

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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) M

**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**

<p><b>1a</b> Name of plan <u>BELLSOUTH CORPORATION RFA VEBA TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>025</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AT&amp;T INC.</u></p> <p><u>P.O. BOX 132160</u> <u>DALLAS, TX 75313-2160</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>43-1301883</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>210-886-5920</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/03/2025</u>	<u>INGRID BERNER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**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:

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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

<b>A</b> Name of plan <u>BELLSOUTH CORPORATION RFA VEBA TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>025</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AT&amp;T INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>43-1301883</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	AT&T UMBRELLA BENEFIT PLAN NO. 1	
<b>b</b> Name of plan sponsor	AT&T INC.	<b>c</b> EIN-PN 43-1301883-600

<b>a</b> Plan name	AT&T UMBRELLA BENEFIT PLAN NO. 3	
<b>b</b> Name of plan sponsor	AT&T INC.	<b>c</b> EIN-PN 43-1301883-603

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

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<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

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<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

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<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>		
<b>A</b> Name of plan <b>BELLSOUTH CORPORATION RFA VEBA TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>025</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AT&amp;T INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1301883</b>	

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	6046000
		3955000
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	109916000
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	774352000
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	147000
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	7320000
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	5968000
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1112629000	784342000
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	427000	20000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	427000	20000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1112202000	784322000

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	49507000	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		49507000
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1498000	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2026000	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		26000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		50061000

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		50061000
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		377941000

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

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

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

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

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

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



**BellSouth Corporation RFA VEBA Trust**  
**EIN: 43-1301883, PN: 025**  
**Schedule H, Item 4i - Schedule of Assets (Held at End of Year)**

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INVESTMENT DETAIL W/ CUSIP  
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TOTAL ASSET POOL  
TOTAL ASSET POOL

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
<u>INVESTMENTS CASH EQUIVALENTS</u>					
	NZD (NEW ZEALAND DOLLAR) AN9123455				
0.0100	SSGM TRANSITION	0.01	0.0000	0.01	0.00
	HUF (HUNGARIAN FORINT) EM9123453				
0.4000	SSGM TRANSITION	0.00	0.0000	0.00	0.00
	CHF (SWISS FRANC) ES9123450				
80,187.2900	BVR - SSGA ACWI X US	91,055.81	0.0000	88,482.53	2,573.28-
	TRY (NEW TURKISH LIRA) ET9123458				
0.0700	BVR - SSGA ACWI X US	0.00	0.0000	0.00	0.00
	GBP (GREAT BRITISH POUNDS) EX9123459				
0.2800	SSGM TRANSITION	0.36	0.0000	0.35	0.01-
5.6200	BVR - SSGA ACWI X US	7.11	0.0000	7.04	0.07-
5.9000		7.47		7.39	0.08-
	THB (THAI BAHT) FB9123456				
6.2000-	BVR - SSGA ACWI X US	0.17-	0.0000	0.18-	0.01-
	HKD (HONG KONG DOLLARS) FH9123453				
0.1000	SSGM TRANSITION	0.01	0.0000	0.01	0.00
3,856.5500	BVR - SSGA ACWI X US	493.64	0.0000	496.47	2.83
3,856.6500		493.65		496.48	2.83



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
JPY (JAPANESE YEN)					
	FJ9123459				
871,569.0000	BVR - SSGA ACWI X US	5,915.50	0.0000	5,545.74	369.76-
ILS (ISRAELI SHEKEL)					
	FZ9123453				
0.0100	SSGM TRANSITION	0.00	0.0000	0.00	0.00
0.2300	BVR - SSGA ACWI X US	0.06	0.0000	0.06	0.00
0.2400		0.06		0.06	0.00
QAR (QATARI RIAL)					
	GQ9123452				
0.8700	BVR - SSGA ACWI X US	0.24	0.0000	0.24	0.00
EGP (EGYPTIAN POUND)					
	KE9123454				
17,829.1000	BVR - SSGA ACWI X US	372.29	0.0000	350.76	21.53-
ZAR (SOUTH AFRICAN RAND)					
	KS9123453				
22.9000	SSGM TRANSITION	1.62	0.0000	1.21	0.41-
54.6000-	BVR - SSGA ACWI X US	2.86-	0.0000	2.89-	0.03-
31.7000-		1.24-		1.68-	0.44-
BRL (BRAZILIAN REAL)					
	LB9123459				
5,965.2200	SSGM TRANSITION	1,461.51	0.0000	965.58	495.93-
9,274.6100	MCKINLEY INTL EQUITY	1,677.02	0.0000	1,501.27	175.75-
87,871.5100	BVR - SSGA ACWI X US	17,154.99	0.0000	14,223.64	2,931.35-
103,111.3400		20,293.52		16,690.49	3,603.03-



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
4.1400	COP (COLOMBIAN PESO) LL9123457 BVR - SSGA ACWI X US	0.00	0.0000	0.00	0.00
1,987.6600	CAD (CANADIAN DOLLARS) NC9123455 SSGM TRANSITION	1,507.33	0.0000	1,382.05	125.28-
32,944.1500	BVR - SSGA ACWI X US	23,319.18	0.0000	22,906.52	412.66-
34,931.8100		24,826.51		24,288.57	537.94-
1,118.5600	DKK (DANISH KRONE) SD9123458 SSGM TRANSITION	155.56	0.0000	155.32	0.24-
3,433.5000	SEK (SWEDISH KRONA) SS9123455 SSGM TRANSITION	355.84	0.0000	310.75	45.09-
724.1300	EUR (EURO) XX9123458 SSGM TRANSITION	813.56	0.0000	749.84	63.72-
5,814.6600	BVR - SSGA ACWI X US	6,391.46	0.0000	6,021.08	370.38-
6,538.7900		7,205.02		6,770.92	434.10-
763,848,371.9200	DREYFUS GOVT CM BOLD 6 99VVCPST9 CASH	763,848,371.92	1.0000	763,848,371.92	0.00
9,969,927.5200	CASH HEALTHCARE	9,969,927.52	1.0000	9,969,927.52	0.00
992.9600	SSGM TRANSITION	992.96	1.0000	992.96	0.00
8,827.7500	BVR-SSGM TRAN DOM	8,827.75	1.0000	8,827.75	0.00
21,092.9000	BVR - SSGA R3 INDEX	21,092.90	1.0000	21,092.90	0.00
359,838.9200	BVR - SSGA ACWI X US	359,838.92	1.0000	359,838.92	0.00
774,209,051.9700		774,209,051.97		774,209,051.97	0.00



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
TOTAL INVESTMENTS CASH EQUIVALENTS		774,359,732.04		774,352,149.37	7,582.67- 7,582.67- C 0.00 I
<u>INVESTMENTS EQUITY</u>					
40.0000	FERROVIAL SE EEBRS7CF3 SSGM TRANSITION	914.05	42.0413	1,681.65	767.60 144.43- C 912.03 I
0.2790	TURKIYE IS BANKASI AS ETB03MYS1 BVR - SSGA ACWI X US	0.24	0.3829	0.11	0.13- 2.56- C 2.43 I
599.0000	NMC HEALTH PLC EXB7FC079 BVR - SSGA ACWI X US	30,593.63	0.0000	0.00	30,593.63-
24,000.0000	DING YI FENG HOLDINGS GROUP IN HK/00612 FHBD1XMJ9 SSGM TRANSITION	70,664.26	0.0157	376.93	70,287.33- 3.53 C 70,290.86- I



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
12,160.0000	ZHEJIANG EXPRESSWAY CO LTD HK/00576 FH6990763 BVR - SSGA ACWI X US	6,335.61	0.7196	8,750.62	2,415.01 27.45 C 2,387.56 I
494,500.0000	HANERGY THIN FILM POWER GROUP LTD FH99VZ891 BVR - SSGA ACWI X US	79,786.02	0.0000	0.00	79,786.02-
222,000.0000	CHINA HUIZHAN DAIRY HOLDING HKD 0.1 FH99V3YE2 BVR - SSGA ACWI X US	49,303.06	0.0000	0.00	49,303.06-
11,554.4000	VTB BANK PJSC IRB1WMD68 BVR - SSGA ACWI X US	114,895.45	0.0000	0.00	114,895.45-
15,109.0000	ROSNEFT OIL CO PJSC IRB17KP42 BVR - SSGA ACWI X US	106,762.81	0.0000	0.00	106,762.81-
136,196.0000	GAZPROM PJSC IRB59L4L4 BVR - SSGA ACWI X US	607,465.42	0.0000	0.00	607,465.42-
4,769.0000	LUKOIL PJSC IR4560589 BVR - SSGA ACWI X US	282,580.52	0.0000	0.00	282,580.52-



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
139,869.0000	SBERBANK OF RUSSIA PJSC IR4767986 BVR - SSGA ACWI X US	427,073.11	0.0000	0.00	427,073.11-
34,121.0000	COMMERCIAL INTERNATIONAL BANK KE6243891 BVR - SSGA ACWI X US	68,016.24	1.5443	52,695.23	15,321.01- 348,083.88- C 332,762.87 I
139.0000	ARDAGH GROUP SA L0223L101 BVR - SSGA R3 INDEX	2,900.93	24.7500	3,440.25	539.32
3,621.0000	SEVERSTAL PAO GDR NAB8F2W58 BVR - SSGA ACWI X US	59,529.24	0.0000	0.00	59,529.24-
200.0000	CONSTELLATION SOFTWARE INC WT 31-MAR-2040 NCBR52TP3 BVR - SSGA ACWI X US	0.00	0.0000	0.00	0.00
280.0000	CONTRA ADURO BIOTECH I 007CVR012 BVR - SSGA R3 INDEX	0.00	0.1300	36.40	36.40
280.0000	CHINOOK THERAPE CONTRA 169CVR016 BVR - SSGA R3 INDEX	0.00	0.3900	109.20	109.20



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
93.0000	CINCOR PHARMA I CONTRA 172CVR011 BVR - SSGA R3 INDEX	2,012.24	0.0000	0.00	2,012.24-
807.0000	GCI LIBERTY INC SR ESCROW 361ESC049 BVR - SSGA R3 INDEX	0.00	0.0000	0.00	0.00
49.0000	NORTEL NETWORKS CORP 656568508 CASH	0.00	0.0000	0.00	0.00
40.9550	OMNIAB INC/OLD 68218J202 BVR - SSGA R3 INDEX	13.53	0.0000	0.00	13.53-
40.9550	OMNIAB INC/OLD 68218J301 BVR - SSGA R3 INDEX	13.53	0.0000	0.00	13.53-
964.0000	POLYUS PJSC GDR 73181M117 BVR - SSGA ACWI X US	65,757.95	0.0000	0.00	65,757.95-
296.0000	SCILEX HOLDING CO 80880W106 BVR - SSGA R3 INDEX	1,494.80	0.4260	126.10	1,368.70-
8,984.0000	SURGUTNEFTEGAS PJSC ADR 868861105 BVR - SSGA ACWI X US	45,840.87	0.0000	0.00	45,840.87-



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
9,259.0000	SURGUTNEFTEGAS PJSC ADR 868861204 BVR - SSGA ACWI X US	93,374.70	0.0000	0.00	93,374.70-
TOTAL INVESTMENTS EQUITY		2,115,328.21		67,216.49	2,048,111.72- 348,199.89- C 1,699,911.83- I
<u>INVESTMENTS REAL ESTATE</u>					
4,292,007.0000	317 MAGNETO LLC 99VVA5XP7 317 MAGNETO LLC	0.00	1.0000	4,292,007.00	4,292,007.00
TOTAL INVESTMENTS REAL ESTATE		0.00		4,292,007.00	4,292,007.00 0.00 C 4,292,007.00 I
<u>INVESTMENTS PRIVATE EQUITY</u>					
6,465.0000	PERMIRA EUROPE III XX8998561 PERMIRA EUROPE III	3,305,563.32	1.0355	6,694.51	3,298,868.81- 1,865.17- C 3,297,003.64- I
12,811.0000	PERMIRA EUROPE II XX9014483 PERMIRA EUROPE II	2,004,401.68	1.0355	13,265.79	1,991,135.89- 64.54- C 1,991,071.35- I



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
24,526.0000	3I EUROFUND VA LP XX99WDG04 3I EUROFUND V	620,702.27	1.0355	25,396.67	595,305.60- 1,975.57- C 593,330.03- I
686,980.0000	CVC EUROPEAN EQ PTNRS III LP 999091721 CVC EUROPE III	1,125,154.67	1.0000	686,980.00	438,174.67-
430,224.0000	NEW ENTERPRISE ASSOCIATES X 999105612 NEA X	6,556,748.42	1.0000	430,224.00	6,126,524.42-
509,989.0000	SCHRODER INTL LIFE SCIENCE FD III 999250160 SV INTL LIFE SC III	5,488,263.00	1.0000	509,989.00	4,978,274.00-
3,535.0000	STARWOOD OPPORTUNITY FD VI 999250194 STARWOOD GLOBAL VI	2,625,484.30	1.0000	3,535.00	2,621,949.30-
TOTAL INVESTMENTS PRIVATE EQUITY		21,726,317.66		1,676,084.97	20,050,232.69- 3,905.28- C 20,046,327.41- I
TOTAL INVESTMENT		798,201,377.91		780,387,457.83	17,813,920.08- 359,687.84- C 17,454,232.24- I