/A	02/01/2052	3.500%	206,861	225,576	186,171	
	GOVT NAT ASSOC POOL II #787248	U.S. Government	N/A	06/20/2052	4.000%	120,657	116,151	111,129	
	CALIFORNIA ST UNIV	Municipal	N/A	11/01/2052	2.939%	15,000	10,314	9,992	
	US TREASURY N/B	U.S. Government	N/A	02/15/2053	3.625%	665,000	576,361	540,519	
	US TREASURY N/B	U.S. Government	N/A	05/15/2054	4.625%	1,765,000	1,846,629	1,715,421	
	BOSTON UNIVERSITY	Municipal	N/A	07/15/2097	7.625%	35,000	46,725	37,604	
	UNIV OF CALIFORNIA TXBL-GEN-SER AD	Municipal	N/A	05/15/2112	4.858%	50,000	46,533	41,555	
	TOTAL U.S. GOVERNMENT AND GOVERNMENT AGENCY OBLIGATIONS AND MUNICIPAL OBLIGATIONS						47,041,734	45,442,812	
	<b>CORPORATE OBLIGATIONS</b>								
	SMB PRIVATE EDUCATION LN TR	Corporate Bond	N/A	01/15/2023	VAR%	121,108	106,022	108,620	
	FIRST HORIZON NATIONAL	Corporate Bond	N/A	05/26/2025	4.000%	120,000	131,986	119,440	
	REGENCY CENTERS LP	Corporate Bond	N/A	11/01/2025	3.900%	55,000	55,529	54,460	
	OLD REPUBLIC INTL CORP	Corporate Bond	N/A	08/26/2026	3.875%	155,000	155,493	152,408	
	JPMORGAN CHASE & CO	Corporate Bond	N/A	11/19/2026	1.045%	155,000	155,000	150,032	
	US AIRWAYS 2012 - 2A PASS THRU	Corporate Bond	N/A	12/03/2026	4.625%	44,806	47,560	44,657	
	CITIGROUP INC FIX-TO-FLOAT	Corporate Bond	N/A	06/09/2027	1.462%	120,000	120,000	114,257	



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	MORGAN STANLEY	Corporate Bond	N/A	07/20/2027	FLOAT%	145,000	\$ 145,748	\$ 137,801
	TORONTO-DOMINION BANK	Corporate Bond	N/A	09/15/2027	4.693%	120,000	118,379	119,734
	SANTANDER DRIVE AUTO REC CMO	Corporate Bond	N/A	10/15/2027	1.670%	177,328	177,272	174,464
	PHYSICIANS REALTY LP	Corporate Bond	N/A	01/15/2028	3.950%	120,000	112,442	116,446
	HEALTHCARE TRUST OF AMERICA	Corporate Bond	N/A	01/15/2028	3.625%	140,000	152,730	132,975
	EXETER AUTOMOBILE REC TR CMO	Corporate Bond	N/A	01/17/2028	1.960%	290,000	289,980	285,083
	GLS AUTO RECEIVABLES TRUST	Corporate Bond	N/A	01/18/2028	5.640%	227,000	226,920	229,061
	PAWNEE EQUIPMENT REC CMO	Corporate Bond	N/A	02/15/2028	5.170%	107,860	107,854	108,017
	GOLDMAN SACHS GROUP INC	Corporate Bond	N/A	02/24/2028	2.640%	135,000	135,000	128,758
	TAKE-TWO INTERACTIVE SOF	Corporate Bond	N/A	03/28/2028	4.950%	110,000	110,011	109,943
	CANADIAN IMPERIAL BK	Corporate Bond	N/A	04/28/2028	5.001%	120,000	120,000	120,313
	PFS FINANCING CORP 23-B	Corporate Bond	N/A	05/15/2028	5.270%	185,000	184,952	186,516
	CPS AUTO TRUST 24-A CI B	Corporate Bond	N/A	05/15/2028	5.650%	220,000	221,547	221,708
	JPMORGAN CHASE & CO	Corporate Bond	N/A	06/01/2028	2.182%	230,000	235,614	216,028
	CARVANA AUTO REC TRUST ABS	Corporate Bond	N/A	06/12/2028	1.580%	52,648	52,524	50,532
	BANK OF NOVA SCOTIA	Corporate Bond	N/A	06/12/2028	5.250%	110,000	109,581	111,146
	HYUNDAI AUTO RECEIVABLES TRUST ABS	Corporate Bond	N/A	06/15/2028	1.660%	195,000	194,983	188,019
	CITIZENS BK NA/RI FIX-TO-FLOAT	Corporate Bond	N/A	08/09/2028	4.575%	125,000	120,992	123,835
	EXETER AUTOMOBILE RECEIVABLES	Corporate Bond	N/A	09/15/2028	5.570%	305,000	304,954	307,777
	BARCLAYS PLC FIX-TO-VAR	Corporate Bond	N/A	11/02/2028	7.385%	70,000	70,049	74,197
	BP CAP MARKETS AMERICA	Corporate Bond	N/A	11/06/2028	4.234%	90,000	87,476	88,113
	LPL HOLDINGS INC	Corporate Bond	N/A	11/17/2028	6.750%	130,000	129,561	136,536
	BK OF AMER CORP FIX-TO-FLOAT	Corporate Bond	N/A	12/20/2028	3.419%	195,000	187,307	186,960
	CHARTER COMM OPT LLC/CAP	Corporate Bond	N/A	01/15/2029	2.250%	170,000	144,200	149,894
	DRIVE AUTO REC TR CMO	Corporate Bond	N/A	01/16/2029	1.450%	110,891	111,861	109,888
	BK OF AMER CORP FIX-TO-FLOAT	Corporate Bond	N/A	03/05/2029	3.970%	95,000	88,653	92,134
	T-MOBILE USA INC	Corporate Bond	N/A	04/15/2029	3.375%	145,000	129,819	135,337
	OGE ENERGY CORP	Corporate Bond	N/A	05/15/2029	5.450%	175,000	175,977	177,863
	ENACT HOLDINGS INC	Corporate Bond	N/A	05/28/2029	6.250%	135,000	134,937	137,566
	GEN LUX SARL/GEN USA INC	Corporate Bond	N/A	06/04/2029	6.000%	90,000	89,701	92,023
	SANTANDER HOLDINGS USA FIX-TO-FLOAT	Corporate Bond	N/A	06/12/2029	6.565%	95,000	94,096	98,094
	ESSENT GROUP LTD	Corporate Bond	N/A	07/01/2029	6.250%	120,000	119,558	122,506
	AMER AIRLINES 16-1 AA PTT PASS	Corporate Bond	N/A	07/15/2029	3.575%	74,329	66,529	71,475
	WELLS FARGO & COMPANY FIX-TO-FLOAT	Corporate Bond	N/A	07/25/2029	5.574%	125,000	125,000	126,913
	GLOBAL PAYMENTS INC	Corporate Bond	N/A	08/15/2029	3.200%	220,000	213,500	201,516
	NMI HOLDINGS	Corporate Bond	N/A	08/15/2029	6.000%	230,000	227,443	230,980
	AMGEN INC	Corporate Bond	N/A	08/18/2029	4.050%	160,000	154,830	154,056
	TRUIST BANK FIX-TO-VAR	Corporate Bond	N/A	09/17/2029	4.632%	180,000	178,825	175,502
	6297782 LLC 144A	Corporate Bond	N/A	10/01/2029	5.026%	160,000	160,019	157,216
	BANK OF NY MELLON CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/25/2029	6.317%	95,000	95,000	99,805
	TRUIST FINANCIAL CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/30/2029	7.161%	110,000	112,798	117,623
	WESTLAKE AUTOMOBILE RECEIVABLES	Corporate Bond	N/A	11/15/2029	4.920%	220,000	219,974	219,378
	CANADIAN NATL RESOURCES	Corporate Bond	N/A	12/15/2029	5.000%	140,000	140,120	138,440
	HUNTINGTON NATL BK	Corporate Bond	N/A	1/10/2030	5.65%	150,000	150,489	152,691
	AIR LEASE CORP	Corporate Bond	N/A	02/01/2030	3.000%	145,000	131,084	130,905
	CENTENE CORP	Corporate Bond	N/A	02/15/2030	3.375%	170,000	146,465	151,416
	FIRST HORIZON BANK	Corporate Bond	N/A	05/01/2030	5.750%	90,000	90,532	89,562
	PNC FINANCIAL SERVICES	Corporate Bond	N/A	05/14/2030	5.492%	120,000	120,000	121,692
	ENERGY TRANSFER OPERATING	Corporate Bond	N/A	05/15/2030	3.750%	20,000	18,124	18,660
	DUKE ENERGY OHIO INC	Corporate Bond	N/A	06/01/2030	2.125%	195,000	167,480	168,650
	REGIONS FINANCIAL CORP FIX-TO-FLOAT	Corporate Bond	N/A	06/06/2030	5.722%	145,000	145,000	147,005
	REGENCY CENTERS LP	Corporate Bond	N/A	06/15/2030	3.700%	205,000	189,060	191,466
	NMEF FUNDING LLC	Corporate Bond	N/A	06/17/2030	6.570%	141,578	141,577	143,186
	ALEXANDRIA REAL ESTATE EQUITIES INC	Corporate Bond	N/A	07/01/2030	4.700%	160,000	150,476	156,186
	CHASE AUTO OWNER TRUST 24-4A	Corporate Bond	N/A	07/25/2030	5.460%	125,000	124,973	124,783
	PIONEER NAT RES CO	Corporate Bond	N/A	08/15/2030	1.900%	150,000	129,419	127,806
	EVERSOURCE ENERGY	Corporate Bond	N/A	08/15/2030	1.650%	170,000	138,581	141,437
	ASSOC BANC-CORP FIX-TO-FLOAT	Corporate Bond	N/A	08/29/2030	6.455%	95,000	97,118	96,891
	BHP BILLITON FIN USA LTD	Corporate Bond	N/A	09/08/2030	5.250%	210,000	210,596	213,356
	ROYAL BANK OF CANADA FIX-TO-FLOAT	Corporate Bond	N/A	10/18/2030	4.650%	170,000	170,000	166,500
	WELLS FARGO & CO FIX-TO-FLOAT	Corporate Bond	N/A	10/30/2030	2.879%	195,000	183,327	175,894
	FIRST HELP FINANCIAL LLC 24-3A	Corporate Bond	N/A	11/15/2030	4.940%	255,000	254,522	254,441
	REXFORD INDUSTRIAL REALTY	Corporate Bond	N/A	12/01/2030	2.125%	185,000	145,225	154,934
	TARGA RESOURCES PARTNERS	Corporate Bond	N/A	02/01/2031	4.875%	135,000	129,319	130,348
	REALTY INCOME CORP	Corporate Bond	N/A	02/15/2031	3.200%	190,000	195,140	170,424
	VERIZON COMMUNICATIONS	Corporate Bond	N/A	03/21/2031	2.550%	240,000	215,012	206,681
	MACQUARIE AIRFINANCE HLD 144A	Corporate Bond	N/A	03/26/2031	6.500%	100,000	106,338	103,308
	CBRE SERVICES INC	Corporate Bond	N/A	04/01/2031	2.500%	310,000	261,664	263,847
	AMERICO LIFE INC	Corporate Bond	N/A	04/15/2031	3.450%	90,000	89,744	75,558
	AMER AIRLINE 17-2 AA PTT	Corporate Bond	N/A	04/15/2031	3.350%	90,749	79,405	85,009
	L3HARRIS TECH INC	Corporate Bond	N/A	06/01/2031	5.250%	180,000	181,363	180,113
	ESSEX PORTFOLIO LP	Corporate Bond	N/A	06/15/2031	2.550%	160,000	151,452	135,835
	PHILLIPS 66 CO	Corporate Bond	N/A	06/15/2031	5.250%	190,000	190,423	190,507
	INTERCONTINENTALEXCHANGE	Corporate Bond	N/A	06/15/2031	5.250%	215,000	214,796	217,361
	MMAF EQUIPMENT FINANCE LLC 24-A	Corporate Bond	N/A	07/14/2031	4.950%	145,000	145,629	145,578
	AMERICAN HOMES 4 RENT	Corporate Bond	N/A	07/15/2031	2.375%	150,000	118,445	125,499

**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN# 36-2331071  
Plan # 501

(a)	(b) Identity of issuer, borrower lessor or similar party	(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares				Par/Maturity Value or Shares	(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest			
	AUTONATION INC	Corporate Bond	N/A	08/01/2031	2.400%	140,000	\$ 105,836	\$ 115,510
	ALEXANDRIA REAL ESTATE REITS	Corporate Bond	N/A	08/15/2031	3.375%	60,000	52,231	53,696
	INVITATION HOMES OP	Corporate Bond	N/A	08/15/2031	2.000%	80,000	61,182	64,910
	META PLATFORMS INC	Corporate Bond	N/A	08/15/2031	4.550%	160,000	159,924	157,434
	AON CORP / AON GLOBAL HOLD	Corporate Bond	N/A	08/23/2031	2.050%	90,000	89,741	74,389
	REXFORD INDUSTRIALS REALT	Corporate Bond	N/A	09/01/2031	2.150%	180,000	148,675	146,252
	CASCADE FUNDING TR ABS	Corporate Bond	N/A	09/22/2031	1.390%	25,794	25,779	25,321
	CAPITAL ONE FINANCIAL CO	Corporate Bond	N/A	10/30/2031	7.624%	130,000	145,142	143,534
	MARSH & MCLENNAN COS INC	Corporate Bond	N/A	12/15/2031	2.375%	145,000	126,089	121,554
	GOLDMAN SACHS GROUP INC	Corporate Bond	N/A	01/27/2032	VAR%	140,000	140,875	115,536
	BROADCOM INC	Corporate Bond	N/A	02/15/2032	4.550%	205,000	204,114	198,241
	KIMCO REALTY OP LLC	Corporate Bond	N/A	04/01/2032	3.200%	95,000	79,273	83,367
	INVITATION HOMES OP	Corporate Bond	N/A	04/15/2032	4.150%	165,000	152,072	152,180
	GLOBALE SECURITIZATION CMO	Corporate Bond	N/A	04/25/2032	5.000%	102,061	103,082	100,415
	PNC FINANCIAL SERVICES FIX-TO-FLOAT	Corporate Bond	N/A	10/21/2032	4.812%	120,000	120,000	116,792
	STATE STREET CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/22/2032	4.675%	210,000	208,550	203,872
	CAPITAL ONE FINANCIAL CO	Corporate Bond	N/A	11/02/2032	2.618%	95,000	95,158	78,676
	BANK OF NOVA SCOTIA FIX-TO-FLOAT	Corporate Bond	N/A	11/10/2032	4.740%	145,000	145,000	140,285
	BANK OF MONTREAL	Corporate Bond	N/A	12/15/2032	VAR%	165,000	172,641	157,808
	DUKE ENERGY CAROLINAS	Corporate Bond	N/A	01/15/2033	4.950%	140,000	137,942	137,670
	CITIGROUP INC	Corporate Bond	N/A	01/25/2033	FLOAT%	155,000	137,905	133,151
	BP CAP MARKETS AMERICA	Corporate Bond	N/A	02/13/2033	4.812%	205,000	204,911	198,169
	ENERGY TRANSFER LP	Corporate Bond	N/A	02/15/2033	5.750%	160,000	159,931	162,194
	DTE ELECTRIC CO	Corporate Bond	N/A	04/01/2033	5.200%	125,000	125,835	124,854
	CENTERPOINT ENER HOUSTON	Corporate Bond	N/A	04/01/2033	4.950%	155,000	153,288	151,619
	COUNTRYWIDE ALTERNATIVE LOAN TR CMO	Corporate Bond	N/A	04/25/2033	5.750%	33,204	33,356	32,810
	MASTR ALT LOANS TR CMO	Corporate Bond	N/A	07/25/2033	5.500%	17,821	18,825	17,909
	MERIT SECURITIES CORP ABS	Corporate Bond	N/A	07/28/2033	7.630%	472	505	470
	BEAR STEARNS ASSET BK CMO	Corporate Bond	N/A	10/25/2033	VAR%	17,903	18,757	19,669
	BEAR STEARNS ABS	Corporate Bond	N/A	10/25/2033	STEP%	37,052	37,977	36,631
	GSA HOME EQUITY TR 04-NC1	Corporate Bond	N/A	11/25/2033	6.190%	234,701	221,573	223,993
	BROOKFIELD FINANCE INC	Corporate Bond	N/A	01/05/2034	6.350%	160,000	163,427	168,630
	GENERAL MOTORS FINL CO	Corporate Bond	N/A	01/07/2034	6.100%	205,000	205,345	207,968
	STATE STREET CORP FIX-TO-FLOAT	Corporate Bond	N/A	01/26/2034	4.821%	70,000	69,043	67,878
	US BANCORP FIX TO FLOAT	Corporate Bond	N/A	02/01/2034	4.839%	85,000	80,826	81,365
	NASDAQ INC	Corporate Bond	N/A	02/15/2034	5.550%	165,000	166,165	166,447
	AON NORTH AMERICA INC	Corporate Bond	N/A	03/01/2034	5.450%	140,000	139,787	139,756
	CHUBB INA HOLDINGS INC	Corporate Bond	N/A	03/15/2034	5.000%	190,000	192,144	187,635
	SMITH & NEPHEW PLC	Corporate Bond	N/A	03/20/2034	5.400%	165,000	161,822	163,784
	AGCO CORP	Corporate Bond	N/A	3/21/2034	5.800%	160,000	161,896	160,814
	COUNTRYWIDE ALTERNATIVE LN	Corporate Bond	N/A	03/25/2034	5.750%	166,338	162,803	165,830
	CENTEX HOME EQUITY 04-B CI AF5	Corporate Bond	N/A	03/25/2034	5.409%	281,918	276,984	277,998
	OLD REPUBLIC INTL CORP	Corporate Bond	N/A	03/28/2034	5.750%	170,000	170,663	170,192
	ESSEX PORTFOLIO LP	Corporate Bond	N/A	04/01/2034	5.500%	200,000	198,230	200,084
	WELLS FARGO & COMPANY	Corporate Bond	N/A	04/24/2034	5.389%	180,000	175,359	177,997
	JETBLUE AIRWAYS CORP	Corporate Bond	N/A	05/15/2034	4.000%	155,033	145,728	145,710
	ATLASSIAN CORP CI B	Corporate Bond	N/A	05/15/2034	5.500%	150,000	149,913	150,656
	CHARLES SCHWAB CORP	Corporate Bond	N/A	05/19/2034	5.853%	250,000	241,375	257,340
	CITIGROUP INC FIX-TO-FLOAT	Corporate Bond	N/A	05/25/2034	6.174%	160,000	162,793	162,997
	CHARTER COMM OPT LLC/CAP	Corporate Bond	N/A	06/01/2034	6.550%	170,000	169,803	173,895
	TRUIST FINANCIAL CORP FIX-TO-FLOAT	Corporate Bond	N/A	06/08/2034	5.867%	175,000	172,949	178,168
	TAKE-TWO INTERACTIVE SOF	Corporate Bond	N/A	06/12/2034	5.600%	140,000	141,146	141,029
	DEUTSCHE MORTGAGE SEC CMO	Corporate Bond	N/A	07/25/2034	STEP%	221,774	212,780	216,378
	MORGAN STANLEY MORTGAGE LOAN	Corporate Bond	N/A	08/25/2034		209,590	206,577	197,446
	PPL CAPITAL FUNDING INC	Corporate Bond	N/A	09/01/2034	5.250%	180,000	180,916	177,154
	GLP CAPITAL LP/FIN II	Corporate Bond	N/A	09/15/2034	5.625%	100,000	100,431	98,395
	COUNTRYWIDE ALT LOAN TRUST ABS	Corporate Bond	N/A	09/25/2034	5.500%	46,037	46,302	45,230
	ACCENTURE CAPITAL INC	Corporate Bond	N/A	10/04/2034	4.500%	170,000	169,788	161,554
	HP ENTERPRISE CO	Corporate Bond	N/A	10/15/2034	5.000%	150,000	149,234	144,176
	NOMURA ASSET ACCEPTANCE CORP CMO	Corporate Bond	N/A	10/25/2034	VAR%	1,835	1,973	1,825
	MASTER ALTERNATIVE LOANS TRUST CMO	Corporate Bond	N/A	10/25/2034	VAR%	42,837	46,371	41,718
	INDYMAC INDX LOAN TR ABS	Corporate Bond	N/A	10/25/2034	VAR%	97,808	99,642	93,734
	CARDINAL HEALTH INC	Corporate Bond	N/A	11/15/2034	5.350%	320,000	319,101	313,133
	QUEST DIAGNOSTICS INC	Corporate Bond	N/A	12/15/2034	5.000%	145,000	144,734	140,794
	RESIDENTIAL ASSET CMO	Corporate Bond	N/A	12/25/2034	STEP%	12,645	12,930	12,616
	MASTERCARD INC	Corporate Bond	N/A	01/15/2035	4.550%	150,000	151,356	143,739
	MORGAN STANLEY FIX-TO-FLOAT	Corporate Bond	N/A	01/18/2035	5.466%	175,000	177,651	174,022
	CAPITAL ONE FINANCIAL CO	Corporate Bond	N/A	02/01/2035	6.051%	135,000	137,255	137,167
	MASTR ALTERNATIVE LOANS TRUST CMO	Corporate Bond	N/A	02/25/2035	6.000%	27,832	29,182	27,530
	BEAR STEARNS ADJ RATE CMO	Corporate Bond	N/A	02/25/2035	VAR%	73,358	74,092	71,480
	MASTR ALTERNATIVE LOAN TRUST 05-1	Corporate Bond	N/A	02/25/2035	5.500%	251,005	241,357	237,462
	NOMURA ASSET ACCTP CORP CMO	Corporate Bond	N/A	03/25/2035	VAR%	63,015	65,979	63,132
	CITIGROUP MORTGAGE LOAN TR ABS	Corporate Bond	N/A	05/25/2035	VAR%	23,148	23,647	22,660
	BEAR STEARNS ABS	Corporate Bond	N/A	07/25/2035	FLOAT%	240,000	244,800	253,836
	US STUDENT ABS	Corporate Bond	N/A	10/15/2035	2.820%	47,097	47,820	46,325
	GOLDMAN SACHS GROUP INC FIX-TO-FLOAT	Corporate Bond	N/A	10/23/2035	5.016%	190,000	190,000	181,834

**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/25/2035	5.518%	180,000	\$ 179,846	\$ 175,990
	BANK OF NY MELLON CORP	Corporate Bond	N/A	11/20/2035	5.225%	185,000	185,000	184,114
	US MANUFACTURED HOUSING CMO	Corporate Bond	N/A	02/15/2036	6.280%	47,256	50,387	46,983
	COUNTRYWIDE ABS	Corporate Bond	N/A	02/25/2036	STEP%	118,543	121,544	113,156
	BANC OF AMERICA FUNDING CORP CMO	Corporate Bond	N/A	07/20/2036	FLOAT%	16,583	16,704	16,428
	MORGAN STANLEY FIX-TO-FLOAT	Corporate Bond	N/A	09/16/2036	2.484%	95,000	94,733	77,266
	BUILD AMERICA BNDS	Corporate Bond	N/A	12/01/2036	5.985%	55,000	58,259	56,260
	CHASE MORTGAGE FIN CORP CMO	Corporate Bond	N/A	02/25/2037	VAR%	23,531	24,060	22,137
	SIERRA RECEIVABLES FUNDING CO CMO	Corporate Bond	N/A	11/20/2037	1.340%	21,182	21,177	20,528
	FRESB MULTIFAMILY CMO	Corporate Bond	N/A	03/25/2038	3.350%	69,406	67,457	65,921
	MID-STATE TR ABS	Corporate Bond	N/A	07/15/2038	4.864%	34,381	36,724	34,189
	EXTENDED STAY AMERICA TR ABS	Corporate Bond	N/A	07/15/2038	FLOAT%	149,734	149,968	149,922
	BUILD AMERICA BNDS TAXABLE GO	Corporate Bond	N/A	04/01/2039	5.517%	70,000	74,846	69,979
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	06/01/2039	4.377%	50,000	45,822	45,890
	MID-STATE TR ABS	Corporate Bond	N/A	01/15/2040	6.106%	26,287	30,082	26,257
	COLORADO ST BRIDGE ENTERPRISE	Corporate Bond	N/A	12/01/2040	6.078%	5,000	5,288	5,223
	JP MORGAN TAXABLE HFA TR CMO	Corporate Bond	N/A	11/17/2041	3.000%	223,832	229,544	199,210
	BX TRUST ABS	Corporate Bond	N/A	12/09/2041	4.075%	120,000	125,836	109,136
	BX TRUST 2019-OC11 CMO	Corporate Bond	N/A	12/09/2041	3.202%	170,000	159,509	153,539
	PG&E RECOVERY FND LLC	Corporate Bond	N/A	06/01/2042	5.231%	115,000	119,281	114,033
	CLECO SECURITIZATION I A-2	Corporate Bond	N/A	09/01/2042	4.646%	280,000	280,651	262,819
	METRO OPERA ASSOCIATION INC	Corporate Bond	N/A	10/01/2042	4.524%	75,000	77,429	53,387
	SCE RECOVERY FUNDING LLC	Corporate Bond	N/A	11/15/2042	2.943%	55,000	46,214	44,220
	MVW OWNER TRUST 24-1A CI A	Corporate Bond	N/A	02/20/2043	5.320%	147,239	147,231	147,799
	SEQUOIA MTGE TRUST CMO	Corporate Bond	N/A	06/25/2043	VAR%	46,730	45,272	44,665
	SOCIAL PROFESSIONAL LOAN PROGR	Corporate Bond	N/A	08/17/2043	1.030%	138,251	118,888	119,290
	WOODWARD CAPITAL MGMT 23-CES2	Corporate Bond	N/A	09/25/2043	7.108%	194,721	194,720	197,040
	DUKE ENERGY PROG SC STOR	Corporate Bond	N/A	03/01/2044	5.404%	45,000	46,114	44,872
	BURLINGTON NORTHN SANTA FE	Corporate Bond	N/A	04/01/2044	4.900%	60,000	58,690	54,938
	WOODWARD CAPITAL MANAGEMENT	Corporate Bond	N/A	06/25/2044	6.147%	440,628	441,286	444,003
	CREDIT SUISSE MTGE TR ABS	Corporate Bond	N/A	07/25/2044	VAR%	89,229	91,118	85,380
	WOODWARD CAPITAL MANAGEMENT	Corporate Bond	N/A	12/25/2044	5.582%	180,000	179,998	179,998
	AMERICAN HOME MORTGAGE INVT TRST CMO	Corporate Bond	N/A	02/25/2045	5.500%	29,948	30,298	29,630
	CREDIT SUISSE FIRST BOSTON CMO	Corporate Bond	N/A	03/25/2045	FLOAT%	16,877	17,073	21,630
	WAMU MORTGAGE PASS THROUGH CMO	Corporate Bond	N/A	07/25/2045	FLOAT%	87,148	87,148	83,086
	DC OFFICE TRUST CMO	Corporate Bond	N/A	09/15/2045	3.174%	145,000	144,366	100,829
	TRITON CONTAINER FIN LLC	Corporate Bond	N/A	09/20/2045	2.110%	0	-	-
	CSMLT TRUST CMO	Corporate Bond	N/A	11/25/2045	VAR%	105,334	109,185	101,445
	CHASE FINANCE CORP	Corporate Bond	N/A	12/25/2045	3.750%	45,381	45,353	40,768
	VANTAGE DATA CENTERS LLC	Corporate Bond	N/A	10/15/2046	2.165%	205,000	182,999	194,391
	JP MORGANE TRUST ABS	Corporate Bond	N/A	10/25/2046	VAR%	60,189	60,706	56,967
	CLI FUNDING LLC CMO	Corporate Bond	N/A	01/18/2047	7.220%	94,767	85,562	85,106
	PG&E RECOVERY FND LLC	Corporate Bond	N/A	07/15/2047	5.536%	110,000	113,398	109,505
	JIMMY JOHN'S FUNDING LLC	Corporate Bond	N/A	07/30/2047	4.846%	94,000	94,220	92,075
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	12/01/2047	4.451%	370,000	324,345	321,519
	JPMBB COMMERCIAL SEC CMO	Corporate Bond	N/A	02/15/2048	3.179%	128,043	131,884	127,596
	FREMF MORTGAGE TR	Corporate Bond	N/A	04/25/2048	VAR%	180,000	187,931	179,100
	FLAGSTAR MORTGAGE TR CMO	Corporate Bond	N/A	05/25/2048	VAR%	242,514	258,883	221,559
	FREMF MORTGAGE TR CMO	Corporate Bond	N/A	06/25/2048	VAR%	135,000	128,745	134,181
	PNM ENERGY TRANSITION	Corporate Bond	N/A	08/15/2048	6.028%	100,000	109,009	103,815
	SBAP 2023-25K	Corporate Bond	N/A	11/01/2048	5.710%	114,061	114,061	115,476
	CIM TRUST ABS	Corporate Bond	N/A	08/25/2049	VAR%	196,082	205,763	180,012
	RETAINED VANTAGE DATA CENTERS	Corporate Bond	N/A	09/15/2049	4.992%	235,000	235,000	227,808
	COMCAST CORP	Corporate Bond	N/A	11/01/2049	3.999%	205,000	157,599	155,025
	MORGAN STANLEY BAML TRUST	Corporate Bond	N/A	11/15/2049	2.840%	130,364	120,862	126,811
	DUKE ENERGY INDIANA LLC	Corporate Bond	N/A	04/01/2050	2.750%	220,000	146,259	132,878
	TEACHERS INSURANCE & ANNUITY	Corporate Bond	N/A	05/15/2050	3.300%	190,000	183,960	126,601
	COMM TR 2015-PC1 CI A5	Corporate Bond	N/A	07/10/2050	3.902%	156,250	167,854	155,724
	ORACLE CORP	Corporate Bond	N/A	03/25/2051	3.950%	220,000	200,215	162,956
	RAYMOND JAMES FINANCIAL	Corporate Bond	N/A	04/01/2051	3.750%	180,000	126,068	130,349
	AT&T INC	Corporate Bond	N/A	06/01/2051	3.650%	210,000	188,800	148,308
	TACO BELL FDG LLC 21-1A CI	Corporate Bond	N/A	08/25/2051	2.294%	162,113	131,995	143,770
	DB MSTR FIN LLC 21-1A CI A2II	Corporate Bond	N/A	11/20/2051	2.493%	97,000	97,000	87,578
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	12/01/2051	4.674%	375,000	331,753	332,910
	JP MORGAN TR CMO	Corporate Bond	N/A	12/25/2051	2.500%	366,129	327,789	292,860
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	06/01/2052	5.099%	165,000	161,196	155,722
	JP MORGANE TRUST ABS	Corporate Bond	N/A	07/25/2052	2.500%	173,349	168,095	138,555
	JP MORGANE TR SR22-1 CI A2	Corporate Bond	N/A	07/25/2052	3.000%	272,406	229,556	227,200
	PECO ENERGY CO	Corporate Bond	N/A	08/15/2052	4.375%	185,000	161,954	152,829
	JP MORGAN TR 22-4 A2	Corporate Bond	N/A	10/25/2052	3.500%	210,165	185,831	182,301
	GS MORTGAGE SECURITIES TR CMO	Corporate Bond	N/A	02/13/2053	2.911%	155,000	161,945	139,053
	ELEVANCE HEALTH INC	Corporate Bond	N/A	02/15/2053	5.125%	160,000	156,351	142,346
	SMB PRIVATE EDUCATION LN TR CMO	Corporate Bond	N/A	07/15/2053	1.290%	72,036	72,224	66,826
	BENCHMARK MORTGAGE TR CMO	Corporate Bond	N/A	09/15/2053	2.148%	45,000	46,346	36,375
	SMB PRIVATE EDUCATION LN TR 2	Corporate Bond	N/A	09/15/2053	6.970%	119,060	119,060	121,507
	BENCHMARK MORTGAGE TR CMO	Corporate Bond	N/A	12/17/2053	2.254%	195,000	198,343	161,802

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	NEW RESIDENTIAL MTGE LOAN TRUST CMO	Corporate Bond	N/A	01/25/2054	VAR%	73,038	\$ 77,923	\$ 71,830
	BROOKFIELD FINANCE INC	Corporate Bond	N/A	03/04/2054	5.968%	130,000	131,866	131,399
	BLACKROCK FUNDING INC	Corporate Bond	N/A	03/14/2054	5.250%	135,000	134,414	127,529
	TOTALENERGIES CAPITAL SA	Corporate Bond	N/A	04/05/2054	5.488%	165,000	166,724	158,138
	ENBRIDGE INC	Corporate Bond	N/A	04/05/2054	5.950%	160,000	160,757	158,141
	COCA-COLA CO	Corporate Bond	N/A	05/13/2054	5.300%	130,000	128,708	125,392
	NEW RESIDENTIAL MTG LOAN TR CMO	Corporate Bond	N/A	05/25/2054	3.750%	95,704	103,270	90,209
	SUBWAY FUNDING LLC 144A 24-1A	Corporate Bond	N/A	07/30/2054	6.028%	140,000	140,000	141,705
	BENCHMARK MORT TR CMO	Corporate Bond	N/A	08/15/2054	2.429%	135,000	139,050	110,551
	BARCLAYS COMMERCIAL MTGE CMO	Corporate Bond	N/A	02/15/2055	2.946%	140,000	140,000	120,869
	BURLINGTON NORTH SANTA FE	Corporate Bond	N/A	03/15/2055	5.500%	145,000	150,876	142,438
	NEW RESIDENTIAL MORTGAGE LOAN TR	Corporate Bond	N/A	08/25/2055	4.800%	81,470	86,562	79,872
	NEW RESIDENTIAL MTG LN CMO	Corporate Bond	N/A	08/25/2055	3.750%	147,745	152,165	140,283
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	09/15/2055	4.441%	165,000	161,030	157,348
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	07/15/2056	5.576%	145,000	152,613	148,528
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	09/15/2056	6.000%	185,000	194,134	194,675
	NEW RESIDENTIAL MTGE LOAN SER 16-3A	Corporate Bond	N/A	09/25/2056	3.250%	319,284	295,637	295,155
	NEW RESIDENTIAL MTGE LOAN CMO	Corporate Bond	N/A	03/25/2057	4.000%	237,544	239,029	226,866
	NEW RESIDENTIAL MTGE LOAN TR CMO	Corporate Bond	N/A	04/25/2057	4.000%	181,187	183,337	173,124
	NEW RESIDENTIAL MTG LOAN ABS	Corporate Bond	N/A	05/25/2057	4.000%	150,628	158,089	142,740
	NEW RESIDENTIAL MORTGAGE LOAN	Corporate Bond	N/A	05/25/2057	4.500%	195,503	193,395	188,336
	NEW RESIDENTIAL MTGE CMO	Corporate Bond	N/A	06/25/2057	VAR%	177,821	180,266	174,293
	COMM MORTGAGE TRUST ABS	Corporate Bond	N/A	08/15/2057	2.950%	115,000	124,726	104,183
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	09/15/2057	5.400%	185,000	190,542	187,267
	NEW RESIDENTIAL MORTGAGE LN TR CMO	Corporate Bond	N/A	09/25/2057	4.000%	122,622	128,945	113,859
	BARCLAYS COMM 24-C30 CI A5	Corporate Bond	N/A	11/15/2057	5.532%	155,000	159,644	158,382
	NEW RESIDENTIAL MTGE LOAN CMO	Corporate Bond	N/A	12/25/2057	4.250%	177,303	181,403	168,545
	NEW RESIDENTIAL MTGE LOAN TR ABS	Corporate Bond	N/A	12/25/2057	4.000%	356,102	358,500	340,323
	TOWD POINTE TRUST ABS	Corporate Bond	N/A	11/25/2058	3.250%	147,756	149,418	146,731
	TOWD POINTE TRUST	Corporate Bond	N/A	11/25/2058	3.500%	225,000	227,971	221,667
	NEW RESIDENTIAL MORTGAGE LOAN CMO	Corporate Bond	N/A	12/25/2058	4.000%	408,984	413,433	384,843
	NEW RESIDENTIAL MTGE LOAN TR CMO	Corporate Bond	N/A	09/25/2059	4.250%	324,610	312,257	310,546
	NEW RESIDENTIAL MORTGAGE LN CMO	Corporate Bond	N/A	09/25/2059	4.000%	548,149	526,985	522,278
	NEW RESIDENTIAL LOAN CMO	Corporate Bond	N/A	10/25/2059	3.500%	129,167	127,714	120,379
	NAVIENT STUDENT LOAN TRUST ABS	Corporate Bond	N/A	12/15/2059	4.000%	10,126	10,185	10,069
	NAVIENT STUDENT LOAN TRUST	Corporate Bond	N/A	12/15/2059	6.011%	31,224	31,107	31,140
	NAVIENT STUDENT LOAN TR CMO	Corporate Bond	N/A	12/15/2059	4.000%	53,932	52,182	52,942
	NAVIENT STUDENT LOAN TR CMO	Corporate Bond	N/A	12/15/2059	6.261%	80,547	80,646	80,589
	TOWD POINT TR 20-MH1	Corporate Bond	N/A	02/25/2060	2.500%	265,000	237,341	248,322
	ONSLow BAY FINANCIAL LLC 20-EXP1	Corporate Bond	N/A	02/25/2060	4.583%	357,552	361,128	351,295
	BENCHMARK MORTGAGE TR CMO	Corporate Bond	N/A	12/15/2060	3.352%	105,000	108,149	93,799
	TOWD POINT MORTGAGE TR 23-CES1	Corporate Bond	N/A	07/25/2063	6.750%	264,730	265,654	267,365
	BRAVO RESIDENTIAL FUNDING TRUST	Corporate Bond	N/A	09/25/2063	7.130%	320,075	324,276	324,925
	COLT FUNDING LLC 23-4 CI A1	Corporate Bond	N/A	10/25/2068	7.163%	313,913	319,502	318,540
	NAVIENT STUDENT LOAN TR CMO	Corporate Bond	N/A	11/15/2068	2.150%	81,872	84,475	77,010
	MORGAN STANLEY RESIDENTIAL	Corporate Bond	N/A	05/25/2069	6.386%	265,659	268,357	268,124
	ECMC GROUP STUDENT LOAN TR CMO	Corporate Bond	N/A	07/25/2069	2.720%	87,208	87,195	78,257
	NAVIENT STUD LN TR SR 21-FA CI A	Corporate Bond	N/A	02/18/2070	1.110%	97,638	78,477	85,255
	NAVIENT STUDENT LN TR	Corporate Bond	N/A	10/15/2071	5.510%	78,495	78,381	78,633
	JPMORGAN CHASE & CO FIX-TO-FLOAT	Corporate Bond	N/A		5.766%	180,000	182,098	184,124
	LLOYDS BANKING GROUP PLC	Corporate Bond	N/A		5.721%	200,000	200,000	203,346
	TOTAL CORPORATE OBLIGATIONS						<u>41,473,050</u>	<u>40,345,513</u>
<b>COMMON COLLECTIVE TRUSTS</b>								
	NIS HIGH YIELD FUND, LLC	Common Collective Trust	N/A	N/A	N/A	83	3,066,753	3,722,908
	NIS TOTAL ABSOLUTE RETURN FUND, LLC	Common Collective Trust	N/A	N/A	N/A	2,967	8,004,562	9,173,268
	TOTAL COMMON COLLECTIVE TRUSTS						<u>11,071,315</u>	<u>12,896,176</u>
<b>REGISTERED INVESTMENT COMPANIES</b>								
	BAIRD INTERMEDIATE BD INSTL FD #71	Registered Investment Company	N/A	N/A	N/A	5,048,961	51,528,053	50,540,104
	FIDELITY TOTAL BOND FUND	Registered Investment Company	N/A	N/A	N/A	5,359,778	51,304,137	50,328,315
	VANGUARD TOTAL STOCK MKT INDEX INSTL FD #855	Registered Investment Company	N/A	N/A	N/A	701,372	44,611,484	98,928,554
	TOTAL REGISTERED INVESTMENT COMPANIES						<u>147,443,674</u>	<u>199,796,973</u>
	TOTAL ASSETS (HELD AT END OF YEAR)						<u>\$ 254,552,649</u>	<u>\$ 306,004,350</u>

## AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE FUND

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

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

E.I.N. 36-2331071  
PLAN NO. 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Goldman Sachs Government	\$ 214,400,038	N/A	N/A	N/A	\$ 214,400,038	\$ 214,400,038	N/A
N/A	Goldman Sachs Government	N/A	\$ 211,024,945	N/A	N/A	211,024,945	211,024,945	\$ -
N/A	Baird Intermediate Bd Instl Fd	6,567,822	N/A	N/A	N/A	6,567,822	6,567,822	N/A
N/A	Baird Intermediate Bd Instl Fd	N/A	55,531,077	N/A	N/A	57,083,513	55,531,077	(1,552,436)
N/A	Baird Core Plus Bond Instl Fd	51,528,053	N/A	N/A	N/A	51,528,053	51,528,053	N/A
N/A	Fidelity Intermediate Bond Fd	7,062,514	N/A	N/A	N/A	7,062,514	7,062,514	N/A
N/A	Fidelity Intermediate Bond Fd	N/A	55,640,214	N/A	N/A	57,172,879	55,640,214	(1,532,665)
N/A	Fidelity Total Bond Fd	51,304,137	N/A	N/A	N/A	51,304,137	51,304,137	N/A



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN# 36-2331071  
Plan # 501

(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
<b>CASH EQUIVALENTS</b>								
	GOLDMAN SACHS GOVERNMENT INSTL FUND #465	Money Market	N/A	N/A	N/A	N/A	\$ 4,807,044	\$ 4,807,044
	OLD NATIONAL BANK	Repurchase Agreement	N/A	N/A	N/A	N/A	2,714,945	2,714,945
	CASH	Cash	N/A	N/A	N/A	N/A	887	887
	<b>TOTAL CASH EQUIVALENTS</b>						<b>7,522,876</b>	<b>7,522,876</b>
<b>U.S. GOVERNMENT AND GOVERNMENT AGENCY OBLIGATIONS AND MUNICIPAL OBLIGATIONS</b>								
	US TREASURY N/B	U.S. Government	N/A	01/15/2026	3.875%	409,000	402,013	407,679
	US TREASURY N/B	U.S. Government	N/A	08/31/2026	0.750%	1,832,000	1,660,594	1,730,342
	US TREASURY N/B	U.S. Government	N/A	01/31/2027	1.500%	400,000	377,563	378,340
	US TREASURY N/B	U.S. Government	N/A	12/31/2027	3.875%	1,933,000	1,922,365	1,911,157
	US TREASURY NOTE	U.S. Government	N/A	07/31/2028	1.000%	74,000	65,610	65,891
	FED NAT ASSOC ACES 19-M1	U.S. Government	N/A	09/25/2028	3.547%	79,321	74,658	76,336
	US TREASURY NOTE	U.S. Government	N/A	03/31/2029	2.375%	2,412,000	2,242,227	2,226,614
	US TREASURY N/B	U.S. Government	N/A	04/30/2030	3.500%	2,457,000	2,340,544	2,351,767
	FHLMC CMO	U.S. Government	N/A	08/25/2030	1.406%	80,000	68,125	66,867
	FED HOME LN MULTIFAMILY	U.S. Government	N/A	09/25/2030	1.566%	105,000	81,412	88,282
	FNMA CMO	U.S. Government	N/A	02/25/2031	3.610%	99,990	97,608	93,795
	US TREASURY N/B	U.S. Government	N/A	03/31/2031	4.125%	2,660,000	2,663,879	2,611,748
	FNMA REMIC	U.S. Government	N/A	07/25/2031	1.714%	125,000	108,770	103,505
	US TREASURY N/B	U.S. Government	N/A	05/15/2032	2.875%	900,000	830,950	808,524
	FHLMC MULTIFAMILY STRUCTURED	U.S. Government	N/A	09/27/2032	3.710%	140,000	132,355	129,250
	PUBLIC SERVICE OKLAHOMA	Municipal	N/A	01/15/2033	5.250%	190,000	196,632	186,998
	NEW YORK ST URBAN DEV CORP REV	Municipal	N/A	03/15/2033	3.900%	40,000	36,744	37,195
	FANNIEMAE-ACES 23-MS CI A2	U.S. Government	N/A	07/25/2033	4.400%	140,000	135,647	133,718
	US TREASURY N/B	U.S. Government	N/A	11/15/2033	4.500%	2,790,000	2,826,794	2,778,254
	OKLAHOMA ST DEV FUN AUTH REV	Municipal	N/A	12/01/2033	4.135%	70,624	69,907	68,350
	PUBLIC SERVICE ENTERPRIS	Municipal	N/A	04/01/2034	5.450%	170,000	171,231	169,555
	CALIFORNIA ST	Municipal	N/A	04/01/2034	7.500%	20,000	24,332	22,817
	FLORIDA ST BRD OF ADMIN FIN CORP REV	Municipal	N/A	07/01/2034	5.526%	300,000	301,942	303,006
	FNMA POOL # FN MA1959	U.S. Government	N/A	07/01/2034	3.500%	56,830	59,091	54,203
	FHLMC POOL # FHMS K-1514	U.S. Government	N/A	07/25/2034	2.481%	117,245	117,825	103,219
	US TREASURY N/B	U.S. Government	N/A	08/15/2034	3.875%	2,558,000	2,490,595	2,419,484
	FED HOME LN K-165 CI A2	U.S. Government	N/A	09/25/2034	4.489%	50,000	49,331	48,153
	US TREASURY N/B	U.S. Government	N/A	11/15/2034	4.250%	1,526,000	1,502,631	1,486,355
	FHLMC CMO	U.S. Government	N/A	01/25/2035	1.238%	64,602	64,600	52,133
	FNMA POOL # FN 890644	U.S. Government	N/A	08/01/2035	4.000%	59,737	64,302	57,865
	FHLMC GOLD	U.S. Government	N/A	09/01/2035	4.000%	33,337	35,569	32,272
	NEW YORK NY BUILD AMERICA BONDS	Municipal	N/A	03/01/2036	5.968%	55,000	58,419	56,422
	SOUTH CAROLINA ST STUDENT LN CORP	Municipal	N/A	10/27/2036	6.663%	123,265	122,764	122,725
	FHLMC POOL # FN MA2819	U.S. Government	N/A	11/01/2036	4.000%	26,723	27,696	25,791
	FNMA POOL #FN MA2914	U.S. Government	N/A	02/01/2037	4.000%	42,243	44,936	40,685
	FNMA POOL # FN MA2937	U.S. Government	N/A	03/01/2037	4.000%	47,971	50,759	46,197
	FNMA POOL #FN BM1257	U.S. Government	N/A	04/01/2037	2.500%	271,118	265,272	243,860
	NEW YORK CITY NY TRANS FIN AUTH	Municipal	N/A	08/01/2037	5.508%	75,000	76,962	73,943
	NEW YORK NY	Municipal	N/A	10/01/2037	5.517%	40,000	42,185	39,688
	FNMA POOL #FN BM3322	U.S. Government	N/A	12/01/2037	3.000%	155,974	166,770	142,078
	RIVERSIDE CNTY CA PENSN OBLG	Municipal	N/A	02/15/2038	3.818%	150,000	150,733	133,899
	CALIFORNIA ST TXBL-VARIOUS PURPOSE	Municipal	N/A	03/01/2038	5.125%	190,000	190,876	185,949
	CALIFORNIA ST	Municipal	N/A	04/01/2038	4.600%	-	-	-
	FNMA POOL # FN FM1647	U.S. Government	N/A	07/01/2038	4.000%	50,903	53,508	48,693
	CA ST GO TAXBL BAB	Municipal	N/A	04/01/2039	7.550%	290,000	352,743	342,789
	CALIFORNIA BUILD AMERICA BONDS STEM	Municipal	N/A	04/01/2039	4.988%	180,000	175,899	168,109
	LOS ANGELES CA WSTWTR SYS REV TAXBL	Municipal	N/A	06/01/2039	5.713%	55,000	60,003	55,815
	LOUISIANA LOC GOVT ENVRNMNTL	Municipal	N/A	08/01/2039	-	90,000	82,697	83,818
	UNIV OF VIRGINIA VA UNIV REVENUES	Municipal	N/A	09/01/2039	6.200%	185,000	198,901	194,831
	CALIFORNIA ST	Municipal	N/A	10/01/2039	7.300%	125,000	144,220	142,326
	UNIV SOUTHERN CALIFORNIA	Municipal	N/A	10/01/2039	3.028%	5,000	3,961	3,954
	CALIFORNIA ST	Municipal	N/A	11/01/2039	7.350%	200,000	232,978	228,700
	FHLMC POOL #FR SC0047	U.S. Government	N/A	01/01/2040	3.000%	191,882	204,384	174,085
	CHICAGO IL O'HARE INTERNATIONAL ARPT	Municipal	N/A	01/01/2040	6.395%	20,000	22,000	21,024
	NEW YORK ST DORM AUTH ST REV	Municipal	N/A	03/15/2040	5.600%	60,000	61,312	59,534
	NEW YORK NY BUILD AMERICA BONDS GO	Municipal	N/A	06/01/2040	5.846%	160,000	166,237	161,742
	OREGON EDU DISTIS FULL FAITH	Municipal	N/A	06/30/2040	2.895%	150,000	132,051	114,056
	GNMA CMO	U.S. Government	N/A	07/20/2040	5.032%	90,897	100,242	90,602
	LOS ANGELES CNTY CA PUBLIC WKS FING	Municipal	N/A	08/01/2040	7.618%	125,000	148,167	145,590
	DALLAS-FORT WORTH TX INTERNATIONAL	Municipal	N/A	11/01/2040	3.089%	50,000	41,604	38,408
	CHICAGO IL TRANSIT AUTH SALES TAX	Municipal	N/A	12/01/2040	6.200%	215,000	223,828	220,807
	LA PAZ CNTY AZ INDL DEV AUTH	Municipal	N/A	12/01/2040	7.000%	80,000	83,200	47,688
	FNMA POOL #AE9758	U.S. Government	N/A	12/01/2040	4.000%	12,538	13,032	11,830
	FHLMC GOLD	U.S. Government	N/A	02/01/2041	4.500%	36,484	38,988	35,418
	TEXAS NATURAL GAS SECURITIZTN FIN	Municipal	N/A	04/01/2041	5.169%	160,000	158,109	157,566
	US TREASURY N/B	U.S. Government	N/A	08/15/2041	1.750%	383,000	271,726	248,161
	CALIFORNIA ST TAXBL GO	Municipal	N/A	10/01/2041	5.875%	40,000	41,458	41,354
	FED NAT ASSOC POOL #FS4084	U.S. Government	N/A	02/01/2042	2.500%	266,348	234,839	228,606
	FNMA POOL #FN MA4570	U.S. Government	N/A	03/01/2042	2.000%	211,558	191,261	175,337
	FNMA POOL #FN MA4587	U.S. Government	N/A	04/01/2042	2.500%	402,550	360,387	342,744





**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares									
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value	
	FNMA POOL # FS3446	U.S. Government	N/A	05/01/2042	3.000%	236,322	\$ 212,432	\$ 209,119	
	FED NAT ASSOC POOL #MA4632	U.S. Government	N/A	06/01/2042	3.000%	249,274	217,004	219,149	
	DUKE UNIVERSITY HEALTH	Municipal	N/A	06/01/2042	3.162%	20,000	16,420	15,232	
	NEW YORK CITY NY MUNI WTR FIN AUTH	Municipal	N/A	06/15/2042	5.952%	65,000	70,536	65,437	
	FED HOME LN POOL #FR SC0300	U.S. Government	N/A	07/01/2042	3.000%	236,555	215,265	209,247	
	GNMA II POOL #AB2158	U.S. Government	N/A	08/20/2042	4.000%	44,629	48,367	42,017	
	FED NAT ASSOC 12-80 CI DB	U.S. Government	N/A	08/25/2042	3.500%	202,249	194,238	186,031	
	FNMA	U.S. Government	N/A	09/01/2042	2.500%	117,969	106,117	101,911	
	FED NAT ASSOC POOL #FS2844	U.S. Government	N/A	10/01/2042	3.500%	261,732	224,517	238,286	
	FNMA POOL # FN AQ0413	U.S. Government	N/A	10/01/2042	3.500%	85,233	86,871	77,662	
	FNMA POOL # EN AL9135	U.S. Government	N/A	01/01/2043	4.000%	58,498	62,008	55,194	
	FNMA POOL #FN FM3079	U.S. Government	N/A	02/01/2043	4.000%	210,305	212,014	198,436	
	US TREASURY N/B	U.S. Government	N/A	02/15/2043	3.875%	5,073,000	4,648,394	4,478,039	
	FED NAT ASSOC POOL #FS4915	U.S. Government	N/A	06/01/2043	5.000%	199,972	199,285	196,297	
	FED NAT ASSOC POOL #AU3742	U.S. Government	N/A	08/01/2043	3.500%	274,285	253,435	249,674	
	FED NAT ASSOC POOL #FS5953	U.S. Government	N/A	10/01/2043	6.000%	163,691	162,437	165,706	
	FNMA POOL #AV0692	U.S. Government	N/A	12/01/2043	4.000%	107,915	114,323	101,212	
	FED NAT ASSOC POOL #FS9735	U.S. Government	N/A	04/01/2044	6.000%	223,741	229,230	226,493	
	FED NAT ASSOC POOL #FS7907	U.S. Government	N/A	05/01/2044	6.000%	257,949	265,889	265,084	
	NEW YORK CITY NY MUNI WTR FIN AUTH	Municipal	N/A	06/15/2044	5.882%	55,000	60,864	54,528	
	GNMA II POOL# G2 784052	U.S. Government	N/A	07/20/2044	5.500%	44,689	49,828	45,773	
	US TREASURY N/B	U.S. Government	N/A	02/15/2045	2.500%	555,000	433,472	385,248	
	PORT AUTH OF NEW YORK & NEW JERSEY	Municipal	N/A	06/01/2045	4.823%	100,000	98,294	91,205	
	GOVT NAT TR 23-32 CI W	U.S. Government	N/A	06/20/2045	5.221%	131,487	134,610	131,896	
	LOS ANGELES CA DEPT WTR & PWR REV	Municipal	N/A	07/01/2045	6.574%	75,000	83,612	81,296	
	CAL FUNDING IV LTD ABS	Municipal	N/A	09/25/2045	2.220%	159,531	159,495	147,958	
	FNMA POOL# FN FS2892	U.S. Government	N/A	11/01/2045	4.000%	206,275	194,736	198,044	
	PORT AUTH OF NY & NJ NY REV TAXBL	Municipal	N/A	08/01/2046	5.310%	195,000	190,535	186,176	
	FED HOME LN POOL #SD2800	U.S. Government	N/A	09/01/2046	3.500%	227,193	206,071	205,131	
	FNMA POOL #FN MA2833	U.S. Government	N/A	12/01/2046	3.000%	243,618	229,763	211,329	
	FED NAT ASSOC POOL #FS8139	U.S. Government	N/A	04/01/2047	2.000%	478,732	398,137	381,296	
	FHLMC POOL # FG G60985	U.S. Government	N/A	05/01/2047	3.000%	294,502	281,898	256,225	
	FED HOME LN POOL #Z10029	U.S. Government	N/A	05/01/2047	3.000%	148,083	131,747	128,660	
	FED NAT ASSOC POOL #CA0386	U.S. Government	N/A	09/01/2047	4.000%	315,392	299,918	293,132	
	FED NAT ASSOC POOL #FS5449	U.S. Government	N/A	10/01/2047	3.000%	201,997	180,661	175,919	
	GNMA POOL # GNR 2018-128 KW	U.S. Government	N/A	11/20/2047	VAR%	41,682	48,352	43,170	
	FED NAT ASSOC POOL #FS4537	U.S. Government	N/A	12/01/2047	3.000%	329,610	294,441	290,845	
	FNMA POOL #FN FS1203	U.S. Government	N/A	01/01/2048	3.000%	179,276	160,788	155,628	
	FNMA POOL #FN BM3484	U.S. Government	N/A	02/01/2048	3.000%	174,977	152,066	152,067	
	GOVT NAT ASSOC POOL 18-103	U.S. Government	N/A	02/20/2048	FLOAT%	166,783	174,288	169,749	
	FED HOME LN POOL #Z10536	U.S. Government	N/A	03/01/2048	3.500%	488,272	455,695	438,434	
	FED NAT ASSOC POOL #FS4988	U.S. Government	N/A	03/01/2048	3.000%	208,662	183,948	182,326	
	FNMA CMO	U.S. Government	N/A	04/01/2048	4.500%	26,748	28,395	25,412	
	GOVT NAT ASSOC II POOL #787568	U.S. Government	N/A	04/20/2048	3.500%	437,915	416,361	395,485	
	FNMA POOL #FN FS3389	U.S. Government	N/A	08/01/2048	3.000%	148,174	136,297	127,850	
	US TREASURY NOTE	U.S. Government	N/A	11/15/2048	3.375%	3,177,000	2,784,654	2,482,444	
	GOVT NAT ASSOC 18-164	U.S. Government	N/A	11/20/2048	5.322%	167,937	171,086	169,951	
	BAY AREA CA TOLL AUTH TOLL BRIDGE	Municipal	N/A	04/01/2049	6.263%	140,000	152,979	147,966	
	FED NAT ASSOC POOL	U.S. Government	N/A	08/01/2049	3.000%	195,785	170,119	170,141	
	FED HOME LN POOL #SD3582	U.S. Government	N/A	10/01/2049	3.500%	326,934	283,554	294,032	
	FED HOME LN POOL# FR SD1714	U.S. Government	N/A	11/01/2049	3.000%	220,419	196,414	190,742	
	GNMA II	U.S. Government	N/A	12/20/2049	VAR%	85,356	94,772	85,542	
	GNMA II GTD PASSTHRU CTFS	U.S. Government	N/A	01/20/2050	4.500%	38,298	41,482	37,354	
	GNMA CMO	U.S. Government	N/A	02/20/2050	4.308%	121,536	127,815	114,359	
	GOV NAT 23-111 CI WA	U.S. Government	N/A	05/20/2050	5.876%	239,062	242,349	242,709	
	FHLMC POOL# FR SD1538	U.S. Government	N/A	12/01/2050	3.000%	142,177	132,003	123,035	
	FNMA POOL	U.S. Government	N/A	07/01/2051	4.500%	221,331	225,429	212,114	
	VIRGINIA ST HSG DEV AUTH	Municipal	N/A	07/25/2051	2.125%	174,100	169,456	132,788	
	GOVT NAT ASSOC II POOL #787516	U.S. Government	N/A	12/20/2051	4.500%	464,001	447,326	443,738	
	FNMA POOL #FN BF0214	U.S. Government	N/A	02/01/2052	3.500%	206,861	225,576	186,171	
	GOVT NAT ASSOC POOL II #787248	U.S. Government	N/A	06/20/2052	4.000%	120,657	116,151	111,129	
	CALIFORNIA ST UNIV	Municipal	N/A	11/01/2052	2.939%	15,000	10,314	9,992	
	US TREASURY N/B	U.S. Government	N/A	02/15/2053	3.625%	665,000	576,361	540,519	
	US TREASURY N/B	U.S. Government	N/A	05/15/2054	4.625%	1,765,000	1,846,629	1,715,421	
	BOSTON UNIVERSITY	Municipal	N/A	07/15/2097	7.625%	35,000	46,725	37,604	
	UNIV OF CALIFORNIA TXBL-GEN-SER AD	Municipal	N/A	05/15/2112	4.858%	50,000	46,533	41,555	
	TOTAL U.S. GOVERNMENT AND GOVERNMENT AGENCY OBLIGATIONS AND MUNICIPAL OBLIGATIONS						47,041,734	45,442,812	
	<b>CORPORATE OBLIGATIONS</b>								
	SMB PRIVATE EDUCATION LN TR	Corporate Bond	N/A	01/15/2023	VAR%	121,108	106,022	108,620	
	FIRST HORIZON NATIONAL	Corporate Bond	N/A	05/26/2025	4.000%	120,000	131,986	119,440	
	REGENCY CENTERS LP	Corporate Bond	N/A	11/01/2025	3.900%	55,000	55,529	54,460	
	OLD REPUBLIC INTL CORP	Corporate Bond	N/A	08/26/2026	3.875%	155,000	155,493	152,408	
	JPMORGAN CHASE & CO	Corporate Bond	N/A	11/19/2026	1.045%	155,000	155,000	150,032	
	US AIRWAYS 2012 - 2A PASS THRU	Corporate Bond	N/A	12/03/2026	4.625%	44,806	47,560	44,657	
	CITIGROUP INC FIX-TO-FLOAT	Corporate Bond	N/A	06/09/2027	1.462%	120,000	120,000	114,257	



**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	MORGAN STANLEY	Corporate Bond	N/A	07/20/2027	FLOAT%	145,000	\$ 145,748	\$ 137,801
	TORONTO-DOMINION BANK	Corporate Bond	N/A	09/15/2027	4.693%	120,000	118,379	119,734
	SANTANDER DRIVE AUTO REC CMO	Corporate Bond	N/A	10/15/2027	1.670%	177,328	177,272	174,464
	PHYSICIANS REALTY LP	Corporate Bond	N/A	01/15/2028	3.950%	120,000	112,442	116,446
	HEALTHCARE TRUST OF AMERICA	Corporate Bond	N/A	01/15/2028	3.625%	140,000	152,730	132,975
	EXETER AUTOMOBILE REC TR CMO	Corporate Bond	N/A	01/17/2028	1.960%	290,000	289,980	285,083
	GLS AUTO RECEIVABLES TRUST	Corporate Bond	N/A	01/18/2028	5.640%	227,000	226,920	229,061
	PAWNEE EQUIPMENT REC CMO	Corporate Bond	N/A	02/15/2028	5.170%	107,860	107,854	108,017
	GOLDMAN SACHS GROUP INC	Corporate Bond	N/A	02/24/2028	2.640%	135,000	135,000	128,758
	TAKE-TWO INTERACTIVE SOF	Corporate Bond	N/A	03/28/2028	4.950%	110,000	110,011	109,943
	CANADIAN IMPERIAL BK	Corporate Bond	N/A	04/28/2028	5.001%	120,000	120,000	120,313
	PFS FINANCING CORP 23-B	Corporate Bond	N/A	05/15/2028	5.270%	185,000	184,952	186,516
	CPS AUTO TRUST 24-A CI B	Corporate Bond	N/A	05/15/2028	5.650%	220,000	221,547	221,708
	JPMORGAN CHASE & CO	Corporate Bond	N/A	06/01/2028	2.182%	230,000	235,614	216,028
	CARVANA AUTO REC TRUST ABS	Corporate Bond	N/A	06/12/2028	1.580%	52,648	52,524	50,532
	BANK OF NOVA SCOTIA	Corporate Bond	N/A	06/12/2028	5.250%	110,000	109,581	111,146
	HYUNDAI AUTO RECEIVABLES TRUST ABS	Corporate Bond	N/A	06/15/2028	1.660%	195,000	194,983	188,019
	CITIZENS BK NA/RI FIX-TO-FLOAT	Corporate Bond	N/A	08/09/2028	4.575%	125,000	120,992	123,835
	EXETER AUTOMOBILE RECEIVABLES	Corporate Bond	N/A	09/15/2028	5.570%	305,000	304,954	307,777
	BARCLAYS PLC FIX-TO-VAR	Corporate Bond	N/A	11/02/2028	7.385%	70,000	70,049	74,197
	BP CAP MARKETS AMERICA	Corporate Bond	N/A	11/06/2028	4.234%	90,000	87,476	88,113
	LPL HOLDINGS INC	Corporate Bond	N/A	11/17/2028	6.750%	130,000	129,561	136,536
	BK OF AMER CORP FIX-TO-FLOAT	Corporate Bond	N/A	12/20/2028	3.419%	195,000	187,307	186,960
	CHARTER COMM OPT LLC/CAP	Corporate Bond	N/A	01/15/2029	2.250%	170,000	144,200	149,894
	DRIVE AUTO REC TR CMO	Corporate Bond	N/A	01/16/2029	1.450%	110,891	111,861	109,888
	BK OF AMER CORP FIX-TO-FLOAT	Corporate Bond	N/A	03/05/2029	3.970%	95,000	88,653	92,134
	T-MOBILE USA INC	Corporate Bond	N/A	04/15/2029	3.375%	145,000	129,819	135,337
	OGE ENERGY CORP	Corporate Bond	N/A	05/15/2029	5.450%	175,000	175,977	177,863
	ENACT HOLDINGS INC	Corporate Bond	N/A	05/28/2029	6.250%	135,000	134,937	137,566
	GEN LUX SARL/GEN USA INC	Corporate Bond	N/A	06/04/2029	6.000%	90,000	89,701	92,023
	SANTANDER HOLDINGS USA FIX-TO-FLOAT	Corporate Bond	N/A	06/12/2029	6.565%	95,000	94,096	98,094
	ESSENT GROUP LTD	Corporate Bond	N/A	07/01/2029	6.250%	120,000	119,558	122,506
	AMER AIRLINES 16-1 AA PTT PASS	Corporate Bond	N/A	07/15/2029	3.575%	74,329	66,529	71,475
	WELLS FARGO & COMPANY FIX-TO-FLOAT	Corporate Bond	N/A	07/25/2029	5.574%	125,000	125,000	126,913
	GLOBAL PAYMENTS INC	Corporate Bond	N/A	08/15/2029	3.200%	220,000	213,500	201,516
	NMI HOLDINGS	Corporate Bond	N/A	08/15/2029	6.000%	230,000	227,443	230,980
	AMGEN INC	Corporate Bond	N/A	08/18/2029	4.050%	160,000	154,830	154,056
	TRUIST BANK FIX-TO-VAR	Corporate Bond	N/A	09/17/2029	4.632%	180,000	178,825	175,502
	6297782 LLC 144A	Corporate Bond	N/A	10/01/2029	5.026%	160,000	160,019	157,216
	BANK OF NY MELLON CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/25/2029	6.317%	95,000	95,000	99,805
	TRUIST FINANCIAL CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/30/2029	7.161%	110,000	112,798	117,623
	WESTLAKE AUTOMOBILE RECEIVABLES	Corporate Bond	N/A	11/15/2029	4.920%	220,000	219,974	219,378
	CANADIAN NATL RESOURCES	Corporate Bond	N/A	12/15/2029	5.000%	140,000	140,120	138,440
	HUNTINGTON NATL BK	Corporate Bond	N/A	1/10/2030	5.65%	150,000	150,489	152,691
	AIR LEASE CORP	Corporate Bond	N/A	02/01/2030	3.000%	145,000	131,084	130,905
	CENTENE CORP	Corporate Bond	N/A	02/15/2030	3.375%	170,000	146,465	151,416
	FIRST HORIZON BANK	Corporate Bond	N/A	05/01/2030	5.750%	90,000	90,532	89,562
	PNC FINANCIAL SERVICES	Corporate Bond	N/A	05/14/2030	5.492%	120,000	120,000	121,692
	ENERGY TRANSFER OPERATING	Corporate Bond	N/A	05/15/2030	3.750%	20,000	18,124	18,660
	DUKE ENERGY OHIO INC	Corporate Bond	N/A	06/01/2030	2.125%	195,000	167,480	168,650
	REGIONS FINANCIAL CORP FIX-TO-FLOAT	Corporate Bond	N/A	06/06/2030	5.722%	145,000	145,000	147,005
	REGENCY CENTERS LP	Corporate Bond	N/A	06/15/2030	3.700%	205,000	189,060	191,466
	NMEF FUNDING LLC	Corporate Bond	N/A	06/17/2030	6.570%	141,578	141,577	143,186
	ALEXANDRIA REAL ESTATE EQUITIES INC	Corporate Bond	N/A	07/01/2030	4.700%	160,000	150,476	156,186
	CHASE AUTO OWNER TRUST 24-4A	Corporate Bond	N/A	07/25/2030	5.460%	125,000	124,973	124,783
	PIONEER NAT RES CO	Corporate Bond	N/A	08/15/2030	1.900%	150,000	129,419	127,806
	EVERSOURCE ENERGY	Corporate Bond	N/A	08/15/2030	1.650%	170,000	138,581	141,437
	ASSOC BANC-CORP FIX-TO-FLOAT	Corporate Bond	N/A	08/29/2030	6.455%	95,000	97,118	96,891
	BHP BILLITON FIN USA LTD	Corporate Bond	N/A	09/08/2030	5.250%	210,000	210,596	213,356
	ROYAL BANK OF CANADA FIX-TO-FLOAT	Corporate Bond	N/A	10/18/2030	4.650%	170,000	170,000	166,500
	WELLS FARGO & CO FIX-TO-FLOAT	Corporate Bond	N/A	10/30/2030	2.879%	195,000	183,327	175,894
	FIRST HELP FINANCIAL LLC 24-3A	Corporate Bond	N/A	11/15/2030	4.940%	255,000	254,522	254,441
	REXFORD INDUSTRIAL REALTY	Corporate Bond	N/A	12/01/2030	2.125%	185,000	145,225	154,934
	TARGA RESOURCES PARTNERS	Corporate Bond	N/A	02/01/2031	4.875%	135,000	129,319	130,348
	REALTY INCOME CORP	Corporate Bond	N/A	02/15/2031	3.200%	190,000	195,140	170,424
	VERIZON COMMUNICATIONS	Corporate Bond	N/A	03/21/2031	2.550%	240,000	215,012	206,681
	MACQUARIE AIRFINANCE HLD 144A	Corporate Bond	N/A	03/26/2031	6.500%	100,000	106,338	103,308
	CBRE SERVICES INC	Corporate Bond	N/A	04/01/2031	2.500%	310,000	261,664	263,847
	AMERICO LIFE INC	Corporate Bond	N/A	04/15/2031	3.450%	90,000	89,744	75,558
	AMER AIRLINE 17-2 AA PTT	Corporate Bond	N/A	04/15/2031	3.350%	90,749	79,405	85,009
	L3HARRIS TECH INC	Corporate Bond	N/A	06/01/2031	5.250%	180,000	181,363	180,113
	ESSEX PORTFOLIO LP	Corporate Bond	N/A	06/15/2031	2.550%	160,000	151,452	135,835
	PHILLIPS 66 CO	Corporate Bond	N/A	06/15/2031	5.250%	190,000	190,423	190,507
	INTERCONTINENTALEXCHANGE	Corporate Bond	N/A	06/15/2031	5.250%	215,000	214,796	217,361
	MMAF EQUIPMENT FINANCE LLC 24-A	Corporate Bond	N/A	07/14/2031	4.950%	145,000	145,629	145,578
	AMERICAN HOMES 4 RENT	Corporate Bond	N/A	07/15/2031	2.375%	150,000	118,445	125,499

**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN# 36-2331071  
Plan # 501

(a)	(b) Identity of issuer, borrower lessor or similar party	(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares				Par/Maturity Value or Shares	(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest			
	AUTONATION INC	Corporate Bond	N/A	08/01/2031	2.400%	140,000	\$ 105,836	\$ 115,510
	ALEXANDRIA REAL ESTATE REITS	Corporate Bond	N/A	08/15/2031	3.375%	60,000	52,231	53,696
	INVITATION HOMES OP	Corporate Bond	N/A	08/15/2031	2.000%	80,000	61,182	64,910
	META PLATFORMS INC	Corporate Bond	N/A	08/15/2031	4.550%	160,000	159,924	157,434
	AON CORP / AON GLOBAL HOLD	Corporate Bond	N/A	08/23/2031	2.050%	90,000	89,741	74,389
	REXFORD INDUSTRIALS REALT	Corporate Bond	N/A	09/01/2031	2.150%	180,000	148,675	146,252
	CASCADE FUNDING TR ABS	Corporate Bond	N/A	09/22/2031	1.390%	25,794	25,779	25,321
	CAPITAL ONE FINANCIAL CO	Corporate Bond	N/A	10/30/2031	7.624%	130,000	145,142	143,534
	MARSH & MCLENNAN COS INC	Corporate Bond	N/A	12/15/2031	2.375%	145,000	126,089	121,554
	GOLDMAN SACHS GROUP INC	Corporate Bond	N/A	01/27/2032	VAR%	140,000	140,875	115,536
	BROADCOM INC	Corporate Bond	N/A	02/15/2032	4.550%	205,000	204,114	198,241
	KIMCO REALTY OP LLC	Corporate Bond	N/A	04/01/2032	3.200%	95,000	79,273	83,367
	INVITATION HOMES OP	Corporate Bond	N/A	04/15/2032	4.150%	165,000	152,072	152,180
	GBALE SECURITIZATION CMO	Corporate Bond	N/A	04/25/2032	5.000%	102,061	103,082	100,415
	PNC FINANCIAL SERVICES FIX-TO-FLOAT	Corporate Bond	N/A	10/21/2032	4.812%	120,000	120,000	116,792
	STATE STREET CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/22/2032	4.675%	210,000	208,550	203,872
	CAPITAL ONE FINANCIAL CO	Corporate Bond	N/A	11/02/2032	2.618%	95,000	95,158	78,676
	BANK OF NOVA SCOTIA FIX-TO-FLOAT	Corporate Bond	N/A	11/10/2032	4.740%	145,000	145,000	140,285
	BANK OF MONTREAL	Corporate Bond	N/A	12/15/2032	VAR%	165,000	172,641	157,808
	DUKE ENERGY CAROLINAS	Corporate Bond	N/A	01/15/2033	4.950%	140,000	137,942	137,670
	CITIGROUP INC	Corporate Bond	N/A	01/25/2033	FLOAT%	155,000	137,905	133,151
	BP CAP MARKETS AMERICA	Corporate Bond	N/A	02/13/2033	4.812%	205,000	204,911	198,169
	ENERGY TRANSFER LP	Corporate Bond	N/A	02/15/2033	5.750%	160,000	159,931	162,194
	DTE ELECTRIC CO	Corporate Bond	N/A	04/01/2033	5.200%	125,000	125,835	124,854
	CENTERPOINT ENER HOUSTON	Corporate Bond	N/A	04/01/2033	4.950%	155,000	153,288	151,619
	COUNTRYWIDE ALTERNATIVE LOAN TR CMO	Corporate Bond	N/A	04/25/2033	5.750%	33,204	33,356	32,810
	MASTR ALT LOANS TR CMO	Corporate Bond	N/A	07/25/2033	5.500%	17,821	18,825	17,909
	MERIT SECURITIES CORP ABS	Corporate Bond	N/A	07/28/2033	7.630%	472	505	470
	BEAR STEARNS ASSET BK CMO	Corporate Bond	N/A	10/25/2033	VAR%	17,903	18,757	19,669
	BEAR STEARNS ABS	Corporate Bond	N/A	10/25/2033	STEP%	37,052	37,977	36,631
	GSA HOME EQUITY TR 04-NC1	Corporate Bond	N/A	11/25/2033	6.190%	234,701	221,573	223,993
	BROOKFIELD FINANCE INC	Corporate Bond	N/A	01/05/2034	6.350%	160,000	163,427	168,630
	GENERAL MOTORS FINL CO	Corporate Bond	N/A	01/07/2034	6.100%	205,000	205,345	207,968
	STATE STREET CORP FIX-TO-FLOAT	Corporate Bond	N/A	01/26/2034	4.821%	70,000	69,043	67,878
	US BANCORP FIX TO FLOAT	Corporate Bond	N/A	02/01/2034	4.839%	85,000	80,826	81,365
	NASDAQ INC	Corporate Bond	N/A	02/15/2034	5.550%	165,000	166,165	166,447
	AON NORTH AMERICA INC	Corporate Bond	N/A	03/01/2034	5.450%	140,000	139,787	139,756
	CHUBB INA HOLDINGS INC	Corporate Bond	N/A	03/15/2034	5.000%	190,000	192,144	187,635
	SMITH & NEPHEW PLC	Corporate Bond	N/A	03/20/2034	5.400%	165,000	161,822	163,784
	AGCO CORP	Corporate Bond	N/A	3/21/2034	5.800%	160,000	161,896	160,814
	COUNTRYWIDE ALTERNATIVE LN	Corporate Bond	N/A	03/25/2034	5.750%	166,338	162,803	165,830
	CENTEX HOME EQUITY 04-B CI AF5	Corporate Bond	N/A	03/25/2034	5.409%	281,918	276,984	277,998
	OLD REPUBLIC INTL CORP	Corporate Bond	N/A	03/28/2034	5.750%	170,000	170,663	170,192
	ESSEX PORTFOLIO LP	Corporate Bond	N/A	04/01/2034	5.500%	200,000	198,230	200,084
	WELLS FARGO & COMPANY	Corporate Bond	N/A	04/24/2034	5.389%	180,000	175,359	177,997
	JETBLUE AIRWAYS CORP	Corporate Bond	N/A	05/15/2034	4.000%	155,033	145,728	145,710
	ATLASSIAN CORP CI B	Corporate Bond	N/A	05/15/2034	5.500%	150,000	149,913	150,656
	CHARLES SCHWAB CORP	Corporate Bond	N/A	05/19/2034	5.853%	250,000	241,375	257,340
	CITIGROUP INC FIX-TO-FLOAT	Corporate Bond	N/A	05/25/2034	6.174%	160,000	162,793	162,997
	CHARTER COMM OPT LLC/CAP	Corporate Bond	N/A	06/01/2034	6.550%	170,000	169,803	173,895
	TRUIST FINANCIAL CORP FIX-TO-FLOAT	Corporate Bond	N/A	06/08/2034	5.867%	175,000	172,949	178,168
	TAKE-TWO INTERACTIVE SOF	Corporate Bond	N/A	06/12/2034	5.600%	140,000	141,146	141,029
	DEUTSCHE MORTGAGE SEC CMO	Corporate Bond	N/A	07/25/2034	STEP%	221,774	212,780	216,378
	MORGAN STANLEY MORTGAGE LOAN	Corporate Bond	N/A	08/25/2034		209,590	206,577	197,446
	PPL CAPITAL FUNDING INC	Corporate Bond	N/A	09/01/2034	5.250%	180,000	180,916	177,154
	GLP CAPITAL LP/FIN II	Corporate Bond	N/A	09/15/2034	5.625%	100,000	100,431	98,395
	COUNTRYWIDE ALT LOAN TRUST ABS	Corporate Bond	N/A	09/25/2034	5.500%	46,037	46,302	45,230
	ACCENTURE CAPITAL INC	Corporate Bond	N/A	10/04/2034	4.500%	170,000	169,788	161,554
	HP ENTERPRISE CO	Corporate Bond	N/A	10/15/2034	5.000%	150,000	149,234	144,176
	NOMURA ASSET ACCEPTANCE CORP CMO	Corporate Bond	N/A	10/25/2034	VAR%	1,835	1,973	1,825
	MASTER ALTERNATIVE LOANS TRUST CMO	Corporate Bond	N/A	10/25/2034	VAR%	42,837	46,371	41,718
	INDYMAC INDX LOAN TR ABS	Corporate Bond	N/A	10/25/2034	VAR%	97,808	99,642	93,734
	CARDINAL HEALTH INC	Corporate Bond	N/A	11/15/2034	5.350%	320,000	319,101	313,133
	QUEST DIAGNOSTICS INC	Corporate Bond	N/A	12/15/2034	5.000%	145,000	144,734	140,794
	RESIDENTIAL ASSET CMO	Corporate Bond	N/A	12/25/2034	STEP%	12,645	12,930	12,616
	MASTERCARD INC	Corporate Bond	N/A	01/15/2035	4.550%	150,000	151,356	143,739
	MORGAN STANLEY FIX-TO-FLOAT	Corporate Bond	N/A	01/18/2035	5.466%	175,000	177,651	174,022
	CAPITAL ONE FINANCIAL CO	Corporate Bond	N/A	02/01/2035	6.051%	135,000	137,255	137,167
	MASTR ALTERNATIVE LOANS TRUST CMO	Corporate Bond	N/A	02/25/2035	6.000%	27,832	29,182	27,530
	BEAR STEARNS ADJ RATE CMO	Corporate Bond	N/A	02/25/2035	VAR%	73,358	74,092	71,480
	MASTR ALTERNATIVE LOAN TRUST 05-1	Corporate Bond	N/A	02/25/2035	5.500%	251,005	241,357	237,462
	NOMURA ASSET ACCTP CORP CMO	Corporate Bond	N/A	03/25/2035	VAR%	63,015	65,979	63,132
	CITIGROUP MORTGAGE LOAN TR ABS	Corporate Bond	N/A	05/25/2035	VAR%	23,148	23,647	22,660
	BEAR STEARNS ABS	Corporate Bond	N/A	07/25/2035	FLOAT%	240,000	244,800	253,836
	US STUDENT ABS	Corporate Bond	N/A	10/15/2035	2.820%	47,097	47,820	46,325
	GOLDMAN SACHS GROUP INC FIX-TO-FLOAT	Corporate Bond	N/A	10/23/2035	5.016%	190,000	190,000	181,834

**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP FIX-TO-FLOAT	Corporate Bond	N/A	10/25/2035	5.518%	180,000	\$ 179,846	\$ 175,990
	BANK OF NY MELLON CORP	Corporate Bond	N/A	11/20/2035	5.225%	185,000	185,000	184,114
	US MANUFACTURED HOUSING CMO	Corporate Bond	N/A	02/15/2036	6.280%	47,256	50,387	46,983
	COUNTRYWIDE ABS	Corporate Bond	N/A	02/25/2036	STEP%	118,543	121,544	113,156
	BANC OF AMERICA FUNDING CORP CMO	Corporate Bond	N/A	07/20/2036	FLOAT%	16,583	16,704	16,428
	MORGAN STANLEY FIX-TO-FLOAT	Corporate Bond	N/A	09/16/2036	2.484%	95,000	94,733	77,266
	BUILD AMERICA BNDS	Corporate Bond	N/A	12/01/2036	5.985%	55,000	58,259	56,260
	CHASE MORTGAGE FIN CORP CMO	Corporate Bond	N/A	02/25/2037	VAR%	23,531	24,060	22,137
	SIERRA RECEIVABLES FUNDING CO CMO	Corporate Bond	N/A	11/20/2037	1.340%	21,182	21,177	20,528
	FRESB MULTIFAMILY CMO	Corporate Bond	N/A	03/25/2038	3.350%	69,406	67,457	65,921
	MID-STATE TR ABS	Corporate Bond	N/A	07/15/2038	4.864%	34,381	36,724	34,189
	EXTENDED STAY AMERICA TR ABS	Corporate Bond	N/A	07/15/2038	FLOAT%	149,734	149,968	149,922
	BUILD AMERICA BNDS TAXABLE GO	Corporate Bond	N/A	04/01/2039	5.517%	70,000	74,846	69,979
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	06/01/2039	4.377%	50,000	45,822	45,890
	MID-STATE TR ABS	Corporate Bond	N/A	01/15/2040	6.106%	26,287	30,082	26,257
	COLORADO ST BRIDGE ENTERPRISE	Corporate Bond	N/A	12/01/2040	6.078%	5,000	5,288	5,223
	JP MORGAN TAXABLE HFA TR CMO	Corporate Bond	N/A	11/17/2041	3.000%	223,832	229,544	199,210
	BX TRUST ABS	Corporate Bond	N/A	12/09/2041	4.075%	120,000	125,836	109,136
	BX TRUST 2019-OC11 CMO	Corporate Bond	N/A	12/09/2041	3.202%	170,000	159,509	153,539
	PG&E RECOVERY FND LLC	Corporate Bond	N/A	06/01/2042	5.231%	115,000	119,281	114,033
	CLECO SECURITIZATION I A-2	Corporate Bond	N/A	09/01/2042	4.646%	280,000	280,651	262,819
	METRO OPERA ASSOCIATION INC	Corporate Bond	N/A	10/01/2042	4.524%	75,000	77,429	53,387
	SCE RECOVERY FUNDING LLC	Corporate Bond	N/A	11/15/2042	2.943%	55,000	46,214	44,220
	MVW OWNER TRUST 24-1A CI A	Corporate Bond	N/A	02/20/2043	5.320%	147,239	147,231	147,799
	SEQUOIA MTGE TRUST CMO	Corporate Bond	N/A	06/25/2043	VAR%	46,730	45,272	44,665
	SOCIAL PROFESSIONAL LOAN PROGR	Corporate Bond	N/A	08/17/2043	1.030%	138,251	118,888	119,290
	WOODWARD CAPITAL MGMT 23-CES2	Corporate Bond	N/A	09/25/2043	7.108%	194,721	194,720	197,040
	DUKE ENERGY PROG SC STOR	Corporate Bond	N/A	03/01/2044	5.404%	45,000	46,114	44,872
	BURLINGTON NORTHN SANTA FE	Corporate Bond	N/A	04/01/2044	4.900%	60,000	58,690	54,938
	WOODWARD CAPITAL MANAGEMENT	Corporate Bond	N/A	06/25/2044	6.147%	440,628	441,286	444,003
	CREDIT SUISSE MTGE TR ABS	Corporate Bond	N/A	07/25/2044	VAR%	89,229	91,118	85,380
	WOODWARD CAPITAL MANAGEMENT	Corporate Bond	N/A	12/25/2044	5.582%	180,000	179,998	179,998
	AMERICAN HOME MORTGAGE INVT TRST CMO	Corporate Bond	N/A	02/25/2045	5.500%	29,948	30,298	29,630
	CREDIT SUISSE FIRST BOSTON CMO	Corporate Bond	N/A	03/25/2045	FLOAT%	16,877	17,073	21,630
	WAMU MORTGAGE PASS THROUGH CMO	Corporate Bond	N/A	07/25/2045	FLOAT%	87,148	87,148	83,086
	DC OFFICE TRUST CMO	Corporate Bond	N/A	09/15/2045	3.174%	145,000	144,366	100,829
	TRITON CONTAINER FIN LLC	Corporate Bond	N/A	09/20/2045	2.110%	0	-	-
	CSMLT TRUST CMO	Corporate Bond	N/A	11/25/2045	VAR%	105,334	109,185	101,445
	CHASE FINANCE CORP	Corporate Bond	N/A	12/25/2045	3.750%	45,381	45,353	40,768
	VANTAGE DATA CENTERS LLC	Corporate Bond	N/A	10/15/2046	2.165%	205,000	182,999	194,391
	JP MORGANE TRUST ABS	Corporate Bond	N/A	10/25/2046	VAR%	60,189	60,706	56,967
	CLI FUNDING LLC CMO	Corporate Bond	N/A	01/18/2047	7.220%	94,767	85,562	85,106
	PG&E RECOVERY FND LLC	Corporate Bond	N/A	07/15/2047	5.536%	110,000	113,398	109,505
	JIMMY JOHN'S FUNDING LLC	Corporate Bond	N/A	07/30/2047	4.846%	94,000	94,220	92,075
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	12/01/2047	4.451%	370,000	324,345	321,519
	JPMBB COMMERCIAL SEC CMO	Corporate Bond	N/A	02/15/2048	3.179%	128,043	131,884	127,596
	FREMF MORTGAGE TR	Corporate Bond	N/A	04/25/2048	VAR%	180,000	187,931	179,100
	FLAGSTAR MORTGAGE TR CMO	Corporate Bond	N/A	05/25/2048	VAR%	242,514	258,883	221,559
	FREMF MORTGAGE TR CMO	Corporate Bond	N/A	06/25/2048	VAR%	135,000	128,745	134,181
	PNM ENERGY TRANSITION	Corporate Bond	N/A	08/15/2048	6.028%	100,000	109,009	103,815
	SBAP 2023-25K	Corporate Bond	N/A	11/01/2048	5.710%	114,061	114,061	115,476
	CIM TRUST ABS	Corporate Bond	N/A	08/25/2049	VAR%	196,082	205,763	180,012
	RETAINED VANTAGE DATA CENTERS	Corporate Bond	N/A	09/15/2049	4.992%	235,000	235,000	227,808
	COMCAST CORP	Corporate Bond	N/A	11/01/2049	3.999%	205,000	157,599	155,025
	MORGAN STANLEY BAML TRUST	Corporate Bond	N/A	11/15/2049	2.840%	130,364	120,862	126,811
	DUKE ENERGY INDIANA LLC	Corporate Bond	N/A	04/01/2050	2.750%	220,000	146,259	132,878
	TEACHERS INSURANCE & ANNUITY	Corporate Bond	N/A	05/15/2050	3.300%	190,000	183,960	126,601
	COMM TR 2015-PC1 CI A5	Corporate Bond	N/A	07/10/2050	3.902%	156,250	167,854	155,724
	ORACLE CORP	Corporate Bond	N/A	03/25/2051	3.950%	220,000	200,215	162,956
	RAYMOND JAMES FINANCIAL	Corporate Bond	N/A	04/01/2051	3.750%	180,000	126,068	130,349
	AT&T INC	Corporate Bond	N/A	06/01/2051	3.650%	210,000	188,800	148,308
	TACO BELL FDG LLC 21-1A CI	Corporate Bond	N/A	08/25/2051	2.294%	162,113	131,995	143,770
	DB MSTR FIN LLC 21-1A CI A2II	Corporate Bond	N/A	11/20/2051	2.493%	97,000	97,000	87,578
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	12/01/2051	4.674%	375,000	331,753	332,910
	JP MORGAN TR CMO	Corporate Bond	N/A	12/25/2051	2.500%	366,129	327,789	292,860
	PG&E WILDFIRE RECOVERY	Corporate Bond	N/A	06/01/2052	5.099%	165,000	161,196	155,722
	JP MORGANE TRUST ABS	Corporate Bond	N/A	07/25/2052	2.500%	173,349	168,095	138,555
	JP MORGANE TR SR22-1 CI A2	Corporate Bond	N/A	07/25/2052	3.000%	272,406	229,556	227,200
	PECO ENERGY CO	Corporate Bond	N/A	08/15/2052	4.375%	185,000	161,954	152,829
	JP MORGAN TR 22-4 A2	Corporate Bond	N/A	10/25/2052	3.500%	210,165	185,831	182,301
	GS MORTGAGE SECURITIES TR CMO	Corporate Bond	N/A	02/13/2053	2.911%	155,000	161,945	139,053
	ELEVANCE HEALTH INC	Corporate Bond	N/A	02/15/2053	5.125%	160,000	156,351	142,346
	SMB PRIVATE EDUCATION LN TR CMO	Corporate Bond	N/A	07/15/2053	1.290%	72,036	72,224	66,826
	BENCHMARK MORTGAGE TR CMO	Corporate Bond	N/A	09/15/2053	2.148%	45,000	46,346	36,375
	SMB PRIVATE EDUCATION LN TR 2	Corporate Bond	N/A	09/15/2053	6.970%	119,060	119,060	121,507
	BENCHMARK MORTGAGE TR CMO	Corporate Bond	N/A	12/17/2053	2.254%	195,000	198,343	161,802

**AUTOMOBILE MECHANICS' LOCAL NO. 701  
UNION AND INDUSTRY WELFARE FUND**

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN# 36-2331071  
Plan # 501

(c) Description of the investment including maturity date, rate of interest, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	NEW RESIDENTIAL MTGE LOAN TRUST CMO	Corporate Bond	N/A	01/25/2054	VAR%	73,038	\$ 77,923	\$ 71,830
	BROOKFIELD FINANCE INC	Corporate Bond	N/A	03/04/2054	5.968%	130,000	131,866	131,399
	BLACKROCK FUNDING INC	Corporate Bond	N/A	03/14/2054	5.250%	135,000	134,414	127,529
	TOTALENERGIES CAPITAL SA	Corporate Bond	N/A	04/05/2054	5.488%	165,000	166,724	158,138
	ENBRIDGE INC	Corporate Bond	N/A	04/05/2054	5.950%	160,000	160,757	158,141
	COCA-COLA CO	Corporate Bond	N/A	05/13/2054	5.300%	130,000	128,708	125,392
	NEW RESIDENTIAL MTG LOAN TR CMO	Corporate Bond	N/A	05/25/2054	3.750%	95,704	103,270	90,209
	SUBWAY FUNDING LLC 144A 24-1A	Corporate Bond	N/A	07/30/2054	6.028%	140,000	140,000	141,705
	BENCHMARK MORT TR CMO	Corporate Bond	N/A	08/15/2054	2.429%	135,000	139,050	110,551
	BARCLAYS COMMERCIAL MTGE CMO	Corporate Bond	N/A	02/15/2055	2.946%	140,000	140,000	120,869
	BURLINGTON NORTH SANTA FE	Corporate Bond	N/A	03/15/2055	5.500%	145,000	150,876	142,438
	NEW RESIDENTIAL MORTGAGE LOAN TR	Corporate Bond	N/A	08/25/2055	4.800%	81,470	86,562	79,872
	NEW RESIDENTIAL MTG LN CMO	Corporate Bond	N/A	08/25/2055	3.750%	147,745	152,165	140,283
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	09/15/2055	4.441%	165,000	161,030	157,348
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	07/15/2056	5.576%	145,000	152,613	148,528
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	09/15/2056	6.000%	185,000	194,134	194,675
	NEW RESIDENTIAL MTGE LOAN SER 16-3A	Corporate Bond	N/A	09/25/2056	3.250%	319,284	295,637	295,155
	NEW RESIDENTIAL MTGE LOAN CMO	Corporate Bond	N/A	03/25/2057	4.000%	237,544	239,029	226,866
	NEW RESIDENTIAL MTGE LOAN TR CMO	Corporate Bond	N/A	04/25/2057	4.000%	181,187	183,337	173,124
	NEW RESIDENTIAL MTG LOAN ABS	Corporate Bond	N/A	05/25/2057	4.000%	150,628	158,089	142,740
	NEW RESIDENTIAL MORTGAGE LOAN	Corporate Bond	N/A	05/25/2057	4.500%	195,503	193,395	188,336
	NEW RESIDENTIAL MTGE CMO	Corporate Bond	N/A	06/25/2057	VAR%	177,821	180,266	174,293
	COMM MORTGAGE TRUST ABS	Corporate Bond	N/A	08/15/2057	2.950%	115,000	124,726	104,183
	BARCLAYS COMMERCIAL MORTGAGE	Corporate Bond	N/A	09/15/2057	5.400%	185,000	190,542	187,267
	NEW RESIDENTIAL MORTGAGE LN TR CMO	Corporate Bond	N/A	09/25/2057	4.000%	122,622	128,945	113,859
	BARCLAYS COMM 24-C30 CI A5	Corporate Bond	N/A	11/15/2057	5.532%	155,000	159,644	158,382
	NEW RESIDENTIAL MTGE LOAN CMO	Corporate Bond	N/A	12/25/2057	4.250%	177,303	181,403	168,545
	NEW RESIDENTIAL MTGE LOAN TR ABS	Corporate Bond	N/A	12/25/2057	4.000%	356,102	358,500	340,323
	TOWD POINTE TRUST ABS	Corporate Bond	N/A	11/25/2058	3.250%	147,756	149,418	146,731
	TOWD POINTE TRUST	Corporate Bond	N/A	11/25/2058	3.500%	225,000	227,971	221,667
	NEW RESIDENTIAL MORTGAGE LOAN CMO	Corporate Bond	N/A	12/25/2058	4.000%	408,984	413,433	384,843
	NEW RESIDENTIAL MTGE LOAN TR CMO	Corporate Bond	N/A	09/25/2059	4.250%	324,610	312,257	310,546
	NEW RESIDENTIAL MORTGAGE LN CMO	Corporate Bond	N/A	09/25/2059	4.000%	548,149	526,985	522,278
	NEW RESIDENTIAL LOAN CMO	Corporate Bond	N/A	10/25/2059	3.500%	129,167	127,714	120,379
	NAVIENT STUDENT LOAN TRUST ABS	Corporate Bond	N/A	12/15/2059	4.000%	10,126	10,185	10,069
	NAVIENT STUDENT LOAN TRUST	Corporate Bond	N/A	12/15/2059	6.011%	31,224	31,107	31,140
	NAVIENT STUDENT LOAN TR CMO	Corporate Bond	N/A	12/15/2059	4.000%	53,932	52,182	52,942
	NAVIENT STUDENT LOAN TR CMO	Corporate Bond	N/A	12/15/2059	6.261%	80,547	80,646	80,589
	TOWD POINT TR 20-MH1	Corporate Bond	N/A	02/25/2060	2.500%	265,000	237,341	248,322
	ONSLow BAY FINANCIAL LLC 20-EXP1	Corporate Bond	N/A	02/25/2060	4.583%	357,552	361,128	351,295
	BENCHMARK MORTGAGE TR CMO	Corporate Bond	N/A	12/15/2060	3.352%	105,000	108,149	93,799
	TOWD POINT MORTGAGE TR 23-CES1	Corporate Bond	N/A	07/25/2063	6.750%	264,730	265,654	267,365
	BRAVO RESIDENTIAL FUNDING TRUST	Corporate Bond	N/A	09/25/2063	7.130%	320,075	324,276	324,925
	COLT FUNDING LLC 23-4 CI A1	Corporate Bond	N/A	10/25/2068	7.163%	313,913	319,502	318,540
	NAVIENT STUDENT LOAN TR CMO	Corporate Bond	N/A	11/15/2068	2.150%	81,872	84,475	77,010
	MORGAN STANLEY RESIDENTIAL	Corporate Bond	N/A	05/25/2069	6.386%	265,659	268,357	268,124
	ECMC GROUP STUDENT LOAN TR CMO	Corporate Bond	N/A	07/25/2069	2.720%	87,208	87,195	78,257
	NAVIENT STUD LN TR SR 21-FA CI A	Corporate Bond	N/A	02/18/2070	1.110%	97,638	78,477	85,255
	NAVIENT STUDENT LN TR	Corporate Bond	N/A	10/15/2071	5.510%	78,495	78,381	78,633
	JPMORGAN CHASE & CO FIX-TO-FLOAT	Corporate Bond	N/A		5.766%	180,000	182,098	184,124
	LLOYDS BANKING GROUP PLC	Corporate Bond	N/A		5.721%	200,000	200,000	203,346
	TOTAL CORPORATE OBLIGATIONS						<u>41,473,050</u>	<u>40,345,513</u>
<b>COMMON COLLECTIVE TRUSTS</b>								
	NIS HIGH YIELD FUND, LLC	Common Collective Trust	N/A	N/A	N/A	83	3,066,753	3,722,908
	NIS TOTAL ABSOLUTE RETURN FUND, LLC	Common Collective Trust	N/A	N/A	N/A	2,967	8,004,562	9,173,268
	TOTAL COMMON COLLECTIVE TRUSTS						<u>11,071,315</u>	<u>12,896,176</u>
<b>REGISTERED INVESTMENT COMPANIES</b>								
	BAIRD INTERMEDIATE BD INSTL FD #71	Registered Investment Company	N/A	N/A	N/A	5,048,961	51,528,053	50,540,104
	FIDELITY TOTAL BOND FUND	Registered Investment Company	N/A	N/A	N/A	5,359,778	51,304,137	50,328,315
	VANGUARD TOTAL STOCK MKT INDEX INSTL FD #855	Registered Investment Company	N/A	N/A	N/A	701,372	44,611,484	98,928,554
	TOTAL REGISTERED INVESTMENT COMPANIES						<u>147,443,674</u>	<u>199,796,973</u>
	TOTAL ASSETS (HELD AT END OF YEAR)						<u>\$ 254,552,649</u>	<u>\$ 306,004,350</u>

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION		BEGINNING	ENDING
PRESCRIPTION DRUG REBATES		1,022,110.	1,567,260.
SUBROGATION RECOVERIES		190,572.	433,399.
ACCRUED INTEREST AND DIVIDENDS		602,830.	881,753.
OTHER ASSETS		32,941.	73,642.
DUE FROM RELATED FUNDS - NET		30,686.	0.
DUE FROM BROKER - NET		0.	56,002.
TOTAL TO SCHEDULE H, LINE 1B(3)		<u>1,879,139.</u>	<u>3,012,056.</u>

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2	
DESCRIPTION		BEGINNING	ENDING
MUNICIPAL BONDS		3,233,418.	4,640,395.
TOTAL TO SCHEDULE H, LINE 1C(15)		<u>3,233,418.</u>	<u>4,640,395.</u>

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3	
DESCRIPTION		BEGINNING	ENDING
FEEs MANDATED BY ACA		36,360.	38,548.
DUE TO RELATED FUNDS - NET		0.	29,082.
TOTAL TO SCHEDULE H, LINE 1J		<u>36,360.</u>	<u>67,630.</u>

SCHEDULE H	OTHER INCOME	STATEMENT 4	
DESCRIPTION		AMOUNT	
REIMBURSEMENTS FROM PENSION FUND AND 401(K) PLAN		772,419.	
SUBROGATION RECOVERIES		783,488.	
PRESCRIPTION DRUG REBATES		2,487,380.	
OTHER INCOME		160,583.	
TOTAL TO SCHEDULE H, LINE 2C		<u>4,203,870.</u>	

## SCHEDULE H

## OTHER ADMINISTRATIVE EXPENSES

## STATEMENT 5

DESCRIPTION	AMOUNT
BANK FEES	20,162.
DEPRECIATION	8,692.
DOCUMENT FILMING	2,191.
DUES AND SUBSCRIPTIONS	12,462.
GENERAL INSURANCE AND BONDING	40,599.
LIFE INSURANCE	3,075.
MISCELLANEOUS	9,989.
OFFICE SUPPLIES	63,951.
PAYROLL PROCESSING FEES	7,854.
PAYROLL TAXES	76,027.
PENSION CONTRIBUTIONS	164,835.
POSTAGE	57,437.
RENT	42,883.
REPAIRS AND MAINTENANCE	24,930.
TELEPHONE	12,391.
UTILITIES	6,908.
WELFARE CONTRIBUTIONS	212,313.
FEES MANDATED BY ACA	38,548.
CONFERENCES AND CONVENTIONS	13,799.
COMPUTER CONSULTING FEES	134,962.
TOTAL TO SCHEDULE H, LINE 2I(11)	954,008.

**Form 5500**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Employee Benefits Security  
Administration  
  
Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

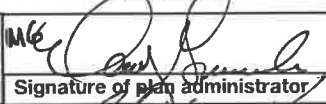

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

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

<b>1a</b> Name of plan AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	01/01/1956
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUS  361 S. FRONTAGE ROAD SUITE 100 BURR RIDGE IL 60527-6393	<b>2b</b> Employer Identification Number (EIN)	36-2331071
	<b>2c</b> Plan Sponsor's telephone number	708-482-0110
	<b>2d</b> Business code (see instructions)	811190

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

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

<b>SIGN HERE</b>		9/12/2025	MARK GRASSESCHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		9/12/25	CHRISTOPHER KONECKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

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

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6,506
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	5,569
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	5,525
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	973
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	6,498
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	313

**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**

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

<b>a Pension Schedules</b> <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information) <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary <b>(4)</b> <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ <b>(5)</b> <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information) <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) <b>(3)</b> <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>5</u> <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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## AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE FUND

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

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

E.I.N. 36-2331071  
PLAN NO. 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Goldman Sachs Government	\$ 214,400,038	N/A	N/A	N/A	\$ 214,400,038	\$ 214,400,038	N/A
N/A	Goldman Sachs Government	N/A	\$ 211,024,945	N/A	N/A	211,024,945	211,024,945	\$ -
N/A	Baird Intermediate Bd Instl Fd	6,567,822	N/A	N/A	N/A	6,567,822	6,567,822	N/A
N/A	Baird Intermediate Bd Instl Fd	N/A	55,531,077	N/A	N/A	57,083,513	55,531,077	(1,552,436)
N/A	Baird Core Plus Bond Instl Fd	51,528,053	N/A	N/A	N/A	51,528,053	51,528,053	N/A
N/A	Fidelity Intermediate Bond Fd	7,062,514	N/A	N/A	N/A	7,062,514	7,062,514	N/A
N/A	Fidelity Intermediate Bond Fd	N/A	55,640,214	N/A	N/A	57,172,879	55,640,214	(1,532,665)
N/A	Fidelity Total Bond Fd	51,304,137	N/A	N/A	N/A	51,304,137	51,304,137	N/A