

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
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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.) ☐ 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.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH AND WELFARE FUND
1b	Three-digit plan number (PN) ▶ 502
1c	Effective date of plan 01/01/1953
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH & WELFARE FUND - TR 1645 W JACKSON BLVD 7TH FLOOR CHICAGO, IL 606121645 W JACKSON BLVD 7TH FLOOR CHICAGO, IL 60612
2b	Employer Identification Number (EIN) 36-2688697
2c	Plan Sponsor's telephone number 312-738-2811
2d	Business code (see instructions) 484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		AMY WOJCIECHOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		DAN THOMAS JUAN CAMPOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor AMY WOJCIECHOWSKI 1645 W. JACKSON BLVD 7TH FLOOR CHICAGO, IL 60612		3b Administrator's EIN 36-4464941
		3c Administrator's telephone number 312-738-2811
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN
		4d PN
5 Total number of participants at the beginning of the plan year		5 1602
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 1430 6a(2) 1423 6b 154 6c 6d 1577 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4D 4E 4F 4H 4L

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

A Name of plan	B Three-digit plan number (PN)	502
LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH AND WELFARE FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH & WELFARE FUND - TR	36-2688697	

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

SIERRA INVESTMENT PARTNERS, INC.101 YGNACIO VALLEY ROAD, SUITE 300WALNUT CREEK, CA 94596

(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)

HEALTH CARE SERVICE CORPORATION

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	1089940	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

THE SEGAL COMPANY, INC.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	142687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	135137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

K. GONZALEZ

36-2688697

(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	123975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. ROMAN

36-2688697

(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	118090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHARI HEMBREE

36-2688697

(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	101405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SAMANTHA HEMBREE

36-2688697

(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	94337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(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 68	NONE	91563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A. WOJCIECHOWSKI

36-2688697

(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	78927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

S. CURATOLA

36-2688697

(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	36663	Yes ☒ No ☐	Yes ☐ No ☐	34223	Yes ☐ No ☐

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

A. MCCLURE

36-2688697

(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	68986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. BOGGS

36-2688697

(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	60877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. PALMSONE

36-2688697

(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	57517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	51762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAUM SIGMAN AUERBACH & NEUMAN, LTD.

36-2744057

(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	50768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRAFF, BLANSKI & KIM,P.C.

36-3331802

(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	42071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZELIS PAYMENTS HOLDINGS, LLC

84-3069529

(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	39540	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

J. WITT

36-2688697

(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	FORMER PLAN ADMINISTRATOR	39202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL TRUST COMPANY

26-3761443

(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 68	NONE	34102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

(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 68	NONE	22609	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

B. MULLANE

36-2688697

(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	16667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENTAL NETWORK OF AMERICA

36-3339483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	14970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DATALYNX SPENGLER

35-2384751

(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	13747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MESIROW INSURANCE SERVICE, INC.

36-3429604

(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?
53	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	10118	Yes ☐ No ☒

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

SCHIELE GRAPHICS, INC.

1880 BUSSE ROAD
ELK GROVE VILLAGE, IL 60007

36-2430120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	7616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL COOPERATIVE RX	99	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CAREMARK 05-0340626	PHARMACEUTICAL PURCHASE COALITION SERVICES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MESIROW INSURANCE SERVICE, INC.	53	4276

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910	INSURANCE BROKER COMMISSION AND CONTINGENT/SUPPLEMENTAL COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MESIROW INSURANCE SERVICE, INC.	53	3085

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARCH INSURANCE COMPANY 311 S. WACKER DRIVE CHICAGO, IL 60606	INSURANCE BROKER COMMISSION

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MESIROW INSURANCE SERVICE, INC.	53	1921
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HUDSON INSURANCE (EUCLID) 380 MAPLE AVENUE WEST, SUITE 302 VIENNA, VA 22180	INSURANCE BROKER COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MESIROW INSURANCE SERVICE, INC.	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PALOMAR INSURANCE COMPANY 7979 IVANHOE AVE, STE 500 LA JOLLA, CA 92037	INSURANCE BROKER COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MESIROW INSURANCE SERVICE, INC.	53	836
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANT INSURANCE SERVICES I 353 N CLARK ST 11TH FL CHICAGO, IL 60654	INSURANCE BROKER COMMISSION	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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	
	A Name of plan LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) 502
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH & WELFARE FUND - TR	D Employer Identification Number (EIN) 36-2688697	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7211078	5589803
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3473536	2925029
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1128431	924871
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	10866885	14525309
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	15336284	15898885
(B) All other	1c(3)(B)	2899850	3006229
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	25218281	24228643
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40631579	42111672
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	202798	283585
f Total assets (add all amounts in lines 1a through 1e)	1f	106968722	109494026
Liabilities			
g Benefit claims payable	1g	9860100	10631900
h Operating payables	1h	73382	248626
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9933482	10880526
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	97035240	98613500

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	36055126	
(B) Participants	2a(1)(B)	556504	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		36611630
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	534706	
(C) Corporate debt instruments	2b(1)(C)	93474	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		628180
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	851659	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		851659
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	64876482	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	63420729	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1283098	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		788488
c Other income	2c		27626
d Total income. Add all income amounts in column (b) and enter total	2d		41646434

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	602940	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	37687244	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		38290184
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41163	
(5) Investment advisory and investment management fees	2i(5)	293103	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	131145	
(8) Legal fees	2i(8)	54219	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1258360	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1777990
j Total expenses. Add all expense amounts in column (b) and enter total	2j		40068174

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1578260
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		24228643
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

LOCAL 705[®]
INTERNATIONAL BROTHERHOOD
OF TEAMSTERS
HEALTH AND WELFARE FUND
AUDIT REPORT
DECEMBER 31, 2024 AND 2023

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GRAFF, BLANSKI & KIM, P.C.

Certified Public Accountants

TWO NORTHFIELD PLAZA
SUITE 200
NORTHFIELD, ILLINOIS 60093

847/881-2540
FAX 847/881-2549

PAGE 1

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Local 705 International Brotherhood of
Teamsters Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of Local 705 International Brotherhood of Teamsters Health and Welfare Fund, 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 plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan 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 plan benefit obligations of Local 705 International Brotherhood of Teamsters Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Local 705 International Brotherhood of Teamsters Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 705 International Brotherhood of Teamsters Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

INDEPENDENT AUDITOR'S REPORT
(Continued)

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Local 705 International Brotherhood of Teamsters Health and Welfare Fund'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 Local 705 International Brotherhood of Teamsters Health and Welfare Fund'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

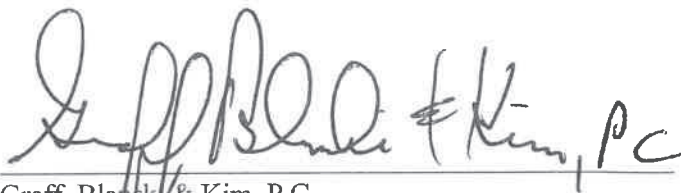
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedules of Reportable Transactions, Assets (Held at End of Year), Administrative Expenses, Employer Contributions, Summary of Selected Financial Information and Summary of Changes in Net Assets Available for Benefits, are presented for the purpose of additional analysis and are not a required part of the financial statements. The Supplemental Schedules of Reportable Transactions and Assets (Held at End of Year) are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

INDEPENDENT AUDITOR'S REPORT
(Continued)

Supplemental Schedules Required by ERISA (Continued)

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.

A handwritten signature in dark ink, appearing to read "Graff, Blanski & Kim, P.C.", written over a horizontal line.

Graff, Blanski & Kim, P.C.
Certified Public Accountants

Northfield, Illinois
August 8, 2025

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

ASSETS	2024	2023	Increase (Decrease)
Investments at Fair Value			
U.S. Government and Government Agency Obligations	\$ 14,525,309	\$ 10,866,885	\$ 3,658,424
Corporate Bonds	16,984,300	15,893,386	1,090,914
Foreign Obligations	1,920,814	2,342,748	(421,934)
Mutual Funds and Exchange Traded Funds	40,828,389	38,945,327	1,883,062
Limited Partnerships	24,228,643	25,218,281	(989,638)
Short-Term Investments	1,283,283	1,686,251	(402,968)
Total Investments	99,770,738	94,952,878	4,817,860
Receivables			
Participating Employers' Contributions	2,925,029	3,473,536	(548,507)
Due From Local 705 I.B. of T. Pension Fund	115,835	79,763	36,072
Accrued Interest and Dividends	329,125	260,611	68,514
Other	595,747	867,819	(272,072)
Total Receivables	3,965,736	4,681,729	(715,993)
Right of Use Asset - Operating Lease	150,305	59,986	90,319
Property and Equipment			
Fund Office, Net of Accumulated Depreciation of \$531,568 at December 31, 2024; \$526,747 at December 31, 2023	3,934	8,755	(4,821)
Prepaid Expenses	129,345	134,057	(4,712)
Cash	5,589,803	7,211,078	(1,621,275)
Total Assets	109,609,861	107,048,483	2,561,378
LIABILITIES			
Accounts Payable and Accrued Administrative Expenses	72,080	90,513	(18,433)
Due to Local Union No. 705 I.B. of T.	1,863	2,647	(784)
Operating Lease Liabilities	150,305	59,986	90,319
Due to Broker (Pending Transaction)	140,213	-	140,213
Total Liabilities	364,461	153,146	211,315
Net Assets Available For Benefits	\$ 109,245,400	\$ 106,895,337	\$ 2,350,063

The accompanying Notes to the Financial Statements are an integral part of this report.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023	Increase (Decrease)
<u>Additions</u>			
Contributions			
Participating Employers	\$ 36,055,126	\$ 39,488,944	\$ (3,433,818)
Participants	556,504	648,336	(91,832)
Total Contributions	<u>36,611,630</u>	<u>40,137,280</u>	<u>(3,525,650)</u>
Investment Income			
Net Appreciation in Fair Value of Investments	3,527,340	4,831,395	(1,304,055)
Interest, Dividends, and Other Investment Income	1,479,840	1,353,228	126,612
Total Investment Income	5,007,180	6,184,623	(1,177,443)
Less Investment Expenses	293,103	296,797	(3,694)
Net Investment Income	<u>4,714,077</u>	<u>5,887,826</u>	<u>(1,173,749)</u>
Other Income			
Liquidated Damages and Interest	23,526	50,820	(27,294)
Miscellaneous Income	139,656	25	139,631
Total Other Income	<u>163,182</u>	<u>50,845</u>	<u>112,337</u>
Total Additions	<u>41,488,889</u>	<u>46,075,951</u>	<u>(4,587,062)</u>
<u>Deductions</u>			
Benefits Paid For Participants			
Health Care and Disability	37,349,284	38,367,779	(1,018,495)
Death Benefits	169,100	227,667	(58,567)
Member Assistance Plans	-	29,003	(29,003)
Total Benefits Paid	<u>37,518,384</u>	<u>38,624,449</u>	<u>(1,106,065)</u>
Administrative Expenses	1,620,442	1,883,238	(262,796)
Total Deductions	<u>39,138,826</u>	<u>40,507,687</u>	<u>(1,368,861)</u>
Net Increase During Year	2,350,063	5,568,264	(3,218,201)
Net Assets Available For Benefits - Beginning of Year	106,895,337	101,327,073	5,568,264
Net Assets Available For Benefits - End of Year	<u>\$ 109,245,400</u>	<u>\$ 106,895,337</u>	<u>\$ 2,350,063</u>

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	2024	2023	Increase (Decrease)
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents			
Health Claims Payable	\$ 873,300	\$ 867,840	\$ 5,460
Death and Disability Benefits Payable	17,500	16,260	1,240
	<u>890,800</u>	<u>884,100</u>	<u>6,700</u>
Other Obligations for Current Benefit Coverage, at Estimated Amounts			
Claims Incurred But Not Reported	3,563,200	3,536,400	26,800
Accumulated Eligibility	6,177,900	5,439,600	738,300
	<u>9,741,100</u>	<u>8,976,000</u>	<u>765,100</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>10,631,900</u>	<u>9,860,100</u>	<u>771,800</u>
Postretirement Benefit Obligations			
Current Retirees	13,263,939	15,351,861	(2,087,922)
Other Participants Fully Eligible for Benefits	13,689,694	11,883,375	1,806,319
Other Participants Not Yet Fully Eligible for Benefits	19,214,859	17,846,366	1,368,493
	<u>46,168,492</u>	<u>45,081,602</u>	<u>1,086,890</u>
Plan's Total Benefit Obligations	<u>\$ 56,800,392</u>	<u>\$ 54,941,702</u>	<u>\$ 1,858,690</u>

The accompanying Notes to the Financial Statements are an integral part of this report.

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023	Increase (Decrease)
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents			
Balance at Beginning of Year	\$ 884,100	\$ 971,300	\$ (87,200)
Claims Reported and Approved for Payment	37,525,084	38,537,249	(1,012,165)
Claims Paid (Including Disability)	(37,518,384)	(38,624,449)	1,106,065
Balance at End of Year	890,800	884,100	6,700
Other Obligations for Current Benefit Coverage at Estimated Amounts			
Balance at Beginning of Year	8,976,000	10,351,300	(1,375,300)
Net Changes During the Year:			
Claims Incurred But Not Reported	26,800	(348,800)	375,600
Accumulated Eligibility	738,300	(1,026,500)	1,764,800
Balance at End of Year	9,741,100	8,976,000	765,100
Total Obligations Other Than Postretirement Benefit Obligations	10,631,900	9,860,100	771,800
Postretirement Benefit Obligations			
Balance at Beginning of Year	45,081,602	45,697,744	(616,142)
Increase (Decrease) During the Year Attributable to:			
Benefits Earned and Other Changes	526,053	731,597	(205,544)
Actuarial Experience Losses	-	(3,791,659)	3,791,659
Changes in Actuarial Assumptions	560,837	2,443,920	(1,883,083)
	46,168,492	45,081,602	1,086,890
Plan's Total Benefit Obligations at End of Year	\$ 56,800,392	\$ 54,941,702	\$ 1,858,690

The accompanying Notes to the Financial Statements are an integral part of this report.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 1 –Description of the Plan

The following brief description of Local 705 International Brotherhood of Teamsters Health and Welfare Fund is provided for general purposes only. The Plan Document should be referred to for more complete information.

The Plan provides health and death benefits covering all eligible participants. The Plan and related trust were established pursuant to a collective bargaining agreement between the Local Union No. 705 International Brotherhood of Teamsters and various employer associations. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan provides medical, dental, vision, prescription, death and weekly accident and sickness benefits covering members who receive one full month of employer contributions as specified in the Plan documents. The Plan also provides similar health benefits for retired members who satisfy eligibility requirements as specified in the Plan. The Plan's member assistance benefit covers expenses related to the treatment of chemical dependency and mental health disorders. The Plan also provides long-term disability benefits to certain eligible members. The Plan benefits available to eligible members is based upon two levels of benefit coverage as determined by the amount of the weekly contribution paid by participating employers on behalf of eligible members.

Under current provisions of the Plan, a participant becomes eligible on the first day of the month immediately following one full month of covered employment for which employers contribute to the Plan on the participant's behalf. Fifteen or more days of employer contributions in the participant's initial month will be considered a full month. Once the participant is covered under the Plan, the participant and the participant's eligible dependents will be eligible until the end of the month in which less than a full month of contributions are made on the participant's behalf. Continued eligibility for benefits is earned for full months. The participant is eligible for Plan benefits for any given month by having employer contributions made on the participant's behalf. Coverage under this Plan is automatic and the participant cannot decline coverage.

A participant's eligibility to receive the employee benefits provided under this Plan become effective on the date the eligibility requirements are satisfied. Each individual who is a dependent of the participant on the participant's eligibility date is eligible for and entitled to receive the dependent benefits provided under this Plan on and after the participant's eligibility date.

Participants should refer to the summary plan description for more complete information.

Note 2 – Summary of Significant Accounting Policies

(A) The Plan's financial statements are presented on the accrual basis of accounting.

(B) The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 2 – Summary of Significant Accounting Policies (Continued)

- (C) Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 4 for a discussion of fair value measurements).

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

- (D) Employers' contributions receivable represents amounts due under terms of the collective bargaining agreement and are reported at the amount management expects to collect on balances outstanding at December 31, 2024 and 2023. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits is recognized when final amounts are determined.
- (E) Property and equipment are carried at cost less accumulated depreciation and amortization. Depreciation and amortization expense is computed on the straight-line method over the estimated useful lives of the assets (See Note 5 for additional discussion). Maintenance and repairs of property and equipment are charged to operations and major improvements are capitalized. When assets are sold, retired or otherwise disposed of, the cost and accumulated depreciation are removed from the accounts and any resulting gain or loss is included in the change in net assets available for benefits.
- (F) The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2024 and 2023. 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 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), contributions remitted by retirees, 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.

For measurement purposes, a 8.80% and 8.00% annual rate of increase in the per capita cost of covered health care benefits and covered prescription benefits was assumed for 2024 and 2023, respectively; the health care benefit and covered prescription rate was assumed to decrease gradually over 15 years from 8.80% to 4.50% for 2024 and over 12 years from 8.00% to 4.50% for 2023.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 2 – Summary of Significant Accounting Policies (Continued)

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increase by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$4,902,499 and \$4,857,354, respectively. The following were significant assumptions used in the valuations as of December 31, 2024 and 2023.

Weighted-Average Discount Rate: 5.50% (2024); 4.75% (2023)

Retirement Rates:
December 31, 2024

Age	Eligible for a Service Pension	Not Eligible for a Service Pension
52-56	6.0%	N/A
57-58	6.0%	2.0%
59-60	10.0%	2.0%
61	12.0%	5.0%
62	20.0%	5.0%
63	20.0%	7.0%
64	20.0%	10.0%
65	25.0%	15.0%
66-70	30.0%	25.0%
71 +	100.0%	100.0%

Retirement Rates:
December 31, 2023

Age	Eligible for a Service Pension	Not Eligible for a Service Pension
52-56	6.0%	N/A
57-58	6.0%	2.0%
59-60	10.0%	2.0%
61	12.0%	5.0%
62	20.0%	5.0%
63	20.0%	7.0%
64	20.0%	10.0%
65	25.0%	15.0%
66-70	30.0%	25.0%
71 +	100.0%	100.0%

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 2 – Summary of Significant Accounting Policies (Continued)

Mortality Rates:

2024: *Healthy* - 110% of the Pri-2012 Headcount-weighted Blue Collar Healthy Retiree Mortality Table, Projected generationally from 2012 with Scale MP-2021.

Surviving Spouse - 110% of the Pri-2012 Headcount-weighted Blue Collar Contingent Survivor Mortality Table, Projected Generationally from 2012 with Scale MP-2021

2023: *Healthy* - 110% of the Pri-2012 Headcount-weighted Blue Collar Healthy Retiree Mortality Table, Projected generationally from 2012 with Scale MP-2021.

Surviving Spouse - 110% of the Pri-2012 Headcount-weighted Blue Collar Contingent Survivor Mortality Table, Projected Generationally from 2012 with Scale MP-2021

Future Retiree Health Coverage Election: 2024: 85%; 2023: 85%

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

(G) Plan obligations for health claims payable and health claims incurred but not reported and accumulated eligibility are estimated by the Plan's actuary in accordance with accepted actuarial principles.

(H) In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 8, 2025, which is the date the financial statements were available to be issued.

Note 3 – Funding Policy

The collective bargaining agreement provides that participating employers make monthly contributions to the Plan to provide benefits for Union members. The employers' contribution rates are established by the collective bargaining agreements. Weekly contribution rates ranged from \$94 to \$112 and \$88 to \$109 for the years ended December 31, 2024 and 2023, respectively.

The Plan receives contributions from participants under the provisions of COBRA (Consolidated Omnibus Budget Reconciliation Act) which provides that participants can elect to continue, for specified periods of time, their health care benefits which otherwise would have been lost due to certain events by making the required contribution. COBRA rates are determined by the Trustees and ranged from \$1,749 to \$2,884 per month and \$1,667 to \$2,878 per month for the years ended December 31, 2024 and 2023, respectively.

The Plan also requires retirees eligible under the Post-Retirement Retirees Plan to make monthly contributions. Effective July 2013, the contribution rate was \$386 per month plus \$193 per month per dependent.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 4 – Fair Value Measurements

Financial Accounting Standards Board *Accounting Standards Codification 820, Fair Value Measurements and Disclosures*, establishes a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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:

- 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;
- 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 market value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

U.S. Government and Government Agency Obligations, Foreign Obligations – Valued using recently executed transactions, market price quotations and pricing models that factor in, where applicable, interest rates, bond spreads and volatility.

Corporate Bonds and Notes – Valued using pricing models maximizing the use of observable inputs. This includes basing value on prices currently available for comparable securities with similar yields, duration and credit quality.

Common and Preferred Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 4 – Fair Value Measurements (Continued)

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

Limited Partnerships – Valued based on the NAV of units (or equivalents). The NAV, as provided by the general partner, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Short-term Investments – Based upon quoted market prices of the shares held by the Plan at year-end, or when no quoted market prices are available, fair value is estimated to approximate the cost basis of the deposit account balance, based upon the liquidity of the account and the credit quality of the issuer.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods described above 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
U.S. Government and Government Agency Obligations	\$ -	\$ 14,525,309	\$ -	\$ 14,525,309
Corporate Bonds and Notes	-	16,984,300	-	16,984,300
Foreign Obligations	-	1,920,814	-	1,920,814
Mutual Funds and Exchange Traded Funds	40,828,389	-	-	40,828,389
Short-Term Investments	-	1,283,283	-	1,283,283
Investments in Fair Value Hierarchy	<u>\$ 40,828,389</u>	<u>\$ 34,713,706</u>	<u>\$ -</u>	<u>\$ 75,542,095</u>
Investments at Net Asset Value				
Real Estate Investment Funds				24,228,643
Total				<u>\$ 99,770,738</u>

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 4 – Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
U.S. Government and Government Agency Obligations	\$ -	\$ 10,866,885	\$ -	\$ 10,866,885
Corporate Bonds and Notes	-	15,893,386	-	15,893,386
Foreign Obligations	-	2,342,748	-	2,342,748
Mutual Funds and Exchange Traded Funds	38,945,327	-	-	38,945,327
Short-Term Investments	-	1,686,251	-	1,686,251
Investments in Fair Value Hierarchy	<u>\$ 38,945,327</u>	<u>\$ 30,789,270</u>	<u>\$ -</u>	<u>\$ 69,734,597</u>

Investments at Net Asset Value
Real Estate Investment Funds
Total

25,218,281
\$ 94,952,878

In accordance with ASU 2015-07, investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the statement of net assets available for benefits.

Gains and losses (realized and unrealized) included in net assets available for benefits for the years ended December 31, 2024 and 2023 are reported in net appreciation in fair value of investments.

Certain investments reported above determine fair value using a calculated net asset value per share, or its equivalent. The following table discloses the fair value and redemption frequency for those assets as of December 31, 2024 and 2023:

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period (if Currently Eligible)
<u>December 31, 2024</u>				
Limited Partnerships	<u>\$ 24,228,643</u>	<u>\$ -</u>	Daily, Quarterly	1 day, 45 days
<u>December 31, 2023</u>				
Limited Partnerships	<u>\$ 25,218,281</u>	<u>\$ -</u>	Daily, Quarterly	1 day, 45 days

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 4 – Fair Value Measurements (Continued)

Limited Partnerships – This category represents limited partnerships at December 31, 2024 and 2023. The limited partnership invests in a diversified, low-leverage portfolio of institutional quality real estate assets in the United States. The real estate investments are comprised of direct equity investments, joint ventures, mortgages and other loans receivable.

Note 5 – Property and Equipment

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

	2024	2023	Depreciable Lives
Furniture and Fixtures	\$ 181,589	\$ 181,589	5-7 years
Equipment	30,007	30,007	5-7 years
Computer Equipment	304,945	304,945	5 years
Leasehold Improvements	18,961	18,961	65 months
	<u>535,502</u>	<u>535,502</u>	
Less Accumulated Depreciation and Amortization	531,568	526,747	
Property and Equipment - Net	<u>\$ 3,934</u>	<u>\$ 8,755</u>	

Depreciation and amortization expense aggregated \$4,821 and \$6,267 for the years ended December 31, 2024 and 2023, respectively.

Note 6 – Related Party Transactions

Several of the officers from International Brotherhood of Teamsters (I.B. of T.) Local 705 and Trustees of the Local 705 I.B. of T. Pension Fund serve as Trustees of the Plan.

Payroll and certain common administrative expenses, as detailed below, are paid for by Local 705 in the amount of \$33,224 and \$34,705 for the years ended December 31, 2024 and 2023, respectively.

The amount due to Local 705 from the Plan was \$1,863 and \$2,647 for the years ended December 31, 2024 and 2023, respectively.

Local 705 I.B. of T. Pension Fund paid for shared payroll and common administrative expenses on behalf of the Plan in the amounts of \$215,314 and \$256,558 for the years ended December 31, 2024 and 2023, respectively. In addition, the Plan paid for shared payroll and common administrative expenses on behalf of Local 705 I.B. of T. Pension Fund in the amounts of \$331,148 and \$303,776 for the years ended December 31, 2024 and 2023, respectively.

The amounts due from the Pension Fund to the Plan were \$115,835 and \$79,763 at December 31, 2024 and 2023, respectively.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 6 – Related Party Transactions (Continued)

The Plan entered into an operating lease agreement for office space with West Side Realty Corporation. The lease provided that the lessee pay a base monthly rent plus contingent rent for real estate taxes and operating costs. See Note 7 for additional information.

Note 7 – Contingencies and Commitments**Concentration of Credit Risk for Cash Held at Banks**

The Plan maintains three accounts at BMO Harris Bank N.A., one of which, at times throughout the year ended, exceeded the Federal Deposit Insurance Corporation amount of \$250,000.

Operating Leases

The Plan leases office equipment under operating leases expiring in various years through August 2027.

The Plan renewed the office lease with West Side Realty Corporation once again under a 5-year lease agreement through October 31, 2029.

	Year Ended December 31, 2024
Weighted average remaining lease term	4.77 years
Weighted average discount rate	4.03%

The future minimum lease payments to be paid as of December 31, 2024 for each of the next five years are as follows:

Years Ended December 31	Amount
2025	\$ 81,530
2026	81,530
2027	80,747
2028	79,180
2029	65,387
Total	<u>\$ 388,374</u>

Total office rental expense, was \$177,077 and \$149,544 for 2024 and 2023, respectively.

Equipment rent expenses for the years ended December 31, 2024 and 2023 were \$9,266 and \$8,181, respectively.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 8 – Plan Termination

It is the intent of the trustees to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the trustees. In the event the Plan terminates, the net assets of the Plan will be allocated as set forth in the Trust Agreement and as prescribed by ERISA and its related regulations.

Note 9 – Benefit Plans

Employees of the Plan are eligible to participate in the multiemployer defined contribution Teamsters-National 401(k) Savings Plan. The 401(k) Plan is administered by a third party and contributions are made by both participants and employers. An annual discretionary contribution will be made for each full-time employee who completes at least 500 hours of service during the plan year; provided that the employer has had a positive return during its prior plan year. No contributions are required to be made for a plan year in which the Plan fails to have a positive return. For the years ended December 31, 2024 and 2023, the Plan made employer contributions of \$38,934 and \$43,235, respectively, to the 401(k) plan on behalf of employees that participated in the plan.

The Plan contributes to a multiemployer defined benefit pension plan under terms of participation agreements that cover a number of its employees. The risks of participating in these multiemployer plans are different from single employer plans in the following aspects:

- (a) Assets contributed to the multiemployer plan by one company may be used to provide benefits to employees of other participating employers.
- (b) If a participating company stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- (c) If the Plan stops participating in some or all of its multiemployer plans, the Plan may be required to pay those plans an amount based on the underfunded status of the plan, referred to as withdrawal liability.

The Plan's participation in the multiemployer plan for the annual period ending December 31, 2024, is below. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 is for the plan's year ended at December 31, 2023. The zone status is based on information that the Plan received from the plans and is certified by the plans' actuaries. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration date of the Collective Bargaining Agreement to which the multiemployer plan is subject. There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 9 – Benefit Plans (Continued)

<u>Pension Fund</u>	<u>EIN/Pension Plan Number</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending Implemented</u>	<u>Contributions from Plan</u>		<u>Surcharge Imposed</u>	<u>Expiration Date of Collective Bargaining Agreement</u>
		<u>2024</u>	<u>2023</u>		<u>2024</u>	<u>2023</u>		
Local 705 International Brotherhood of Teamsters Pension Fund	EIN - No. 36-6492502 Plan No. 001	Green ¹	Green ¹	No	\$166,118	\$216,644	None	Not Specified

Note 10 – Income Tax Status

The Internal Revenue Service ruled on September 23, 1995 that the Plan qualifies under section 501(c)(9) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Trustees of the Plan are not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax years in progress.

Note 11 – Risks and Uncertainties

During the years ended December 31, 2024 and 2023, three employers contributed 48% and 47% of total contribution income to the Plan, respectively. In the event these employers were to suspend contributions, it may affect the net assets available for benefits.

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 changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

¹ Pension Protection Act Zone status relates to plan years January 1, 2023 – December 31, 2023 and January 1, 2022 – December 31, 2022.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 12 – Plan Amendments

The Plan was amended during 2024 and 2023. Participants should refer to the Plan Document for a more complete description of the Plan Amendments.

Effective January 1, 2025:

- Under Article IX Schedule of Benefits, the Schedule of Benefits for Level 1 and Schedule of Benefits for US Foods Participants amended as follows;
 - a) Comprehensive Medical Benefit - add a visit limit for Chiropractic Care/Spinal Manipulations (Employee & Dependent Spouse Only)
 - b) PPO Provider – Plan Pays 85% up to \$100 of eligible charge per visit per day after deductible; limit to 25 visits per year.
 - c) Non-PPO Provider - Plan Pays 65% up to \$100 of eligible charge per visit per day after deductible; limit to 25 visits per year.
- Under Article IX Schedule of Benefits, the Schedule of Benefits for Level 2 amended as follows;
 - d) Comprehensive Medical Benefit - add a visit limit for Chiropractic Care/Spinal Manipulations (Employee & Dependent Spouse Only)
 - e) PPO Provider – Plan Pays 70% up to \$100 of eligible charge per visit per day after deductible; limit to 25 visits per year.
 - f) Non-PPO Provider - Plan Pays 50% up to \$100 of eligible charge per visit per day after deductible; limit to 25 visits per year.
- Under Article IX Schedule of Benefits, the Schedule of Benefits for Retired Employee amended as follows;
 - g) Comprehensive Medical Benefit - add a visit limit for Chiropractic Care/Spinal Manipulations (Employee & Dependent Spouse Only)
 - h) PPO Provider – Plan Pays 85% up to \$100 of eligible charge per visit per day after deductible; limit to 25 visits per year.
 - i) Non-PPO Provider – Not covered
- Under Article IX Schedule of Benefits, the Schedule of Benefits for Level 1 and the Schedule of Benefits for US Foods amended as follows; Dental Benefits; Annual Dental Maximums for Participant/dependent age 19 and over is \$2,700 and Dependent under 19 is \$0.
- Under Article XIII Comprehensive Medical Benefits, Section 13.05, subsection K, revised as follows; Active or corrective therapy to treat acute or chronic subluxation of the back, neck, spine and vertebra due to strains, sprain and nerve root problem of the back, up to the limitation indicated on the Schedule of Benefits .This benefit does no cover x-ray, massage therapy or MRIs ordered or performed by a chiropractor. Limited to 25 visits per calendar year.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023
(CONTINUED)**

Note 12 – Plan Amendments (Continued)

Effective January 1, 2024,

- Under Article IX Schedule of Benefits, the Schedule of Benefits for Level 1, Schedule of Benefits for Level 2, and Schedule of Benefits for US Foods Participants is amended as follows; Vision care benefit - the Plan pays up to \$400 in covered services per year for participant and dependent age 19 and over.
- Effective January 1, 2023. Under Section 6.03, the Plan provides continued health coverage for striking Employees and their Eligible Dependents when the requirements are met.

Note 13 – Reconciliation of Financial Statements to Form 5500

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

	December 31, 2024	December 31, 2023
Net Assets Available for Benefits Per the Financial Statements	\$109,245,400	\$ 106,895,337
Benefit Obligations Currently Payable	10,631,900	9,860,100
Net Assets Available for Benefits per the Form 5500	<u>\$ 98,613,500</u>	<u>\$ 97,035,237</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	Year Ended December 31, 2024	Year Ended December 31, 2023
Benefits Paid to Participants per the Financial Statements	\$37,518,384	\$38,624,449
Add: Amounts Currently Payable at End of the Year	10,631,900	9,860,100
Less: Amounts Currently Payable at Beginning of the Year	<u>9,860,100</u>	<u>11,322,600</u>
Benefits Paid to Participants per Form 5500	<u>\$38,290,184</u>	<u>\$37,161,949</u>

SUPPLEMENTARY INFORMATION

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
SCHEDULE OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023	Increase (Decrease)
Actuarial Fees	\$ 85,000	\$ 85,000	\$ -
Audit Fees	41,163	41,082	81
Computer Consulting Fees and Data Processing Fees	146,608	128,987	17,621
Depreciation	4,821	6,267	(1,446)
Employee Benefits	335,331	427,017	(91,686)
Insurance and Bonding	67,035	68,336	(1,301)
Legal Fees	54,219	60,500	(6,281)
Other Actuarial Services	46,145	50,224	(4,079)
Other Professional Fees	7,900	9,642	(1,742)
Payroll Audits and Special Projects	4,208	28,940	(24,732)
Payroll Taxes	35,040	48,301	(13,261)
PCORI Fee	14,174	14,488	(314)
Printing, Supplies and Other Administrative Expenses	119,084	133,967	(14,883)
Rent	177,077	149,544	27,533
Salaries	482,637	630,943	(148,306)
Total Administrative Expenses	<u>\$ 1,620,442</u>	<u>\$ 1,883,238</u>	<u>\$ (262,796)</u>

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
SCHEDULE OF EMPLOYER CONTRIBUTIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023	Increase (Decrease)
3 MD Relocation Services	\$ 954,668	\$ 820,588	\$ 134,080
ABF Freight Systems, Inc.	2,840,226	2,772,375	67,851
Advantage Moving and Storage	255,224	225,296	29,928
Avalon Petroleum Co.	508,160	501,228	6,932
Bell Fuels, Inc.	276,669	285,948	(9,279)
Boyer-Rosene Moving & Storage	428,884	412,832	16,052
Central Contractors	280,004	265,232	14,772
Chicago Area Express, Co.	942,193	961,402	(19,209)
Chicago Office Mover	376,512	379,052	(2,540)
CPC Logistics Inc	244,410	200,128	44,282
DHL	9,114,337	8,962,562	151,775
DHL Global Forwarding	4,376,261	5,457,564	(1,081,303)
Freeman Expositions	441,753	406,778	34,975
Hallett & Sons Expert Movers	713,752	697,244	16,508
Illinois Federation of Teachers	2,287,920	2,170,104	117,816
Kehe Food Distributors	915,970	865,828	50,142
Local 705 Pension	258,316	213,962	44,354
Local 705 Staff	696,408	630,031	66,377
Meyer Industrial	360,792	376,539	(15,747)
Oscro, Inc.	461,932	482,508	(20,576)
Pickens Kane Moving & Storage	646,788	694,820	(48,032)
The Valvoline Co. (Drive)	321,220	245,088	76,132
The Valvoline Co. (Warehouse)	281,914	268,488	13,426
Univar Solutions	1,004,204	911,002	93,202
US Food Service Inc.	3,892,005	3,990,510	(98,505)
USF Holland Inc.	-	1,182,893	(1,182,893)
Village of Bellwood	619,560	520,588	98,972
Village of Elmwood Park	573,336	561,648	11,688
Village of Forest Park	370,156	349,104	21,052
Village of Westchester	514,117	452,169	61,948
YRC Inc.	-	2,254,022	(2,254,022)
Other Employers, Under \$200,000	1,645,942	1,720,310	(74,368)
Total Employer Cash Contributions	36,603,633	40,237,843	(3,634,210)
Add - Employer Contributions Receivable - End of Year	2,925,029	3,473,536	(548,507)
Deduct - Employer Contributions Receivable - Beginning of Year	(3,473,536)	(4,222,435)	748,899
Total Employer Contribution Income	<u>\$ 36,055,126</u>	<u>\$ 39,488,944</u>	<u>\$ (3,433,818)</u>

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
SUMMARY OF SELECTED FINANCIAL INFORMATION
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

A summary of selected financial information of the Plan and its operations for the years ended December 31, 2024 and 2023 is shown below, followed by additional information relating to the financial statements at December 31, 2024 and 2023.

	2024	2023
Total Assets	109,609,861	107,048,483
Total Additions	41,488,889	46,075,951
Investment Income – Net	4,714,077	5,887,826
Employers’ and COBRA Contributions	36,086,097	39,540,711
Costs of Administration:		
Amount	1,620,442	1,883,238
Percent of Employers’ and COBRA Contributions	4.49%	4.76%
Net Increase in Net Assets	2,350,063	5,568,264
Per Capita Data Based Upon Average Number of Participants - Exclusive of Pensioners and Members Eligible for Long-Term Disability	1,397	1,712
Employers’ and COBRA Contributions	25,831	23,096
Investment Income – Net	3,374	3,439
Administrative Expenses	1,160	1,100

The accompanying Notes to the Financial Statements are an integral part of this report.

**LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
SUMMARY OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

A summary of the changes in net assets and their percent to total additions for the years ended December 31, 2024 and 2023 are as follows:

	2024		2023	
	Amount	Percent	Amount	Percent
Additions:				
Investment Income - Net	\$ 4,714,077	11.36%	\$ 5,887,826	12.78%
Employers' Contributions	36,055,126	86.90%	39,488,944	85.71%
Retiree Contributions	525,533	1.27%	596,569	1.29%
COBRA Payments From Participants	30,971	0.07%	51,767	0.11%
Liquidated Damages and Interest	23,526	0.06%	50,820	0.11%
Miscellaneous Income	139,656	0.34%	25	0.00%
Total	<u>41,488,889</u>	<u>100.00%</u>	<u>46,075,951</u>	<u>100.00%</u>
Deductions:				
Health Benefits for Participants	37,349,284	90.02%	38,367,779	83.26%
Death Benefits	169,100	0.41%	227,667	0.49%
Member Assistance Plan	-	0.00%	29,003	0.06%
Administrative Expenses	1,620,442	3.91%	1,883,238	4.09%
Total	<u>39,138,826</u>	<u>94.34%</u>	<u>40,507,687</u>	<u>87.90%</u>
Net Increase	<u>\$ 2,350,063</u>	<u>5.66%</u>	<u>\$ 5,568,264</u>	<u>12.10%</u>

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
EIN# 36-2688697 PLAN 502

FORM 5500 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Midwest Institutional Trust Company	GS Fin Sq Gov #466	\$ 27,439,069	\$ -	\$ -	-	\$ 27,439,069	\$ 27,439,069	\$ -
Midwest Institutional Trust Company	GS Fin Sq Gov #466	-	27,842,054	-	-	27,842,054	27,842,054	-
Midwest Institutional Trust Company	US Treasury Bond 4.75% Dtd 1/15/2023 Due 11/15/2043	\$ 4,024,618	\$ -	\$ -	-	\$ 4,024,618	\$ 4,024,618	-
Midwest Institutional Trust Company	US Treasury Bond 4.75% Dtd 1/15/2023 Due 11/15/2043	-	4,048,085	-	-	4,024,618	4,048,085	23,467
Midwest Institutional Trust Company	US Treasury Bond 2.125% Dtd 2/15/2024 Due 2/15/2054	\$ 5,277,336	\$ -	\$ -	-	\$ 5,277,336	\$ 5,277,336	-
Midwest Institutional Trust Company	US Treasury Bond 2.125% Dtd 2/15/2024 Due 2/15/2054	-	5,324,114	-	-	5,281,563	5,324,114	42,551
Midwest Institutional Trust Company	US Treasury Note 4.375% Dtd 11/30/2023 Due 11/30/2028	\$ 2,956,074	\$ -	\$ -	-	\$ 2,956,074	\$ 2,956,074	-
Midwest Institutional Trust Company	US Treasury Note 4.375% Dtd 11/30/2023 Due 11/30/2028	-	4,924,879	-	-	4,917,648	4,924,879	7,231
Midwest Institutional Trust Company	US Treasury Note 1.75% Dtd 1/15/2024 Due 1/15/2034	\$ 3,449,069	\$ -	\$ -	-	\$ 3,449,069	\$ 3,449,069	-
Midwest Institutional Trust Company	US Treasury Note 1.75% Dtd 1/15/2024 Due 1/15/2034	-	3,428,030	-	-	3,454,494	3,428,030	(26,464)
Midwest Institutional Trust Company	US Treasury Note 4.00% Dtd 2/15/2024 Due 2/15/2034	\$ 6,257,409	\$ -	\$ -	-	\$ 6,257,409	\$ 6,257,409	-
Midwest Institutional Trust Company	US Treasury Note 4.00% Dtd 2/15/2024 Due 2/15/2034	-	6,189,151	-	-	6,184,311	6,189,151	4,840
Midwest Institutional Trust Company	US Treasury Note 4.375% Dtd 5/15/2024 Due 5/15/2034	\$ 5,651,568	\$ -	\$ -	-	\$ 5,651,568	\$ 5,651,568	-
Midwest Institutional Trust Company	US Treasury Note 4.375% Dtd 5/15/2024 Due 5/15/2034	-	4,387,121	-	-	4,362,675	4,387,121	24,446
Midwest Institutional Trust Company	US Treasury Note 4.125% Dtd 8/15/2024 Due 8/15/2034	\$ 4,451,408	\$ -	\$ -	-	\$ 4,451,408	\$ 4,451,408	-
Midwest Institutional Trust Company	US Treasury Note 4.125% Dtd 8/15/2024 Due 8/15/2034	-	1,708,361	-	-	1,713,613	1,708,361	(5,252)
Midwest Institutional Trust Company	US Treasury Note 3.75% Dtd 8/31/2024 Due 8/31/2026	\$ 2,480,300	\$ -	\$ -	-	\$ 2,480,300	\$ 2,480,300	-
Midwest Institutional Trust Company	US Treasury Note 3.75% Dtd 8/31/2024 Due 8/31/2026	-	2,473,479	-	-	2,480,300	2,473,479	(6,821)

The accompanying Notes to the Financial Statements are an integral part of this report.

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
EIN# 36-2688697 PLAN 502
FORM 5500 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
		Par Value / Shares	Interest Rate	Maturity Date	
	Investments Held at Midwest Institutional Trust Company			92,139,985	100,081,365
Adjustments:					
	Add: Due to Broker (Pending Transaction)			140,213	140,213
	Less: Fair Value of BGO Diversified US Property Fund LP as of December 31, 2024			-	(121,715)
	Less: Accrued Income as of December 31, 2024			(329,125)	(329,125)
	Adjusted Investments Held at Midwest Institutional Trust Company			91,951,073	99,770,738

The accompanying Notes to the Financial Statements are an integral part of this report.

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
EIN# 36-2688697 PLAN 502
FORM 5500 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current Value
		Par Value / Shares	Interest Rate	Maturity Date		
	Investments Held at Midwest Institutional Trust Company				92,139,985	100,081,365
	Adjustments:					
	Less: Fair Value of BGO Diversified US Property Fund LP as of December 31, 2024				-	(121,714)
	Less: Accrued Income as of December 31, 2024				<u>(329,125)</u>	<u>(329,125)</u>
	Adjusted Investments Held at Midwest Institutional Trust Company				<u>91,810,860</u>	<u>99,630,526</u>

The accompanying Notes to the Financial Statements are an integral part of this report.

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Fixed Income										
Treasury and Federal Agencies										
Short (Less Than 5 Years)										
AK	- GNMA II Passthr CTF Pool #2755 7.000% Dtd 05/01/99 Due 05/20/2029 36202DBY6	1,303.583	.00	1,339.44 102.751	1,334.62 102.381	- 4.82	.00	7.60	91.00 0.07000	6.84%
AK	- US Treasury Note 3.50% Dtd 09/30/2024 Due 09/30/2029 91282CLN9	2,960,000.000	3.84	2,905,046.82 98.143	2,849,947.20 96.282	- 55,099.62	2.85	26,469.22	103,600.00 0.03500	3.64%
AK	- US Treasury Note 4.125% Dtd 10/31/2024 Due 10/31/2026 91282CLS8	100,000.000	.13	99,843.75 99.844	99,786.00 99.786	- 57.75	.10	859.19	4,125.00 0.04125	4.13%
Total Short (Less Than 5 Years)			3.97	3,006,230.01	2,951,067.82	- 55,162.19	2.95	27,336.01	107,816.00	3.65%
Intermediate (5-10 Years)										
AK	- GNMA II Passthr CTF Pool #2945 7.500% Dtd 07/01/00 Due 07/20/2030 36202DHW4	115.023	.00	119.40 103.805	117.50 102.157	- 1.90	.00	0.71	8.00 0.07500	7.34%
AK	- US Treasury Note 4.00% Dtd 02/15/2024 Due 02/15/2034 91282CJZ5	75,000.000	.10	73,097.93 97.464	71,825.25 95.767	- 1,272.68	.07	1,133.15	3,000.00 0.04000	4.18%
AK	- US Treasury Note 4.375% Dtd 05/15/2024 Due 05/15/2034 91282CKQ3	1,305,000.000	1.73	1,288,893.64 98.766	1,285,346.70 98.494	- 3,546.94	1.28	7,412.72	57,093.00 0.04375	4.44%
AK	- US Treasury Note 3.875% Dtd 08/15/2024 Due 08/15/2034 91282CLF6	2,810,000.000	3.58	2,737,795.31 97.430	2,657,838.50 94.585	- 79,956.81	2.66	40,987.60	108,887.00 0.03875	4.10%
AK	- US Treasury Note 4.125% Dtd 10/31/2024 Due 10/31/2031 91282CLU3	865,000.000	1.14	854,052.34 98.734	846,878.25 97.905	- 7,174.09	.85	6,111.14	35,681.00 0.04125	4.21%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- US Treasury Note 4.25% Dtd 11/15/2024 Due 11/15/2034 91282CLW9	2,930,000.000	3.84	2,901,717.84 99.035	2,853,878.60 97.402	- 47,839.24	2.85	16,167.61	124,525.00 0.04250	4.36%
Total Intermediate (5-10 Years)			10.39	7,855,676.46	7,715,884.80	- 139,791.66	7.71	71,812.93	329,194.00	4.27%
Long (Over 10 Years)										
AK	- Federal Home Ln Mtg Corp Partn CTF Group #SD1436 4.500% Dtd 08/01/2022 Due 08/01/2052 IPD24 3132DNSZ7	418,021.890	.53	401,431.63 96.031	394,119.40 94.282	- 7,312.23	.39	1,567.58	18,810.00 0.04500	4.77%
AK	- Federal Home Ln Mtg Corp Partn CTF Group #SD1515 4.500% Dtd 08/01/2022 Due 08/01/2052 IPD24 3132DNVG5	389,337.710	.49	373,825.03 96.016	367,075.38 94.282	- 6,749.65	.37	1,460.01	17,520.00 0.04500	4.77%
AK	- Federal Home Ln Mtg Corp Partn CTF Group #SD1620 5.000% Dtd 09/01/2022 Due 09/01/2052 IPD24 3132DNYR8	358,330.990	.47	351,388.34 98.063	347,032.81 96.847	- 4,355.53	.35	1,493.04	17,916.00 0.05000	5.16%
AK	- Federal Home Ln Mtg Corp Partn CTF Group #SD1638 5.000% Dtd 09/01/2022 Due 09/01/2052 IPD24 3132DNZB2	383,314.180	.50	376,456.46 98.211	371,347.11 96.878	- 5,109.35	.37	1,597.14	19,165.00 0.05000	5.16%
AK	- Federal Home Ln Mtg Corp Partn CTF Group #SC0406 2.000% Dtd 08/01/2023 Due 12/01/2041 IPD24 3132D9NX8	72,275.690	.08	59,774.25 82.703	59,474.94 82.289	- 299.31	.06	120.45	1,445.00 0.02000	2.43%
AK	- Federal Home Ln Mtg Corp Partn CTF Group #QE9228 4.500% Dtd 08/01/2022 Due 09/01/2052 IPD24 3133BKHD4	393,182.170	.50	377,454.89 96.000	370,369.74 94.198	- 7,085.15	.37	1,474.43	17,693.00 0.04500	4.78%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Federal Home Ln Mtg Corp Partn CTF Group #RA4206 2.500% Dtd 12/01/2020 Due 12/01/2050 IPD24 3133KKU72	116,127.990	.13	95,342.89 82.102	94,882.37 81.705	- 460.52	.09	241.93	2,903.00 0.02500	3.06%
AK	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #CB2789 2.000% Dtd 01/01/2022 Due 02/01/2052 IPD24 3140QNC34	119,145.700	.13	93,557.31 78.523	93,030.15 78.081	- 527.16	.09	198.57	2,382.00 0.02000	2.56%
AK	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FS2906 5.000% Dtd 09/01/2022 Due 09/01/2052 IPD24 3140XJGQ0	353,880.950	.46	347,549.80 98.211	342,900.02 96.897	- 4,649.78	.34	1,474.50	17,694.00 0.05000	5.16%
AK	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FS5936 4.000% Dtd 09/01/2023 Due 11/01/2042 IPD24 3140XMS23	56,929.440	.07	53,676.01 94.285	53,359.39 93.729	- 316.62	.05	189.76	2,277.00 0.04000	4.27%
AK	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #FS6925 2.500% Dtd 01/01/2024 Due 12/01/2051 IPD24 3140XNV78	113,068.750	.12	92,813.56 82.086	92,425.79 81.743	- 387.77	.09	235.55	2,826.00 0.02500	3.06%
AK	- GNMA II Passthru CTF Pool #MA8199 3.50% Dtd 08/01/2022 Due 08/20/2052 IPD19 36179XDC7	75,267.080	.09	68,072.62 90.441	67,316.62 89.437	- 756.00	.07	219.52	2,634.00 0.03500	3.91%
AK	- GNMA II Passthru CTF Pool #MA8798 4.00% Dtd 04/01/2023 Due 04/20/2053 IPD19 36179XX35	77,075.410	.10	71,800.56 93.156	71,033.47 92.161	- 767.09	.07	256.91	3,083.00 0.04000	4.34%
AK	- GNMA II Passthru CTF Pool #MA9303 4.50% Dtd 11/01/2023 Due 11/20/2053 IPD19 36179YKQ6	77,451.700	.10	74,014.79 95.563	73,251.49 94.577	- 763.30	.07	290.44	3,485.00 0.04500	4.76%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- US Treasury Bond 4.25% Dtd 08/15/2024 Due 08/15/2054 912810UC0	190,000.000	.23	179,098.61 94.262	173,553.60 91.344	- 5,545.01	.17	3,050.06	8,075.00 0.04250	4.65%
AK	- US Treasury Bond 4.125% Dtd 08/15/2024 Due 08/15/2044 912810UD8	980,000.000	1.19	940,947.99 96.015	887,184.20 90.529	- 53,763.79	.89	15,389.17	40,425.00 0.04125	4.56%
Total Long (Over 10 Years)			5.20	3,957,204.74	3,858,356.48	- 98,848.26	3.86	29,259.06	178,333.00	4.62%
Total Treasury and Federal Agencies			19.56	14,819,111.21	14,525,309.10	- 293,802.11	14.51	128,408.00	615,343.00	4.24%
Non-Government Obligations Short (Less Than 5 Years)										
AK	- American Express Co Sr NT Var Rate Dtd 07/28/2023 Due 07/27/2029 Non-Callable 025816DH9	178,000.000	.24	178,000.00 100.000	180,002.50 101.125	2,002.50	.18	4,021.94	9,401.00 0.05282	5.22%
AK	- Amgen Inc Sr NT 5.15% Dtd 03/02/2023 Due 03/02/2028 Callable 031162DP2	148,000.000	.20	148,251.36 100.170	149,077.44 100.728	826.08	.15	2,519.49	7,622.00 0.05150	5.11%
AK	- Ares Cap Corp Sr NT 3.25% Dtd 01/15/2020 Due 07/15/2025 Callable 04010LAY9	154,000.000	.21	150,296.74 97.595	152,504.66 99.029	2,207.92	.15	2,307.86	5,005.00 0.03250	3.28%
AK	- Ashtead Cap Inc Sr SEC Gbl 4.00% Dtd 11/04/2019 Due 05/01/2028 Callable 045054AJ2	138,000.000	.18	127,093.51 92.097	132,550.38 96.051	5,456.87	.13	919.99	5,520.00 0.04000	4.16%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Bat Capital Corp Sr NT 2.259% Dtd 09/25/2020 Due 03/25/2028 Callable 05526DBR5	149,000.000	.18	138,754.76 93.124	136,886.30 91.870	- 1,868.46	.14	897.57	3,365.00 0.02259	2.46%
AK	- Bank Amer Corp Sr NT Var Rate Dtd 04/24/2017 Due 04/24/2028 Callable 06051GGL7	113,000.000	.15	109,172.71 96.613	110,056.35 97.395	883.64	.11	779.18	4,186.00 0.03705	3.80%
AK	- BP Cap Mkts Amer Inc NT 4.97% Dtd 05/17/2024 Due 10/17/2029 Callable 10373QBZ2	172,000.000	.23	171,967.32 99.981	172,810.12 100.471	842.80	.17	1,757.17	8,548.00 0.04970	4.95%
AK	- Care Cap Pptys LP Sr Gbl NT 5.125% Dtd 07/14/2016 Due 08/15/2026 Callable 14162VAB2	102,000.000	.14	98,048.47 96.126	101,920.44 99.922	3,871.97	.10	1,974.83	5,227.00 0.05125	5.13%
AK	- Cisco Sys Inc Sr Gbl NT 4.85% Dtd 02/26/2024 Due 02/26/2029 Callable 17275RBR2	228,000.000	.31	227,920.20 99.965	229,340.64 100.588	1,420.44	.23	3,839.58	11,058.00 0.04850	4.82%
AK	- Corestates Cap III Jr SB Gbl Var Rate Dtd 01/31/1997 Due 02/15/2027 Callable 21869MAA5	184,000.000	.24	173,741.22 94.425	181,521.52 98.653	7,780.30	.18	1,295.49	9,853.00 0.05355	5.43%
AK	- Crown Castle Inc Sr Gbl 4.80% Dtd 04/26/2023 Due 09/01/2028 Callable 22822VBB6	137,000.000	.18	136,828.75 99.875	135,447.79 98.867	- 1,380.96	.14	2,192.00	6,576.00 0.04800	4.86%
AK	- Edison Intl Sr Gbl NT 4.125% Dtd 03/13/2018 Due 03/15/2028 Callable 281020AM9	99,000.000	.13	94,924.53 95.883	95,995.35 96.965	1,070.82	.10	1,202.43	4,083.00 0.04125	4.25%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Goldman Sachs Group Inc Sr Global NT Var Rate Dtd 06/05/2017 Due 06/05/2028 Callable 38141GWL4	75,000.000	.10	72,282.91 96.377	72,844.50 97.126	561.59	.07	199.92	2,768.00 0.03691	3.80%
AK	- Hf Sinclair Corp Gbl NT 5.00% Dtd 08/01/2024 Due 02/01/2028 Callable 403949AQ3	159,000.000	.21	154,653.58 97.266	157,061.79 98.781	2,408.21	.16	3,312.49	7,950.00 0.05000	5.06%
AK	- Hyundai Cap Amer Fr 5.35% Dtd 03/19/2024 Due 03/19/2029 Callable 44891ACY1	134,000.000	.18	133,938.85 99.954	134,706.18 100.527	767.33	.13	2,031.21	7,169.00 0.05350	5.32%
AK	- Ingersoll Rand Inc Sr Gbl NT 5.176% Dtd 05/10/2024 Due 06/15/2029 Callable 45687VAD8	170,000.000	.23	170,106.74 100.063	171,679.60 100.988	1,572.86	.17	391.07	8,799.00 0.05176	5.13%
AK	- JP Morgan Chase Bank NA 3.509% Dtd 01/23/2018 Due 01/23/2029 Callable 46647PAM8	139,000.000	.18	132,013.70 94.974	133,353.82 95.938	1,340.12	.13	2,140.68	4,877.00 0.03509	3.66%
AK	- Meritage Homes Corp Sr Gbl 144a 3.875% Dtd 04/15/2021 Due 04/15/2029 Callable 59001ABD3	195,000.000	.25	179,336.40 91.967	182,196.30 93.434	2,859.90	.18	1,595.20	7,556.00 0.03875	4.15%
AK	- Micron Technology Inc Sr NT 6.75% Dtd 10/31/2022 Due 11/01/2029 Callable 595112BV4	38,000.000	.05	38,080.14 100.211	40,457.84 106.468	2,377.70	.04	427.50	2,565.00 0.06750	6.34%
AK	- Midwest Connector Cap Co LLC 4.625% Dtd 03/11/2019 Due 04/01/2029 Callable 59833CAC6	158,000.000	.21	147,545.35 93.383	154,958.50 98.075	7,413.15	.15	1,826.87	7,307.00 0.04625	4.72%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Morgan Stanley Fr 3.95% Dtd 04/23/2015 Due 04/23/2027 Non-Callable 61761JZN2	151,000.000	.20	153,375.28 101.573	147,981.51 98.001	- 5,393.77	.15	1,126.62	5,964.00 0.03950	4.03%
AK	- PNC Cap Tr C Gtd Cap C Flt Var Rate Dtd 06/09/1998 Due 06/01/2028 Callable 69349AAA0	188,000.000	.25	178,978.05 95.201	184,999.52 98.404	6,021.47	.18	916.02	10,992.00 0.05847	5.94%
AK	- Penske Truck Leasing Co L P Sr 144a NT 5.35% Dtd 01/12/2024 Due 01/12/2027 Callable 709599BY9	92,000.000	.12	91,899.72 99.891	92,635.72 100.691	736.00	.09	2,310.60	4,922.00 0.05350	5.31%
AK	- Citizens Bk NA Providence RI Sr Gbl NT Var Rate Dtd 08/09/2022 Due 08/09/2028 Callable 75524KPG3	145,000.000	.19	142,458.79 98.247	143,648.60 99.068	1,189.81	.14	2,616.64	6,633.00 0.04575	4.62%
AK	- Store Cap Corp Sr Gbl NT 4.625% Dtd 02/28/2019 Due 03/15/2029 Callable 862121AB6	86,000.000	.11	84,819.14 98.627	82,841.22 96.327	- 1,977.92	.08	1,171.15	3,977.00 0.04625	4.80%
AK	- Suntrust Cap I Tr Pfd A Fltg Var Rate Dtd 05/15/1997 Due 05/15/2027 Callable 86787XAA3	256,000.000	.34	243,821.44 95.243	252,206.08 98.518	8,384.64	.25	1,835.85	13,964.00 0.05455	5.54%
AK	- Timken Co Sr Gbl 4.50% Dtd 09/06/2018 Due 12/15/2028 Callable 887389AK0	188,000.000	.25	182,761.76 97.214	184,386.64 98.078	1,624.88	.18	376.00	8,460.00 0.04500	4.59%
AK	- Toll Bros Fin Corp Sr NT 3.80% Dtd 09/12/2019 Due 11/01/2029 Callable 88947EAU4	163,000.000	.21	139,265.05 85.439	153,425.38 94.126	14,160.33	.15	1,032.33	6,194.00 0.03800	4.04%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Toyota Mtr CR Corp Sr NT 4.65% Dtd 01/05/2024 Due 01/05/2029 Callable 89236TLL7	93,000.000	.12	93,039.99 100.043	92,387.13 99.341	- 652.86	.09	2,114.20	4,324.00 0.04650	4.68%
AK	- Tyson Foods Inc Sr NT 5.40% Dtd 03/08/2024 Due 03/15/2029 Callable 902494BL6	109,000.000	.15	108,958.42 99.962	110,179.38 101.082	1,220.96	.11	1,733.10	5,886.00 0.05400	5.34%
Total Short (Less Than 5 Years)			5.75	4,202,334.88	4,270,063.20	67,728.32	4.27	50,864.98	200,751.00	4.70%
Intermediate (5-10 Years)										
AK	- American Tower Corp Sr NT 5.90% Dtd 09/15/2023 Due 11/15/2033 Callable 03027XCF5	176,000.000	.24	175,382.24 99.649	181,308.16 103.016	5,925.92	.18	1,326.84	10,384.00 0.05900	5.73%
AK	- Bk of America Corp Fr Var Rate Dtd 04/22/2021 Due 04/22/2032 Callable 06051GJT7	111,000.000	.13	101,852.65 91.759	95,414.49 85.959	- 6,438.16	.10	571.65	2,982.00 0.02687	3.13%
AK	- Bank New York Mellon Corp Medium Term Sr NT Fltg Rate Dtd 10/25/2022 Due 10/25/2033 06406RBM8	141,000.000	.20	141,635.25 100.451	146,022.42 103.562	4,387.17	.15	1,508.08	8,225.00 0.05834	5.63%
AK	- Bemis Co Inc Sr Gbl NT 2.63% Dtd 06/19/2020 Due 06/19/2030 Callable 081437AT2	174,000.000	.21	151,974.50 87.342	152,511.00 87.650	536.50	.15	152.54	4,576.00 0.02630	3.00%
AK	- Broadcom Inc Sr 144a NT 3.419% Dtd 03/31/2021 Due 04/15/2033 Non-Callable 11135FBK6	88,000.000	.10	78,954.92 89.722	77,029.04 87.533	- 1,925.88	.08	635.17	3,008.00 0.03419	3.91%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Celanese US Hldgs LLC Sr NT 6.379% Dtd 07/14/2022 Due 07/15/2032 Callable 15089QAP9	64,000.000	.09	64,545.93 100.853	65,009.28 101.577	463.35	.06	1,882.51	4,082.00 0.06379	6.28%
AK	- Cheniere Energy Partners L P Sr Glbl NT 4.00% Dtd 09/01/2021 Due 03/01/2031 Callable 16411QAK7	49,000.000	.06	44,483.18 90.782	45,310.79 92.471	827.61	.05	653.33	1,960.00 0.04000	4.33%
AK	- Cheniere Energy Partners L P Sr Glbl NT 3.25% Dtd 09/27/2021 Due 01/31/2032 Callable 16411QAN1	157,000.000	.18	132,259.66 84.242	136,136.27 86.711	3,876.61	.14	2,140.21	5,102.00 0.03250	3.75%
AK	- Citigroup Inc Sub Glbl NT Var Rate Dtd 05/25/2023 Due 05/25/2034 Callable 17327CAR4	88,000.000	.12	88,000.00 100.000	89,648.24 101.873	1,648.24	.09	543.31	5,433.00 0.06174	6.06%
AK	- Citigroup Inc Sr Glbl NT Var Rate Dtd 09/19/2024 Due 09/19/2030 Callable 17327CAT0	235,000.000	.31	235,000.00 100.000	228,349.50 97.170	- 6,650.50	.23	3,024.21	10,673.00 0.04542	4.67%
AK	- John Deere Capital Corporation Fr 5.10% Dtd 04/11/2024 Due 04/11/2034 Non-Callable 24422EXP9	192,000.000	.26	192,067.20 100.035	191,669.76 99.828	- 397.44	.19	2,176.00	9,792.00 0.05100	5.11%
AK	- Elevance Health Inc Sr NT 4.75% Dtd 02/08/2023 Due 02/15/2033 Callable 28622HAB7	131,000.000	.17	130,793.80 99.843	125,559.57 95.847	- 5,234.23	.13	2,350.72	6,222.00 0.04750	4.96%
AK	- General Mtrs Finl Co Inc Sr NT 3.10% Dtd 01/11/2022 Due 01/12/2032 Callable 37045XDS2	157,000.000	.18	138,098.13 87.961	134,396.71 85.603	- 3,701.42	.13	2,291.67	4,867.00 0.03100	3.62%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Goldman Sachs Group Inc Sr NT Var Rate Dtd 04/22/2021 Due 04/22/2032 Callable 38141GYB4	168,000.000	.19	146,477.86 87.189	143,157.84 85.213	- 3,320.02	.14	842.02	4,393.00 0.02615	3.07%
AK	- Invitation Homes Oper Partners Sr NT 4.15% Dtd 04/05/2022 Due 04/15/2032 Callable 46188BAD4	167,000.000	.21	154,172.84 92.319	154,024.10 92.230	- 148.74	.15	1,463.10	6,930.00 0.04150	4.50%
AK	- JP Morgan Chase Bank NA NT Var Rate Dtd 05/13/2020 Due 05/13/2031 Callable 46647PBP0	177,000.000	.21	154,578.54 87.333	158,328.27 89.451	3,749.73	.16	697.61	5,232.00 0.02956	3.30%
AK	- Keysight Technologies Inc Sr NT 4.95% Dtd 10/09/2024 Due 10/15/2034 Callable 49338LAG8	122,000.000	.16	122,040.80 100.033	117,348.14 96.187	- 4,692.66	.12	1,375.55	6,039.00 0.04950	5.15%
AK	- Lowes Cos Inc Sr NT 4.50% Dtd 03/26/2020 Due 04/15/2030 Callable 548661DU8	157,000.000	.21	163,546.94 104.170	154,032.70 98.110	- 9,514.24	.15	1,491.50	7,065.00 0.04500	4.59%
AK	- Mars Inc Del Sr 144a 3.60% Dtd 03/29/2019 Due 04/01/2034 Callable 571676AC9	92,000.000	.11	79,678.44 86.607	80,634.32 87.646	955.88	.08	828.00	3,312.00 0.03600	4.11%
AK	- Marvell Technology Inc Sr Glbl NT 2.95% Dtd 04/12/2021 Due 04/15/2031 Callable 573874AJ3	179,000.000	.21	144,417.15 80.680	157,013.43 87.717	12,596.28	.16	1,114.77	5,280.00 0.02950	3.36%
AK	- Mastercard Incorporated Sr Glbl NT 2.00% Dtd 11/18/2021 Due 11/18/2031 Callable 57636QAU8	173,000.000	.19	151,681.17 87.677	143,718.02 83.074	- 7,963.15	.14	413.27	3,460.00 0.02000	2.41%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Micron Technology Inc Sr Gbl NT 2.703% Dtd 11/01/2021 Due 04/15/2032 Callable 595112BS1	93,000.000	.10	72,107.85 77.535	77,933.07 83.799	5,825.22	.08	530.68	2,513.00 0.02703	3.23%
AK	- Oracle Corp Sr NT 4.30% Dtd 07/08/2014 Due 07/08/2034 Callable 68389XAV7	43,000.000	.05	35,265.21 82.012	39,528.18 91.926	4,262.97	.04	888.54	1,849.00 0.04300	4.68%
AK	- Pernod Ricard Intl Finance LLC Sr Gbl 144a 1.625% Dtd 10/01/2020 Due 04/01/2031 Callable 71427QAB4	264,000.000	.29	210,970.32 79.913	212,467.20 80.480	1,496.88	.21	1,072.50	4,290.00 0.01625	2.02%
AK	- Philip Morris Intl Inc Sr Gbl NT 5.375% Dtd 02/15/2023 Due 02/15/2033 Callable 718172DB2	187,000.000	.25	191,735.24 102.532	187,362.78 100.194	- 4,372.46	.19	3,797.13	10,051.00 0.05375	5.36%
AK	- 7 Eleven Inc Disc Coml Paper 4 Gbl 144a NT 1.80% Dtd 02/10/2021 Due 02/10/2031 Callable 817826AE0	241,000.000	.26	182,062.78 75.545	194,395.42 80.662	12,332.64	.19	1,699.05	4,338.00 0.01800	2.23%
AK	- Store Cap Corp Sr Gbl NT 2.75% Dtd 11/18/2020 Due 11/18/2030 Callable 862121AC4	76,000.000	.09	57,505.40 75.665	65,589.52 86.302	8,084.12	.07	249.63	2,090.00 0.02750	3.19%
AK	- Store Cap Corp Sr NT 2.70% Dtd 11/17/2021 Due 12/01/2031 Callable 862121AD2	62,000.000	.07	45,265.70 73.009	51,011.74 82.277	5,746.04	.05	139.50	1,674.00 0.02700	3.28%
AK	- T Mobile USA Inc Sr SEC Gbl NT 3.875% Dtd 04/15/2021 Due 04/15/2030 Callable 87264ABF1	163,000.000	.21	157,867.27 96.851	153,381.37 94.099	- 4,485.90	.15	1,333.43	6,316.00 0.03875	4.12%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- U S Bancorp Medium Term Nts Fltg Rate Dtd 07/22/2022 Due 07/22/2033 91159HJG6	112,000.000	.14	102,969.16 91.937	107,280.32 95.786	4,311.16	.11	2,457.00	5,563.00 0.04967	5.19%
AK	- Viatris Inc Sr Gblbl 2.70% Dtd 06/22/2021 Due 06/22/2030 Callable 92556VAD8	150,000.000	.18	121,786.38 81.191	130,119.00 86.746	8,332.62	.13	101.25	4,050.00 0.02700	3.11%
AK	- Waste Mgmt Inc Del Sr Gblbl NT 4.875% Dtd 08/03/2023 Due 02/15/2034 Callable 94106LBW8	178,000.000	.24	175,333.56 98.502	174,628.68 98.106	- 704.88	.17	3,278.16	8,677.00 0.04875	4.97%
AK	- Westvaco Corp Del Deb 8.20% Dtd 01/18/2000 Due 01/15/2030 961548AV6	94,000.000	.14	103,937.56 110.572	106,645.82 113.453	2,708.26	.11	3,554.24	7,708.00 0.08200	7.23%
Total Intermediate (5-10 Years)			5.76	4,248,447.63	4,276,965.15	28,517.52	4.27	46,583.17	178,136.00	4.17%
Long (Over 10 Years)										
AK	- AT&T Inc Gblbl NT 4.50% Dtd 05/04/2015 Due 05/15/2035 Callable 00206RCP5	74,000.000	.09	79,559.58 107.513	68,441.12 92.488	- 11,118.46	.07	425.50	3,330.00 0.04500	4.87%
AK	- AT&T Inc Sr Gblbl 3.80% Dtd 06/01/2021 Due 12/01/2057 Callable 00206RMN9	180,000.000	.17	128,626.10 71.459	124,182.00 68.990	- 4,444.10	.12	570.00	6,840.00 0.03800	5.51%
AK	- Abbvie Inc Sr Gblbl NT 4.45% Dtd 05/12/2016 Due 05/14/2046 Callable 00287YAW9	115,000.000	.13	107,161.48 93.184	97,754.60 85.004	- 9,406.88	.10	668.11	5,117.00 0.04450	5.24%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Anheuser Busch Cos LLC Anheu Sr Gbl 4.90% Dtd 02/01/2019 Due 02/01/2046 Callable 03522AAJ9	92,000.000	.11	90,906.60 98.812	83,662.04 90.937	- 7,244.56	.08	1,878.34	4,508.00 0.04900	5.39%
AK	- Apache Corp Sr NT 5.10% Dtd 08/20/2010 Due 09/01/2040 Callable 037411AW5	136,000.000	.16	117,321.76 86.266	118,510.40 87.140	1,188.64	.12	2,312.00	6,936.00 0.05100	5.85%
AK	- Apple Inc Sr Gbl NT 4.65% Dtd 02/23/2016 Due 02/23/2046 Callable 037833BX7	192,000.000	.24	188,520.86 98.188	175,543.68 91.429	- 12,977.18	.18	3,174.40	8,928.00 0.04650	5.09%
AK	- Bbcms Mortgage Tr Ser 2022 C18 Cl A 4 5.439% Dtd 12/01/2022 Due 12/17/2055 IPD17 054975AD9	200,000.000	.27	201,039.06 100.520	203,806.44 101.903	2,767.38	.20	906.50	10,878.00 0.05439	5.34%
AK	- Bbcms Mtg Tr Ser 2021 C12 Cl A 5 Fltg Rate Dtd 11/01/2021 Due 11/18/2054 IPD16 05552XBG2	200,000.000	.23	167,132.81 83.566	171,161.48 85.580	4,028.67	.17	448.16	5,378.00 0.02689	3.14%
AK	- Bbmcs Mrtg Tr Ser 2022 C16 Cl A 5 Fltg Rate Dtd 06/01/2022 Due 06/17/2055 IPD14 05552YAE6	200,000.000	.26	189,953.13 94.977	192,209.72 96.104	2,256.59	.19	766.66	9,200.00 0.04600	4.79%
AK	- Bbcms Mortgage Trust Ser 2024 5C25 Cl A 3 5.946% Dtd 03/01/2024 Due 03/16/2057 IPD16 05554VAB6	160,000.000	.22	163,450.00 102.156	164,891.97 103.057	1,441.97	.16	792.80	9,513.00 0.05946	5.77%
AK	- Bank Ser 2022 BNK39 Cl A 4 Fltg Rate Dtd 02/01/2022 Due 02/18/2055 IPD16 06539VAJ7	40,000.000	.05	39,723.44 99.309	34,499.40 86.248	- 5,224.04	.03	97.59	1,171.00 0.02928	3.39%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Bank Ser 2021 BNK36 CI A 5 Fltg Rate Dtd 10/01/2021 Due 09/17/2064 IPD17 06540DBH7	75,000.000	.09	65,255.86 87.008	63,337.56 84.450	- 1,918.30	.06	154.37	1,852.00 0.02470	2.92%
AK	- Bank Ser 2020 BNK26 CI A 4 Fltg Rate Dtd 03/01/2020 Due 03/16/2063 IPD16 06540JBG6	35,000.000	.04	33,512.50 95.750	30,501.53 87.147	- 3,010.97	.03	70.08	841.00 0.02403	2.76%
AK	- Bnk Ser 2021 BNK37 CI A 5 2.618% Dtd 11/01/2021 Due 11/18/2064 IPD15 06540LBF3	140,000.000	.16	123,701.56 88.358	118,493.65 84.638	- 5,207.91	.12	295.25	3,665.00 0.02618	3.09%
AK	- Becton Dickinson & Co NT 4.685% Dtd 12/15/2014 Due 12/15/2044 Callable 075887BG3	91,000.000	.11	92,748.07 101.921	78,674.05 86.455	- 14,074.02	.08	189.48	4,263.00 0.04685	5.42%
AK	- Benchmark 2018-B8 Mtg Tr Coml Mtg Passthru CTF CI A-5 4.2317% Dtd 12/01/2018 Due 01/15/2052 IPD14 08162UAW0	350,000.000	.45	327,585.54 93.596	335,072.82 95.735	7,487.28	.33	1,234.04	14,808.00 0.04231	4.42%
AK	- Benchmark Mtg Ser 2021 B27 CI A AB 2.163% Dtd 06/01/2021 Due 07/17/2054 IPD15 08163HAF5	130,000.000	.16	113,232.03 87.102	116,862.50 89.894	3,630.47	.12	234.32	2,811.00 0.02163	2.41%
AK	- Berkshire Hathaway Fin Corp Sr Glbl NT 4.25% Dtd 01/11/2019 Due 01/15/2049 Callable 084664CRO	96,000.000	.11	98,855.71 102.975	80,165.76 83.506	- 18,689.95	.08	1,881.33	4,080.00 0.04250	5.09%
AK	- Burlington Northn Santa Fe CP Sr Deb 5.75% Dtd 05/17/2010 Due 05/01/2040 Callable 12189LAA9	136,000.000	.19	153,219.04 112.661	139,635.28 102.673	- 13,583.76	.14	1,303.33	7,820.00 0.05750	5.60%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- CMS Energy Corp Jr SB Gbl NT Var Rate Dtd 05/28/2020 Due 06/01/2050 Callable 125896BU3	251,000.000	.32	228,568.25 91.063	237,754.73 94.723	9,186.48	.24	993.54	11,922.00 0.04750	5.01%
AK	- Comm Mtg Tr Ser 2015 DC1 Cl A 5 3.35% Dtd 03/01/2015 Due 02/12/2048 IPD9 12629NAF2	30,472.920	.04	30,919.30 101.465	30,425.01 99.842	- 494.29	.03	85.07	1,020.00 0.03350	3.36%
AK	- CVS Health Corp Sr Gbl NT 5.125% Dtd 07/20/2015 Due 07/20/2045 Callable 126650CN8	108,000.000	.12	109,745.13 101.616	90,737.28 84.016	- 19,007.85	.09	2,475.37	5,535.00 0.05125	6.10%
AK	- Cargill Inc Sr Gbl 144a 4.76% Dtd 11/23/2015 Due 11/23/2045 Callable 141781BF0	160,000.000	.19	144,291.20 90.182	141,552.00 88.470	- 2,739.20	.14	592.35	7,616.00 0.04760	5.38%
AK	- Charter Communications Oper Sr SEC NT 6.384% Dtd 10/23/2016 Due 10/23/2035 Callable 161175AZ7	68,000.000	.09	66,270.76 97.457	67,873.52 99.814	1,602.76	.07	819.98	4,341.00 0.06384	6.40%
AK	- Charter Communications Oper Sr SEC NT 6.484% Dtd 10/23/2016 Due 10/23/2045 Callable 161175BA1	98,000.000	.12	92,863.04 94.758	92,602.16 94.492	- 260.88	.09	1,200.26	6,354.00 0.06484	6.86%
AK	- Citigrp Coml Mtg Tr Ser 2020 GC46 Cl A 5 2.717% Dtd 02/01/2020 Due 02/18/2053 IPD16 17328RAZ2	295,000.000	.35	261,528.51 88.654	258,830.14 87.739	- 2,698.37	.26	667.92	8,015.00 0.02717	3.10%
AK	- Coca Cola Co Sr NT 2.50% Dtd 09/18/2020 Due 03/15/2051 Callable 191216DC1	253,000.000	.20	149,437.54 59.066	148,313.66 58.622	- 1,123.88	.15	1,862.36	6,325.00 0.02500	4.26%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Comcast Corp New Sr NT 4.00% Dtd 02/08/2018 Due 03/01/2048 Callable 20030NCK5	110,000.000	.11	100,282.59 91.166	83,536.20 75.942	- 16,746.39	.08	1,466.66	4,400.00 0.04000	5.27%
AK	- Commonspirit Health Bd 4.187% Dtd 08/21/2019 Due 10/01/2049 Callable 20268JAC7	119,000.000	.13	108,106.28 90.846	93,119.88 78.252	- 14,986.40	.09	1,245.63	4,982.00 0.04187	5.35%
AK	- Dcp Midstream LLC NT 144a 6.75% Dtd 09/17/2007 Due 09/15/2037 Callable 23311RAA4	147,000.000	.21	152,508.98 103.748	157,927.98 107.434	5,419.00	.16	2,921.62	9,922.00 0.06750	6.28%
AK	- Duke Energy Progress Inc 1mtg Bd 4.15% Dtd 11/20/2014 Due 12/01/2044 Callable 26442RAD3	102,000.000	.11	94,163.03 92.317	82,996.38 81.369	- 11,166.65	.08	352.74	4,233.00 0.04150	5.10%
AK	- Erac USA Finance Company Sr 144a 4.20% Dtd 10/18/2016 Due 11/01/2046 Callable 26884TAS1	162,000.000	.18	134,641.44 83.112	131,497.02 81.171	- 3,144.42	.13	1,134.00	6,804.00 0.04200	5.17%
AK	- Fedex Corp NT 5.10% Dtd 01/09/2014 Due 01/15/2044 Callable 31428XAW6	130,000.000	.16	130,158.09 100.122	118,799.20 91.384	- 11,358.89	.12	3,057.16	6,630.00 0.05100	5.58%
AK	- GS Mortgage SEC Tr Ser 2020 GC47 CI A 5 2.377% Dtd 05/01/2020 Due 05/14/2053 IPD11 36258RBA0	74,000.000	.09	66,678.75 90.106	64,130.82 86.663	- 2,547.93	.06	146.58	1,758.00 0.02377	2.74%
AK	- Georgia Pwr Co Sr NT 5.95% Dtd 02/10/2009 Due 02/01/2039 Callable 373334JN2	94,000.000	.13	99,246.32 105.581	94,926.84 100.986	- 4,319.48	.09	2,330.42	5,593.00 0.05950	5.89%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Home Depot Inc Sr NT 5.95% Dtd 03/31/2011 Due 04/01/2041 Callable 437076AV4	80,000.000	.11	95,478.94 119.349	83,994.40 104.993	- 11,484.54	.08	1,189.99	4,760.00 0.05950	5.67%
AK	- Jpmcc Coml Mtg Secs Tr 2016-JP2 Coml Mtg Passthru CTF CI A-4 2.8218% Dtd 07/01/2016 Due 08/15/2049 IPD14 46590MAR1	370,000.000	.48	345,376.56 93.345	358,171.29 96.803	12,794.73	.36	869.80	10,437.00 0.02821	2.91%
AK	- Jpmcc Coml Mtg Secs Tr 2017-JP7 Coml Mtg Passthru CTF CI A-5 3.454% Dtd 07/01/2017 Due 09/15/2050 IPD14 465968AE5	95,000.000	.12	95,586.33 100.617	90,806.87 95.586	- 4,779.46	.09	273.44	3,281.00 0.03454	3.61%
AK	- JPMorgan Chase & Co Sr NT Var Rate Dtd 10/22/2024 Due 10/22/2035 Callable 46647PER3	106,000.000	.14	106,000.00 100.000	102,133.12 96.352	- 3,866.88	.10	1,004.86	5,242.00 0.04946	5.13%
AK	- Kroger Co Sr NT 5.00% Dtd 04/16/2012 Due 04/15/2042 Callable 501044CRO	88,000.000	.11	98,336.12 111.746	79,484.24 90.323	- 18,851.88	.08	928.88	4,400.00 0.05000	5.54%
AK	- Warnermedia Hldgs Inc Sr Gbl NT 5.141% Dtd 03/15/2023 Due 03/15/2052 Callable 55903VBE2	135,000.000	.14	111,439.15 82.548	100,305.00 74.300	- 11,134.15	.10	2,043.54	6,940.00 0.05141	6.92%
AK	- Mars Inc Del Sr 144a NT 3.875% Dtd 03/29/2019 Due 04/01/2039 Callable 571676AD7	133,000.000	.15	128,340.66 96.497	111,375.53 83.741	- 16,965.13	.11	1,288.43	5,153.00 0.03875	4.63%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Marsh & McLennan Cos Inc Sr NT 5.35% Dtd 11/08/2024 Due 11/15/2044 Callable 571748CE0	122,000.000	.16	121,982.92 99.986	118,363.18 97.019	- 3,619.74	.12	960.91	6,527.00 0.05350	5.51%
AK	- Mattel Inc NT 5.45% Dtd 11/08/2011 Due 11/01/2041 Callable 577081AW2	118,000.000	.14	103,919.72 88.068	105,573.42 89.469	1,653.70	.11	1,071.83	6,431.00 0.05450	6.09%
AK	- Microsoft Corp Gbl NT 2.525% Dtd 06/01/2020 Due 06/01/2050 Callable 594918CC6	234,000.000	.19	148,432.10 63.433	144,003.60 61.540	- 4,428.50	.14	492.37	5,908.00 0.02525	4.10%
AK	- Morgan Stanley Sub F Var Rate Dtd 04/20/2022 Due 04/20/2037 Callable 61747YES0	116,000.000	.15	109,780.29 94.638	112,703.28 97.158	2,922.99	.11	1,211.83	6,144.00 0.05297	5.45%
AK	- Morgan Stan Cap I Tr Ser 2018 H3 Cl A 5 4.177% Dtd 07/01/2018 Due 07/17/2051 IPD16 61767YAZ3	40,000.000	.05	42,276.56 105.691	38,831.96 97.079	- 3,444.60	.04	139.23	1,670.00 0.04177	4.30%
AK	- Ngpl Pipeco LLC Sr Gbl 3 144a 7.768% Dtd 12/21/2007 Due 12/15/2037 Callable 62912XAC8	167,000.000	.25	192,149.57 115.060	187,008.27 111.981	- 5,141.30	.19	576.55	12,972.00 0.07768	6.94%
AK	- Norfolk Southern Corp Sr NT 4.837% Dtd 04/01/2012 Due 10/01/2041 Callable 655844BH0	112,000.000	.14	113,332.78 101.190	102,152.96 91.208	- 11,179.82	.10	1,354.35	5,417.00 0.04837	5.30%
AK	- Northwestern MUT Life Ins Co Sub 144a NT 3.85% Dtd 09/26/2017 Due 09/30/2047 Callable 668138AA8	169,000.000	.17	146,820.79 86.876	126,626.63 74.927	- 20,194.16	.13	1,644.69	6,506.00 0.03850	5.14%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Occidental Pete Corp Sr Gbl NT 7.95% Dtd 06/15/2019 Due 06/15/2039 Callable 674599DH5	139,000.000	.21	158,561.97 114.073	158,553.13 114.067	- 8.84	.16	491.13	11,050.00 0.07950	6.97%
AK	- Ohio Pwr Co Sr R NT 2.90% Dtd 09/13/2021 Due 10/01/2051 Callable 677415CU3	157,000.000	.13	118,645.75 75.571	94,357.00 60.100	- 24,288.75	.09	1,138.24	4,553.00 0.02900	4.83%
AK	- Oracle Corp Sr NT 3.60% Dtd 04/01/2020 Due 04/01/2040 Callable 68389XBW4	54,000.000	.06	42,524.24 78.749	42,219.90 78.185	- 304.34	.04	486.00	1,944.00 0.03600	4.60%
AK	- Pacificorp 1st Mtg Bd 5.75% Dtd 03/14/2007 Due 04/01/2037 Callable 695114CD8	123,000.000	.17	137,595.87 111.867	123,685.11 100.557	- 13,910.76	.12	1,768.12	7,072.00 0.05750	5.72%
AK	- Rtx Corporation Sr NT 6.40% Dtd 11/08/2023 Due 03/15/2054 Callable 75513ECX7	116,000.000	.17	130,525.52 112.522	126,158.12 108.757	- 4,367.40	.13	2,185.95	7,424.00 0.06400	5.88%
AK	- Sherwin Williams Co Sr NT 4.50% Dtd 05/16/2017 Due 06/01/2047 Callable 824348AX4	114,000.000	.13	109,722.80 96.248	95,844.36 84.074	- 13,878.44	.10	427.50	5,130.00 0.04500	5.35%
AK	- Starbucks Corp Sr Gbl NT 3.35% Dtd 03/12/2020 Due 03/12/2050 Callable 855244AX7	90,000.000	.08	74,466.23 82.740	60,088.50 66.765	- 14,377.73	.06	912.87	3,015.00 0.03350	5.02%
AK	- State Str Corp ALT TIER I Ext Var Rate Dtd 04/30/2007 Due 06/01/2077 Callable 857477AY9	214,000.000	.27	184,716.60 86.316	197,453.52 92.268	12,736.92	.20	574.92	12,026.00 0.05620	6.09%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- T Mobile USA Inc Sr NT 5.75% Dtd 05/11/2023 Due 01/15/2054 Callable 87264ADB8	74,000.000	.10	73,700.30 99.595	72,198.84 97.566	- 1,501.46	.07	1,962.02	4,255.00 0.05750	5.89%
AK	- Textron Finl Corp Jr SB NT 144a Var Rate Dtd 02/08/2007 Due 02/15/2067 Callable 883199AR2	200,000.000	.24	173,777.50 86.889	178,690.00 89.345	4,912.50	.18	1,676.12	13,040.00 0.06520	7.30%
AK	- Thermo Fisher Scientific Inc Sr NT 5.404% Dtd 08/10/2023 Due 08/10/2043 Callable 883556CY6	114,000.000	.15	114,000.00 100.000	112,072.26 98.309	- 1,927.74	.11	2,412.88	6,160.00 0.05404	5.50%
AK	- Unitedhealth Group Inc Sr NT 3.50% Dtd 07/25/2019 Due 08/15/2039 Callable 91324PDT6	147,000.000	.16	132,519.03 90.149	116,259.36 79.088	- 16,259.67	.12	1,943.66	5,145.00 0.03500	4.43%
AK	- Verizon Communications Inc Sr Gbl NT 2.987% Dtd 04/30/2021 Due 10/30/2056 Callable 92343VFW9	153,000.000	.12	110,420.31 72.170	90,733.59 59.303	- 19,686.72	.09	774.37	4,570.00 0.02987	5.04%
AK	- Walmart Inc Sr Gbl 4.50% Dtd 09/09/2022 Due 09/09/2052 Callable 931142EZ2	110,000.000	.13	94,793.60 86.176	95,950.80 87.228	1,157.20	.10	1,540.00	4,950.00 0.04500	5.16%
AK	- Wells Fargo Com Mtg Ser 2019 C51 Cl A 4 3.311% Dtd 07/01/2019 Due 06/17/2052 IPD15 95001VAU4	85,000.000	.10	80,119.14 94.258	77,506.71 91.184	- 2,612.43	.08	234.52	2,814.00 0.03311	3.63%
AK	- Wells Fargo Com Mtg Ser 2019 C53 Cl A 4 3.04% Dtd 11/01/2019 Due 10/18/2052 IPD16 95002BAE3	275,000.000	.34	244,540.59 88.924	250,817.38 91.206	6,276.79	.25	696.66	8,360.00 0.03040	3.33%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Wells Fargo Coml Mtg Ser 2020 C56 Cl A 5 Fltg Rate Dtd 06/01/2020 Due 06/17/2053 IPD16 95002RAX6	315,000.000	.37	250,296.88 79.459	274,885.29 87.265	24,588.41	.27	642.60	7,711.00 0.02448	2.81%
AK	- Western Midstream Oper LP CR Sen Sr Gbl Step Cpn Dtd 01/13/2020 Due 02/01/2050 Callable 958667AA5	136,000.000	.16	120,568.08 88.653	115,835.28 85.173	- 4,732.80	.12	2,974.99	7,140.00 0.05250	6.16%
Total Long (Over 10 Years)			11.36	8,761,661.24	8,437,271.72	- 324,389.52	8.43	76,647.17	415,536.00	4.93%
Total Non-Government Obligations			22.87	17,212,443.75	16,984,300.07	- 228,143.68	16.97	174,095.32	794,423.00	4.68%
Foreign Obligations Short (Less Than 5 Years)										
AK	- AerCap Ireland Capital Limited Sr NT 3.00% Dtd 10/29/2021 Due 10/29/2028 Callable 00774MAW5	128,000.000	.16	114,163.20 89.190	118,522.88 92.596	4,359.68	.12	661.33	3,840.00 0.03000	3.24%
AK	- Imperial Tob Fin PLC Sr 144a NT 6.125% Dtd 07/27/2022 Due 07/27/2027 Callable 45262BAF0	104,000.000	.14	106,023.59 101.946	106,784.08 102.677	760.49	.11	2,724.94	6,370.00 0.06125	5.97%
AK	- Macquarie Airfinance Hldgs LTD Sr 144a 6.40% Dtd 03/26/2024 Due 03/26/2029 Callable 55609NAC2	163,000.000	.23	165,786.10 101.709	167,715.59 102.893	1,929.49	.17	2,752.88	10,432.00 0.06400	6.22%
AK	- Videotron Videotron Ltee Sr 144a NT 3.625% Dtd 06/17/2021 Due 06/15/2029 Callable 92660FAN4	220,000.000	.28	202,830.78 92.196	204,344.80 92.884	1,514.02	.20	354.44	7,975.00 0.03625	3.90%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Weir Group PLC Sr 144a 2.20% Dtd 05/13/2021 Due 05/13/2026 Callable 94876QAA4	256,000.000	.33	224,054.96 87.521	246,149.12 96.152	22,094.16	.25	750.93	5,632.00 0.02200	2.29%
Total Short (Less Than 5 Years)			1.14	812,858.63	843,516.47	30,657.84	.84	7,244.52	34,249.00	4.06%
Intermediate (5-10 Years)										
AK	- Bank Montreal Que Sub NT Var Rate Dtd 12/12/2017 Due 12/15/2032 Callable 06368BGS1	129,000.000	.17	127,809.92 99.077	123,376.89 95.641	- 4,433.03	.12	218.03	4,905.00 0.03803	3.98%
AK	- Barclays PLC Sr NT Var Rate Dtd 11/24/2021 Due 11/24/2032 Callable 06738EBV6	36,000.000	.04	28,021.78 77.838	30,399.84 84.444	2,378.06	.03	107.07	1,041.00 0.02894	3.43%
AK	- Rogers Communications Inc Sr NT 5.30% Dtd 02/09/2024 Due 02/15/2034 Callable 775109DF5	180,000.000	.24	178,414.20 99.119	175,438.80 97.466	- 2,975.40	.18	3,604.00	9,540.00 0.05300	5.44%
AK	- Royal Bk Cda Fr Var Rate Dtd 07/23/2024 Due 08/02/2030 Callable 78016HZZ6	150,000.000	.20	154,483.50 102.989	148,851.00 99.234	- 5,632.50	.15	3,084.92	7,453.00 0.04969	5.01%
Total Intermediate (5-10 Years)			.64	488,729.40	478,066.53	- 10,662.87	.48	7,014.02	22,939.00	4.80%
Long (Over 10 Years)										
AK	- Bank Nova Scotia B C Sub Gbl Coco Var Rate Dtd 10/07/2021 Due 10/27/2081 Callable 0641598N9	135,000.000	.17	101,766.22 75.382	124,942.50 92.550	23,176.28	.12	870.00	4,893.00 0.03625	3.92%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AK	- Chile Rep Gbl NT 3.10% Dtd 01/22/2021 Due 01/22/2061 Callable 168863DQ8	116,000.000	.09	74,607.10 64.316	68,250.92 58.837	- 6,356.18	.07	1,588.23	3,596.00 0.03100	5.27%
AK	- Dh Europe Fin II S A R L Sr NT 3.25% Dtd 11/07/2019 Due 11/15/2039 Callable 23291KAJ4	144,000.000	.15	126,710.84 87.994	112,176.00 77.900	- 14,534.84	.11	598.00	4,680.00 0.03250	4.17%
AK	- Edf S A 4.875% Dtd 09/21/2018 Due 09/21/2038 Callable 268317AV6	119,000.000	.14	106,127.41 89.183	106,194.41 89.239	67.00	.11	1,611.45	5,801.00 0.04875	5.46%
AK	- Poland Rep NT 5.50% Dtd 03/18/2024 Due 03/18/2054 Non-Callable 731011AZ5	116,000.000	.14	114,655.56 98.841	106,736.24 92.014	- 7,919.32	.11	1,825.38	6,380.00 0.05500	5.98%
AK	- United Mexican States Sr Gbl NT 3.771% Dtd 11/24/2020 Due 05/24/2061 Callable 91087BAN0	143,000.000	.11	93,139.00 65.132	80,930.85 56.595	- 12,208.15	.08	554.23	5,392.00 0.03771	6.66%
Total Long (Over 10 Years)			.81	617,006.13	599,230.92	- 17,775.21	.60	7,047.29	30,742.00	5.13%
Total Foreign Obligations			2.59	1,918,594.16	1,920,813.92	2,219.76	1.92	21,305.83	87,930.00	4.58%
Fixed Income Funds Taxable										
AI	- Loop Capital Core Plus 05565A921	1,978,697.426	27.43	20,750,000.00 10.487	20,370,492.13 10.294	- 379,507.87	20.35			
AI	- Loomis Sayles Core Plus Fund 54348A964	1,479,240.548	27.55	21,050,917.93 14.231	20,457,896.78 13.830	- 593,021.15	20.44			

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Total Taxable			<u>54.98</u>	<u>41,800,917.93</u>	<u>40,828,388.91</u>	<u>- 972,529.02</u>	<u>40.80</u>	<u>0.00</u>	<u>0.00</u>	<u>.00%</u>
Total Fixed Income Funds			<u>54.98</u>	<u>41,800,917.93</u>	<u>40,828,388.91</u>	<u>- 972,529.02</u>	<u>40.80</u>	<u>0.00</u>	<u>0.00</u>	<u>.00%</u>
Total Fixed Income			<u>100.00</u>	<u>75,751,067.05</u>	<u>74,258,812.00</u>	<u>- 1,492,255.05</u>	<u>74.20</u>	<u>323,809.15</u>	<u>1,497,696.00</u>	<u>2.02%</u>
Real Estate										
AG	- Mept Edgemoor LP Last Priced 10/01/2024 RE1072520	3,545.329	100.00	5,383,880.20 1,518.584	8,533,228.15 2,406.893	3,149,347.95	8.53			
Total Real Estate			<u>100.00</u>	<u>5,383,880.20</u>	<u>8,533,228.15</u>	<u>3,149,347.95</u>	<u>8.53</u>	<u>0.00</u>	<u>0.00</u>	<u>.00%</u>
Other Assets										
Limited Partnerships										
AJ	- Blackrock S&P 500 Index Fund 06692C954	69,887.470	100.00	9,532,842.35 136.403	15,817,129.57 226.322	6,284,287.22	15.80			
Total Limited Partnerships			<u>100.00</u>	<u>9,532,842.35</u>	<u>15,817,129.57</u>	<u>6,284,287.22</u>	<u>15.80</u>	<u>0.00</u>	<u>0.00</u>	<u>.00%</u>
Total Other Assets			<u>100.00</u>	<u>9,532,842.35</u>	<u>15,817,129.57</u>	<u>6,284,287.22</u>	<u>15.80</u>	<u>0.00</u>	<u>0.00</u>	<u>.00%</u>
Cash Equivalent										
AB	- Cash	0.000	.00	0.00	0.00	0.00	.00			
AD	- Cash	0.000	.00	0.00	0.00	0.00	.00			
AG	- Cash	0.000	.00	0.00	0.00	0.00	.00			
AH	- Cash	0.000	.00	0.00	0.00	0.00	.00			
AI	- Cash	0.000	.00	0.00	0.00	0.00	.00			

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AJ	- Cash	0.000	.00	0.00	0.00	0.00	.00			
AK	- Cash	0.000	.00	0.00	0.00	0.00	.00			
AJ	- Blackrock Short-Term Investment Fund B <i>CF1031594</i>	314.770	.02	314.77 <i>1.000</i>	314.77 <i>1.000</i>	0.00	.00			
AB	- GS Fin Sq Gov #466 <i>38141W265 / FOAXX</i>	1,063,906.680	82.91	1,063,906.68 <i>1.000</i>	1,063,906.68 <i>1.000</i>	0.00	1.06	3,818.78	44,076.00 <i>0.04142</i>	4.14%
AG	- GS Fin Sq Gov #466 <i>38141W265 / FOAXX</i>	14,850.140	1.16	14,850.14 <i>1.000</i>	14,850.14 <i>1.000</i>	0.00	.01	53.28	615.00 <i>0.04142</i>	4.14%
AH	- GS Fin Sq Gov #466 <i>38141W265 / FOAXX</i>	22,598.480	1.76	22,598.48 <i>1.000</i>	22,598.48 <i>1.000</i>	0.00	.02	81.07	936.00 <i>0.04142</i>	4.14%
AI	- GS Fin Sq Gov #466 <i>38141W265 / FOAXX</i>	294.710	.02	294.71 <i>1.000</i>	294.71 <i>1.000</i>	0.00	.00	1.06	12.00 <i>0.04142</i>	4.14%
AJ	- GS Fin Sq Gov #466 <i>38141W265 / FOAXX</i>	0.550	.00	0.55 <i>1.000</i>	0.55 <i>1.000</i>	0.00	.00		<i>0.04142</i>	4.14%
AK	- GS Fin Sq Gov #466 <i>38141W265 / FOAXX</i>	181,317.440	14.13	181,317.44 <i>1.000</i>	181,317.44 <i>1.000</i>	0.00	.18	1,361.66	7,511.00 <i>0.04142</i>	4.14%
Total Cash Equivalent			100.00	1,283,282.77	1,283,282.77	0.00	1.28	5,315.85	53,150.00	4.14%
Total Assets				91,951,072.37	99,892,452.49	7,941,380.12	99.81	329,125.00	1,550,846.00	1.55%
Accruals Interest				329,125.00	329,125.00	0.00	.33			
Total Accrued Income				329,125.00	329,125.00	0.00	.33			
Total Assets and Accruals				92,280,197.37	100,221,577.49	7,941,380.12	100.14	329,125.00	1,550,846.00	1.55%

Teamsters Local #705 H & W Fund

Account Number: 98-X019-AA-5
 Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
 12/31/24**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Liabilities										
AG	- Pending Sale - Shadow Fund <i>LI1065653</i>	140,212.680	100.00	- 140,212.68 <i>1.000</i>	- 140,212.68	0.00	- .14			
Total Liabilities			100.00	-140,212.68	- 140,212.68	0.00	- .14	0.00	0.00	.00%
Net Assets and Accruals				92,139,984.69	100,081,364.81	7,941,380.12	100.00	329,125.00	1,550,846.00	1.55%

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
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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	
1a Name of plan LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 502
	1c Effective date of plan 01/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH & WE 1645 W JACKSON BLVD 7TH FLOOR CHICAGO IL 60612	2b Employer Identification Number (EIN) 36-2688697 2c Plan Sponsor's telephone number 312-738-2811 2d Business code (see instructions) 484110

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

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

SIGN HERE	<i>Amy Wojciechowski</i>	09/29/2025	AMY WOJCIECHOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			DAN THOMAS / JUAN CAMPOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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
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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
1a Name of plan LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 502
	1c Effective date of plan 01/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH & WE 1645 W JACKSON BLVD 7TH FLOOR CHICAGO IL 60612	2b Employer Identification Number (EIN) 36-2688697 2c Plan Sponsor's telephone number 312-738-2811 2d Business code (see instructions) 484110

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

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

SIGN HERE			AMY WOJCIECHOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Juan Campos</i>	09/26/2025	DAN THOMAS / JUAN CAMPOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Employee Trustee
Form 5500 Filing Authorization Statement

Juan campos
I, _____ the Employee Trustee for the Local 705 International Brotherhood
of Teamsters Health and Welfare Fund (EIN 36-2688697 Plan No. 502).

- 1) authorize Graff, Blanski & Kim, P.C. to electronically file our Form 5500 for 2024.
- 2) understand that as part of this process the signed paper Form 5500 with my signature will be attached to the electronic filing and will be part of the Annual Report filed with the U.S. Department of Labor. This report, which will include my signature, will be posted on the Internet by the Department of Labor for public disclosure.

X Juan Campos

Signature

09/26/2025

Date

SIGNATURE CERTIFICATE



REFERENCE NUMBER

44F038C7-FC17-4F97-9653-705C5C59C0AE

TRANSACTION DETAILS

Reference Number

44F038C7-FC17-4F97-9653-705C5C59C0AE

Transaction Type

Signature Request

Sent At

09/26/2025 01:06:18 PM CDT

Executed At

09/26/2025 01:24:11 PM CDT

Identity Method

email

Distribution Method

email

Signed Checksum

dd1dcd61ef4f3ed0e51c23ad7394ed723b13cb78f9d8f57b0a51d78ba27824b3

Signer Sequencing

Disabled

Document Passcode

Disabled

DOCUMENT DETAILS

Document Name

2024 Efile Authorization Forms Juan s Signature Needed

Filename

2024_Efile_Authorization_Forms_Juan_s_Signature_Needed_.pdf

Pages

2 pages

Content Type

application/pdf

File Size

90.5 KB

Original Checksum

0ba0b5ad8ae87a02b49d5d8497329b5445eb534d79cf27743f812d9862478dbb

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Juan Campos	Status signed	Viewed At 09/26/2025 01:20:45 PM CDT
Email jcampos12@att.net	Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	Identity Authenticated At 09/26/2025 01:24:11 PM CDT
Components 5	IP Address 12.74.213.77	Signed At 09/26/2025 01:24:11 PM CDT
	Device Mobile Safari via iOS	
	Typed Signature 	
	Signature Reference ID F35F41F0	
	Typed Signature 	
	Signature Reference ID 29A5493A	

AUDITS

TIMESTAMP	AUDIT
09/26/2025 01:06:18 PM CDT	Denise Noncek (dnoncek@gbbcpa.com) created document '2024_Efile_Authorization_Forms_Juan_s_Signature_Needed_.pdf' on Chrome via Windows from 52.146.48.217.
09/26/2025 01:06:19 PM CDT	Juan Campos (jcampos12@att.net) was emailed a link to sign.
09/26/2025 01:20:45 PM CDT	Juan Campos (jcampos12@att.net) viewed the document on Mobile Safari via iOS from 12.74.213.77.
09/26/2025 01:24:11 PM CDT	Juan Campos (jcampos12@att.net) authenticated via email on Mobile Safari via iOS from 12.74.213.77.
09/26/2025 01:24:11 PM CDT	Juan Campos (jcampos12@att.net) signed the document on Mobile Safari via iOS from 12.74.213.77.

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
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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
1a Name of plan LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 502
	1c Effective date of plan 01/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 705 INTL BROTHERHOOD OF TEAMSTERS HEALTH & WE 1645 W JACKSON BLVD 7TH FLOOR CHICAGO IL 60612	2b Employer Identification Number (EIN) 36-2688697 2c Plan Sponsor's telephone number 312-738-2811 2d Business code (see instructions) 484110

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

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

SIGN HERE			AMY WOJCIECHOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Dan Thomas</i>	09/29/2025	DAN THOMAS / JUAN CAMPOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Employer Trustee
Form 5500 Filing Authorization Statement

I, Dan Thomas the Employer Trustee for the Local 705 International Brotherhood of Teamsters Health & Welfare Fund (EIN 36-2688697 Plan No. 502).

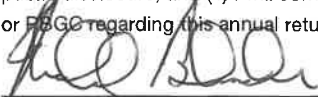
- 1) authorize Graff, Blanski & Kim, P.C. to electronically file our Form 5500 for 2024.
- 2) understand that as part of this process the signed paper Form 5500 with my signature will be attached to the electronic filing and will be part of the Annual Report filed with the U.S. Department of Labor. This report, which will include my signature, will be posted on the Internet by the Department of Labor for public disclosure.

X Dan Thomas
Signature

09/29/2025
Date

Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.



Signature of service provider (optional)

9-29-25

Date

GRAFF, BLANSKI & KIM, P.C.

Enter name of individual signing as service provider

LOCAL 705 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND
EIN# 36-2688697 PLAN 502

FORM 5500 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Midwest Institutional Trust	GS Fin Sq Gov #466	\$ 27,439,069	\$ -	\$ -	\$ -	\$ 27,439,069	\$ 27,439,069	\$ -
Midwest Institutional Trust	GS Fin Sq Gov #466	-	27,842,054	-	-	27,842,054	27,842,054	-
Midwest Institutional Trust	US Treasury Bond 4.75% Dtd 1/15/2023 Due 11/15/2043	\$ 4,024,618	\$ -	\$ -	\$ -	\$ 4,024,618	\$ 4,024,618	-
Midwest Institutional Trust	US Treasury Bond 4.75% Dtd 1/15/2023 Due 11/15/2043	-	4,048,085	-	-	4,024,618	4,048,085	23,467
Midwest Institutional Trust	US Treasury Bond 2.125% Dtd 2/15/2024 Due 2/15/2054	\$ 5,277,336	\$ -	\$ -	\$ -	\$ 5,277,336	\$ 5,277,336	\$ -
Midwest Institutional Trust	US Treasury Bond 2.125% Dtd 2/15/2024 Due 2/15/2054	-	5,324,114	-	-	5,281,563	5,324,114	42,551
Midwest Institutional Trust	US Treasury Note 4.375% Dtd 11/30/2023 Due 11/30/2028	\$ 2,956,074	\$ -	\$ -	\$ -	\$ 2,956,074	\$ 2,956,074	\$ -
Midwest Institutional Trust	US Treasury Note 4.375% Dtd 11/30/2023 Due 11/30/2028	-	4,924,879	-	-	4,917,648	4,924,879	7,231
Midwest Institutional Trust	US Treasury Note 1.75% Dtd 1/15/2024 Due 1/15/2034	\$ 3,449,069	\$ -	\$ -	\$ -	\$ 3,449,069	\$ 3,449,069	\$ -
Midwest Institutional Trust	US Treasury Note 1.75% Dtd 1/15/2024 Due 1/15/2034	-	3,428,030	-	-	3,454,494	3,428,030	(26,464)
Midwest Institutional Trust	US Treasury Note 4.00% Dtd 2/15/2024 Due 2/15/2034	\$ 6,257,409	\$ -	\$ -	\$ -	\$ 6,257,409	\$ 6,257,409	\$ -
Midwest Institutional Trust	US Treasury Note 4.00% Dtd 2/15/2024 Due 2/15/2034	-	6,189,151	-	-	6,184,311	6,189,151	4,840
Midwest Institutional Trust	US Treasury Note 4.375% Dtd 5/15/2024 Due 5/15/2034	\$ 5,651,568	\$ -	\$ -	\$ -	\$ 5,651,568	\$ 5,651,568	\$ -
Midwest Institutional Trust	US Treasury Note 4.375% Dtd 5/15/2024 Due 5/15/2034	-	4,387,121	-	-	4,362,675	4,387,121	24,446
Midwest Institutional Trust	US Treasury Note 4.125% Dtd 8/15/2024 Due 8/15/2034	\$ 4,451,408	\$ -	\$ -	\$ -	\$ 4,451,408	\$ 4,451,408	\$ -
Midwest Institutional Trust	US Treasury Note 4.125% Dtd 8/15/2024 Due 8/15/2034	-	1,708,361	-	-	1,713,613	1,708,361	(5,252)
Midwest Institutional Trust	US Treasury Note 3.75% Dtd 8/31/2024 Due 8/31/2026	\$ 2,480,300	\$ -	\$ -	\$ -	\$ 2,480,300	\$ 2,480,300	\$ -
Midwest Institutional Trust	US Treasury Note 3.75% Dtd 8/31/2024 Due 8/31/2026	-	2,473,479	-	-	2,480,300	2,473,479	(6,821)