

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 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>TEAMSTERS LEGAL DEFENSE FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>TEAMSTERS LEGAL DEFENSE TRUST</u> <u>25 LOUISIANA AVENUE, NW</u> <u>WASHINGTON, DC 20001</u>	1c Effective date of plan <u>09/10/2008</u> 2b Employer Identification Number (EIN) <u>26-3361356</u> 2c Plan Sponsor's telephone number <u>202-624-6800</u> 2d Business code (see instructions) <u>921000</u>

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.	10/03/2025	PETER FINN, CHAIRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	6810
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)	6810
	6a(2)	7741
	6b	
	6c	
	6d	7741
	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:
4G

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan TEAMSTERS LEGAL DEFENSE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LEGAL DEFENSE TRUST</p>	<p>D Employer Identification Number (EIN) 26-3361356</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	C4469	7740	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4947
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan TEAMSTERS LEGAL DEFENSE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LEGAL DEFENSE TRUST	D Employer Identification Number (EIN) 26-3361356	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP INC

23-1945930

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

PIMCO

33-0629048

(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)

AMERICAN LEGAL SERVICES INC

42-1411337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	227047	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA LLC

61-1436956

(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 50	NONE	18545	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAW OFFICE OF LISA ELLIOTT

PO BOX 252
FOX ISLAND, WA 98333

(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 50	NONE	16253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANTHONY DE LUCA ESQ

225 ROSS ST. FLOOR 4
PITTSBURGH, PA 15219

(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 50	NONE	12881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALAN BILLER AND ASSOCIATES INC

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDICKMAN LAW FIRM

91-1716039

(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 50	NONE	8450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INT'L BROTHERHOOD OF TEAMSTERS

53-0215427

(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 50	RELATED PARTY	6756	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALFREDO PARRISH, PLLC

45-4494291

(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 50	NONE	5891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

E. LEE TURNER, JR

56-2265046

(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 50	NONE	5438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TEAMSTERS LEGAL DEFENSE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LEGAL DEFENSE TRUST	D Employer Identification Number (EIN) 26-3361356

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	201802	356553
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19562	13803
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(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)	2815309	3255118
(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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3036673	3625474
Liabilities			
g Benefit claims payable.....	1g	147929	157180
h Operating payables.....	1h	4500	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16783	21329
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	169212	178509
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2867461	3446965

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)		
(B) Participants.....	2a(1)(B)	629552	
(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)		629552
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)		
(C) Corporate debt instruments.....	2b(1)(C)		
(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)		
(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)	111265	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		111265
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		213544
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		954361

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	4947	
(3) Other	2e(3)	85962	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		90909
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)	227047	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18545	
(5) Investment advisory and investment management fees	2i(5)	4500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1987	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	31869	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		283948
j Total expenses. Add all expense amounts in column (b) and enter total	2j		374857

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		579504
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

TEAMSTERS LEGAL DEFENSE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

TEAMSTERS LEGAL DEFENSE FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Teamsters Legal Defense Fund

Opinion

We have audited the financial statements of the Teamsters Legal Defense Fund (the 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 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 benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 Teamsters Legal Defense 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 Fund amendments; administering the Fund; and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 the 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 the 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Fund's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
May 21, 2025

TEAMSTERS LEGAL DEFENSE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS - at fair value		
Mutual funds - fixed income	\$ 1,600,728	\$ 1,969,142
Mutual funds - equity	1,654,390	846,167
Total investments	<u>3,255,118</u>	<u>2,815,309</u>
CASH	<u>356,553</u>	<u>201,802</u>
CONTRIBUTIONS RECEIVABLE	<u>13,803</u>	<u>19,562</u>
Total assets	<u>3,625,474</u>	<u>3,036,673</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	-	4,500
Deferred contributions revenue	14,573	11,903
Due to International Brotherhood of Teamsters	<u>6,756</u>	<u>4,880</u>
Total liabilities	<u>21,329</u>	<u>21,283</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,604,145</u></u>	<u><u>\$ 3,015,390</u></u>

See accompanying notes to financial statements.

TEAMSTERS LEGAL DEFENSE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
INVESTMENT INCOME		
Net appreciation in fair value of investments	\$ 213,544	\$ 153,999
Interest and dividends	111,265	114,833
	324,809	268,832
Less: investment expenses	(4,500)	(6,000)
Investment income (loss) - net	320,309	262,832
CONTRIBUTIONS	629,552	575,178
Total additions	949,861	838,010
DEDUCTIONS		
ADMINISTRATIVE EXPENSES		
Third party administrator fees	227,047	205,590
Insurance	10,457	11,855
Office supplies	674	-
Bank service charges	8	106
Postage expense	7,132	1,552
Legal	1,987	1,020
Accounting	18,545	21,138
Consulting	-	375
Computer expenses	-	347
Shared administrative expenses	6,756	4,880
Printing expense	11,789	6,751
Total administrative expenses	284,395	253,614
BENEFITS		
Legal services	76,711	73,129
Total deductions	361,106	326,743
NET INCREASE	588,755	511,267
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,015,390	2,504,123
End of year	\$ 3,604,145	\$ 3,015,390

See accompanying notes to financial statements.

TEAMSTERS LEGAL DEFENSE FUND
STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable	\$ 6,348	\$ 36,148
Claims incurred but not reported	150,832	111,781
TOTAL BENEFIT OBLIGATIONS	\$ 157,180	\$ 147,929

See accompanying notes to financial statements.

TEAMSTERS LEGAL DEFENSE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 147,929	\$ 137,658
Increase (decrease) during the year attributable to changes in		
Claims payable	(29,800)	8,714
Claims incurred but not reported	39,051	1,557
Balance at end of year	<u>157,180</u>	<u>147,929</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 157,180</u>	<u>\$ 147,929</u>

See accompanying notes to financial statements.

TEAMSTERS LEGAL DEFENSE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE FUND

The Teamsters Legal Defense Fund (the Fund) was established on September 10, 2008. The purpose of the Fund is to provide for the payment of fees and expenses incurred in the legal defense of certain individuals who are active or potential members of the Internal Brotherhood of Teamsters (International Union) and who work in law enforcement or related professions.

NOTE 2. TAX STATUS

The Fund obtained its latest determination letter on July 17, 2009, in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements under Section 501(c)(9) of the Internal Revenue Code and was, therefore, not subject to tax under present Federal income tax laws. The Fund's Trustees and the Fund's legal counsel believe that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, fund tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

NOTE 3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investments - The mutual funds-fixed income and mutual funds-equity are carried at fair value as provided by the investment manager, which generally represents quoted market prices as of the last business day of the year.

Purchase 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 includes the Fund's gains and losses on investments bought and sold as well as held during the year.

NOTE 3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Benefit Obligations - Claims payable represent claims with an incident date prior to year end or (December 31st) that were paid after year end. Claims incurred but not reported represents an estimate of claims with an incident date prior to December 31st, which have not yet been reported to the Fund for payment. Claims incurred but not reported were estimated by the Third Party Administrator.

Contributions Receivable - Contributions due and not paid prior to year end are recorded as contributions receivable. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Funding Policy and Revenue Recognition - The Fund is fully funded by contributions. Contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Deferred Contribution Revenue - Contributions collected in advance have been included as deferred contribution revenue in the accompanying Statement of Net Assets Available for Benefits.

Estimates - The presentation of 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 in the financial statements. Actual results may differ from those estimates.

NOTE 4. RELATED PARTY TRANSACTIONS

One of the Trustees of the Fund also previously served as an employee of the International Union. Fund management also includes employees of the International Union.

The International Union performs certain administrative functions on behalf of the Fund.

The Fund reimburses the International Union on an annual basis for these shared administrative costs. The Fund's share of allocated expenses for the years ended December 31, 2024 and 2023 has been estimated to be \$6,756 and \$4,880, respectively.

NOTE 5. PRIORITIES UPON TERMINATION

It is the intent of the International Union and the Trustees to continue the Fund in full force and effect. However, the right to discontinue the Fund at any time has been reserved to the General Executive Board of the International Union. Termination shall not permit any part of the Fund's assets to be used for or diverted to purposes other than the exclusive benefit of the beneficiaries and participants. In the event the Fund terminates, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Fund terminate at some future time will depend on the sufficiency of the Fund's net assets at that time and the priority of those benefits.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund 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 value measurement.

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

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds - fixed income	\$ 1,600,728	\$ 1,600,728	\$ -	\$ -
Mutual fund - equity **	1,654,390	1,654,390	-	-
	<u>\$ 3,255,118</u>	<u>\$ 3,255,118</u>	<u>\$ -</u>	<u>\$ -</u>
	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds - fixed income *	\$ 1,969,142	\$ 1,969,142	\$ -	\$ -
Mutual fund - equity	846,167	846,167	-	-
	<u>\$ 2,815,309</u>	<u>\$ 2,815,309</u>	<u>\$ -</u>	<u>\$ -</u>

* One investment comprises over 48% of net assets at end of year.

** One investment comprises over 37% of net assets at end of year.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 3,604,145	\$ 3,015,390
Less: Amounts currently payable at December 31, 2024 and 2023	(6,348)	(36,148)
Less: Amounts incurred but not reported at December 31, 2024 and 2023	<u>(150,832)</u>	<u>(111,781)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 3,446,965</u></u>	<u><u>\$ 2,867,461</u></u>

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

Benefits paid to or for participants per the financial statements	\$ 76,711
Add: Amounts currently payable and claims incurred but not reported at December 31, 2024	157,180
Less: Amounts currently payable and claims incurred but not reported at December 31, 2023	<u>(147,929)</u>
Benefits paid to or for participants per Form 5500	<u><u>\$ 85,962</u></u>

NOTE 8. RISKS AND UNCERTAINTIES

The Fund holds diversified investments which are exposed to various risks including economic, interest rate, market and sector. Such risks could cause material near term fluctuations in the market value of the investments as reported in these financial statements.

NOTE 9. CONCENTRATION OF CASH

The Fund places its cash with a financial institution deemed to be creditworthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. As of December 31, 2024, the Fund's cash in excess of FDIC insurance coverage totaled \$106,553.

NOTE 10. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through May 21, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

TEAMSTERS LEGAL DEFENSE FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500 Schedule H, Line 4i

EIN No. 26-3361356
Plan No. 501

(a)	(b)	(c)			(d)	(e)
<u>Issuer, Borrower</u>	<u>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Shares/</u>	<u>Interest</u>	<u>Maturity</u>	<u>Cost</u>	<u>Current</u>
	<u>Type</u>	<u>Principal</u>	<u>Rate</u>	<u>Date</u>		<u>Value</u>
		<u>Mutual funds - fixed income:</u>				
PIMCO Income Fund		76,096			\$ 895,989	\$ 800,526
Vanguard Short-Term Investment Grade Fund Admiral Shares		77,614			812,486	800,202
		Total mutual funds - fixed income			<u>1,708,475</u>	<u>1,600,728</u>
		<u>Mutual fund - equity:</u>				
Vanguard FTSE All World ex-US Admiral Shares		8,696			309,725	310,193
Vanguard Total Stock Market Index Fund Institutional Shares		9,530			864,486	1,344,197
		Total mutual funds - equity			<u>1,174,211</u>	<u>1,654,390</u>
		Total investments			<u>\$ 2,882,686</u>	<u>\$ 3,255,118</u>

TEAMSTERS LEGAL DEFENSE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500 Schedule H, Line 4j

EIN No. 26-3361356
Plan No. 501

(a)	(c)	(d)	(g)	(h)	(i)
Description	Purchase Price	Selling Price	Cost of Asset	Current Asset Value	Net Gain or (Loss)
PIMCO Income Fund	\$ 97,207	N/A	\$ 97,207	\$ 97,207	N/A
PIMCO Income Fund	N/A	\$ 730,000	815,574	730,000	\$ (85,574)
Vanguard Total Stock Market Index Fund Institutional Shares	280,091	N/A	280,091	280,091	N/A
Vanguard Short-Term Investment Grade Fund Admiral Shares	294,242	N/A	294,242	294,242	N/A
	N/A	25,000	25,683	25,000	(683)
Vanguard FTSE All World ex-US Admiral Shares	309,725	N/A	309,725	309,725	N/A

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan TEAMSTERS LEGAL DEFENSE FUND	1b Three-digit plan number (PN) ▶ 501
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) TEAMSTERS LEGAL DEFENSE TRUST 25 LOUISIANA AVENUE, NW WASHINGTON DC 20001	1c Effective date of plan 09/10/2008 2b Employer Identification Number (EIN) 26-3361356 2c Plan Sponsor's telephone number 202-624-6800 2d Business code (see instructions) 921000

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	<input checked="" type="checkbox"/> <i>Peter Finn</i> Signature of plan administrator	10/3/25 Date	PETER FINN, CHAIRMAN Enter name of individual signing as plan administrator
SIGN HERE	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**

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	6810
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	6810
a (2) Total number of active participants at the end of the plan year	6a(2)	7741
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	7741
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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:

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

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

Multiple-Employer Plan Participating Employer Information
American Legal Services
Teamsters Legal Defense Fund, EIN: 26-3361356
Plan No. 501
Group Listing - 12/31/2024

Group Number - Name	EIN#:	Contribution	% of Contribution
102 - Minnesota Teamsters Local 320	41-0977399	46,343.24	7.27%
103 - Borough of Braddock, PA Local 205	25-6000286	130.32	0.02%
104 - WI 662 - City of Brillion PD	N/A	557.48	0.09%
105 - Port of Seattle Local 117	N/A	7,383.54	1.16%
107 - City of Monessen, PA 205	25-6000871	977.40	0.15%
109 - Washington Teamsters local 760	N/A	27,041.40	4.24%
111 - Borough of Brentwood, PA 205	25-6000287	1,303.20	0.20%
112 - City of McKeesport, PA 205	25-6000866	2,932.20	0.46%
113 - Washington Local 690	N/A	9,064.48	1.42%
115 - Maryland Teamsters Local 355	N/A	86.88	0.01%
116 - Iowa Teamsters Local 238	N/A	48,638.32	7.63%
117 - North Carolina Local 391	N/A	55,748.00	8.74%
118 - Borough of Liberty, PA 205	25-6000398	1,172.88	0.18%
121 - Florida Teamsters Local 385	N/A	2,099.60	0.33%
122 - IL Local 700 "IL State Police"	N/A	19,801.40	3.10%
124 - Adams Township PD, PA 110	25-6000003	448.88	0.07%
125 - Borough of Port Vue, PA 205	25-6000444	181.00	0.03%
126 - Borough of Glassport, PA 205	25-6000371	1,100.48	0.17%
127 - Summerhill Township, PA 110	25-6003137	333.04	0.05%
136 - Borough of West Newton, PA 205	25-6000508	695.04	0.11%
137 - Crescent Township PD, PA 205	25-6001065	680.56	0.11%
139 - Jackson Township, PA 110	N/A	260.64	0.04%
145 - Windber Borough PD, PA 110	25-6000517	1,172.88	0.18%
150 - Potter County Teamsters, PA 110	24-6000746	1,216.32	0.19%
152 - South Park Twp, PA 205	25-6003137	2,128.56	0.33%
153 - Denver Teamsters Local 17	N/A	14,081.80	2.21%
154 - Whatcom County Corrections, WA 231	91-0232480	5,589.28	0.88%
155 - NY 445 - Village of Walden PBA	N/A	311.32	0.05%
156 - Sea Gate P.D., NY 813	N/A	868.80	0.14%
162 - NY 445 - Greenwood Lake OEA	N/A	1,194.60	0.19%
167 - City of Clairton, PA 205	25-6000852	1,107.72	0.17%
175 - City of Pacific, WA 117	N/A	217.20	0.03%
176 - CA Local 856 - Merced Co. Sheriffs	N/A	50.68	0.01%
177 - Ronald Porupsky, Ind PA 205	N/A	86.88	0.01%
182 - James Kahler, Ind. PA 205	N/A	86.88	0.01%
188 - IL Local 700 "Cook County"	N/A	111,756.24	17.52%
189 - Jim Romar, Ind. IA 238	N/A	173.76	0.03%

Multiple-Employer Plan Participating Employer Information
American Legal Services
Teamsters Legal Defense Fund, EIN: 26-3361356
Plan No. 501
Group Listing - 12/31/2024

Group Number - Name	EIN#:	Contribution	% of Contribution
192 - IL Local 700 "South Chicago Heights PD"	N/A	275.12	0.04%
196 - City of Duquesne, PA 205	25-6000856	1,194.60	0.19%
198 - Inkster City Hall, MI 214	N/A	318.36	0.05%
199 - City of Prosser, WA 839	N/A	948.44	0.15%
204 - Brian Finnerty, PA 205	N/A	86.88	0.01%
205 - PA Teamsters Local 764	24-0773584	774.68	0.12%
206 - Village of Cooperstown, NY 693	N/A	188.24	0.03%
227 - IL Local 700 "Monee PD"	N/A	1,592.80	0.25%
228 - IL Local 700 "Oakforest Telecom"	N/A	550.24	0.09%
229 - IL Local 700 "Peotone PD"	N/A	347.52	0.05%
231 - IL Local 700 "Midlothian PD"	N/A	347.52	0.05%
237 - IL Local 700 "Beecher PD"	N/A	347.52	0.05%
245 - Connell Police Department, WA 839	N/A	246.16	0.04%
246 - Village of Sidney, NY 317	N/A	637.12	0.10%
249 - Washington Local 117	N/A	84,474.74	13.24%
251 - NY 445 - Town of Mount Hope PD	N/A	687.80	0.11%
252 - Jeffrey R. Winfield, PA 110	N/A	86.88	0.01%
253 - Patrick Renwick, PA 110	N/A	86.88	0.01%
255 - Frank Wittenburg, PA 110	N/A	86.88	0.01%
257 - Metropolitan Trans. Authority, CA 911	N/A	6,639.08	1.04%
258 - James Lauso, PA 205	N/A	86.88	0.01%
260 - Corry City PD - PA 397	69-0230814	695.04	0.11%
264 - Heath R. Zeitler, PA 110	N/A	86.88	0.01%
266 - Borough of Pitcairn, PA 205	25-6000437	724.00	0.11%
273 - Town of Oneonta, NY 693	N/A	86.88	0.01%
278 - University of WA, Local 117	N/A	1,013.60	0.16%
282 - NY 445 - Village of Goshen PD	N/A	600.92	0.09%
295 - Pymatuning Township PD, PA 261	N/A	666.08	0.10%
306 - Green Tree Borough PD, Local 205	25-6000374	876.04	0.14%
309 - Borough of Lincoln, PA 205	25-6002003	1,035.32	0.16%
318 - Donald J Isherwood, PA 110	N/A	86.88	0.01%
319 - City of Jackson Auditor	N/A	1,064.28	0.17%
321 - City of Wellston	N/A	992.20	0.16%
323 - Charleroi Regional PD - PA 205	45-4481000	868.80	0.14%
331 - Jackson County Auditor	N/A	839.84	0.13%
332 - Jefferson Twp, PA 261	N/A	86.88	0.01%
334 - NY 445 - Harriman PD	N/A	390.96	0.06%

Multiple-Employer Plan Participating Employer Information
American Legal Services
Teamsters Legal Defense Fund, EIN: 26-3361356
Plan No. 501
Group Listing - 12/31/2024

Group Number - Name	EIN#:	Contribution	% of Contribution
335 - Mt. Pleasant Township, PA 205	25-60002227	550.24	0.09%
339 - Franklin County Teamsters, PA 992	N/A	260.64	0.04%
340 - IL Local 700 "Grundy County Sergeants"	N/A	434.40	0.07%
341 - Joseph Smaus, NE 554	N/A	86.88	0.01%
342 - Lawrence County Auditor's Office, OH 92	N/A	673.32	0.11%
343 - North Versailles Township, PA 205	25-60002343	1,042.56	0.16%
348 - Teamsters Local 456, City of Yonkers	N/A	1,824.44	0.29%
349 - Town of Kittery	N/A	152.04	0.02%
350 - Washington Township PD - PA 205	N/A	752.96	0.12%
354 - Town of Steilacoom, WA 117	N/A	709.52	0.11%
355 - NY 445 - Village of Maybrook PD	N/A	253.40	0.04%
356 - Ohio Teamsters Local 908	N/A	369.24	0.06%
357 - Village of Stockton, IL 722	N/A	260.64	0.04%
359 - Teamsters Local 137	N/A	1,035.32	0.16%
360 - MN Teamsters Local 120	N/A	17,383.24	2.73%
364 - Borough of Mount Union PD, PA 110	23-6002903	152.04	0.02%
371 - Shawn Hollobaugh, PA 110	N/A	86.88	0.01%
376 - WI 662 - City of Gillett	N/A	173.76	0.03%
382 - Greenfield Township, PA 110	25-1239720	253.40	0.04%
384 - Louis Parrotta, Jr., PA 205	N/A	173.76	0.03%
387 - Village of Spencer, WI 662	N/A	260.64	0.04%
388 - Warren PD, IL 722	N/A	86.88	0.01%
392 - McKean County - PA 110	25-6001039	173.76	0.03%
393 - James P. Jones - PA 205	N/A	86.88	0.01%
397 - Gary Barr, PA 205	N/A	86.88	0.01%
398 - Donora Borough PD, PA 205	25-6000327	304.08	0.05%
399 - Elizabeth Township, PA 205	25-6001232	1,650.72	0.26%
401 - Clearfield County Corrections, PA 205	N/A	854.32	0.13%
402 - Borough of Clarion, PA 110	N/A	615.40	0.10%
405 - Trafford Borough, PA 205	N/A	521.28	0.08%
406 - NY Local 118 - Wayne Co. Sheriff's	N/A	6,226.40	0.98%
407 - Castle Shannon PD, PA 205	N/A	1,042.56	0.16%
409 - Leo Gigliotti, Jr., PA 205	N/A	86.88	0.01%
410 - John Prilla, PA 205	N/A	86.88	0.01%
411 - Adam Greenebaum, PA 205	N/A	86.88	0.01%
412 - Mount Oliver Borough, PA 205	N/A	868.80	0.14%
413 - Town of Smyrna Police	N/A	1,672.44	0.26%

Multiple-Employer Plan Participating Employer Information
American Legal Services
Teamsters Legal Defense Fund, EIN: 26-3361356
Plan No. 501
Group Listing - 12/31/2024

Group Number - Name	EIN#:	Contribution	% of Contribution
414 - Borough of Penbrook PD, PA Local 776	23-6002924	818.12	0.13%
416 - NY Local 118 - Fairport P.D.	N/A	781.92	0.12%
417 - NY Local 118 - Geneva P.D.	N/A	593.68	0.09%
419 - City of Escanaba	N/A	1,180.12	0.19%
421 - City of College Place PD, Local 839	N/A	86.88	0.01%
422 - Mendez, Michael, Sr. PA Local 776	N/A	86.88	0.01%
425 - IL Local 700 "Grundy County Corrections"	N/A	1,375.60	0.22%
426 - Benton County	N/A	6,668.04	1.05%
428 - Donald Anticoli, PA Local 502	N/A	86.88	0.01%
431 - Erin Snee, PA 502	N/A	86.88	0.01%
435 - St. Louis Teamsters Local 610	N/A	1,332.16	0.21%
439 - City of Menominee, MI 406	N/A	897.76	0.14%
440 - Jose Lebron, PA 502	N/A	86.88	0.01%
450 - SCORE T-1	N/A	600.92	0.09%
452 - Curwensville Borough, PA 205	N/A	188.24	0.03%
453 - Borough of Franklin Park, PA Local 205	25-6004050	1,614.52	0.25%
455 - Tammy M. Murray, PA 110	N/A	86.88	0.01%
456 - Detroit Transit Officers, MI Local 214	N/A	608.16	0.10%
457 - City of Redmond - 117	N/A	6,494.28	1.02%
459 - Nigel Golding, DE 326	N/A	86.88	0.01%
461 - Rhett Clifton Malone, DE 326	N/A	86.88	0.01%
462 - John Franklin Horsman, DE 326	N/A	86.88	0.01%
471 - Kevin Borges, CA 856	N/A	86.88	0.01%
473 - Franklin Co. Corrections Assoc., WA 839	N/A	3,496.92	0.55%
474 - Springdale Borough, PA 205	N/A	1,122.20	0.18%
478 - City of Gig Harbor, WA 117	N/A	1,346.64	0.21%
479 - City of Seaford, DE 326	N/A	1,198.22	0.19%
480 - County of Hancock, ME 340	N/A	1,484.20	0.23%
481 - John Badger, DE 326	N/A	86.88	0.01%
482 - SCORE - T-2	N/A	6,841.80	1.07%
484 - Raymond Kuehner, PA 773	N/A	86.88	0.01%
485 - Eric Rath, PA 773	N/A	86.88	0.01%
486 - Aaron Anglemyer, PA 773	N/A	86.88	0.01%
487 - City of Milford, DE 326	N/A	188.24	0.03%
488 - Village of N. Syracuse, NY 1149	N/A	86.88	0.01%
489 - Austin R. Anglemyer, PA 773	N/A	86.88	0.01%
492 - James Scott, Jr., PA 773	N/A	86.88	0.01%

Multiple-Employer Plan Participating Employer Information
American Legal Services
Teamsters Legal Defense Fund, EIN: 26-3361356
Plan No. 501
Group Listing - 12/31/2024

Group Number - Name	EIN#:	Contribution	% of Contribution
493 - City of Federal Way, WA 117	N/A	1,513.16	0.24%
494 - WI 662 - Clark Co. Sheriff's	N/A	2,164.76	0.34%
495 - Randy Allmendinger, PA 110	N/A	86.88	0.01%
496 - Leroy D. Anderson, Jr., PA 110	N/A	86.88	0.01%
497 - Jeffrey Atherton, PA 110	N/A	86.88	0.01%
498 - Michael Clawson, PA 110	N/A	86.88	0.01%
499 - Joshua L Henning, PA 110	N/A	86.88	0.01%
504 - Andrew Perry, PA 110	N/A	86.88	0.01%
506 - Michael M. Rayko, PA 110	N/A	86.88	0.01%
510 - Zachary Stiffler, PA 110	N/A	86.88	0.01%
513 - Lawrence King, CASA 502	N/A	173.76	0.03%
514 - Washington County, OH 637	N/A	3,381.08	0.53%
516 - Omar Crowder, PA 502	N/A	173.76	0.03%
518 - NY 445 - Tuxedo Town PD	N/A	883.28	0.14%
519 - Wilton PD, ME Local 340	N/A	579.20	0.09%
524 - Kyle Kennebeck, NE 554	N/A	86.88	0.01%
525 - Homestead Borough, PA 205	N/A	1,165.64	0.18%
526 - NY Local 118 - Webster PD	N/A	2,765.68	0.43%
528 - Chatham PD, NY 294	N/A	1,556.60	0.24%
530 - IL Local 700 "CC Juvenile Detention Ctr"	N/A	11,004.80	1.73%
531 - IL Local 700 "Lake County Sheriff's Ofc"	N/A	1,064.28	0.17%
532 - IL Local 700 "Orland Hills PD"	N/A	347.52	0.05%
533 - Douglas W. Peterson, WA 252	N/A	86.88	0.01%
536 - City of Brier, WA 117	N/A	485.08	0.08%
537 - Peters Twp, PA 205	N/A	1,093.24	0.17%
539 - IL Local 700 "Kane County"	N/A	658.84	0.10%
540 - NY Local 118 - Brighton PD	N/A	3,077.00	0.48%
542 - Whitehall Borough Police, PA 205	N/A	1,563.84	0.25%
543 - Tyson A Farrar, WA 252	N/A	86.88	0.01%
547 - Michael B. Ferguson, PA 205	N/A	86.88	0.01%
548 - James D. Edgar, PA 205	N/A	86.88	0.01%
550 - William A. Orth, PA 776	N/A	86.88	0.01%
551 - Shannon Hilliard, PA 776	N/A	86.88	0.01%
554 - Brian J. Weikert, PA 776	N/A	86.88	0.01%
555 - Dennis Pennese, PA 776	N/A	86.88	0.01%
560 - Kent Jones, WA 252	N/A	86.88	0.01%
563 - IL Local 700 "Stroger Hospital Police"	N/A	209.96	0.03%

Multiple-Employer Plan Participating Employer Information
American Legal Services
Teamsters Legal Defense Fund, EIN: 26-3361356
Plan No. 501
Group Listing - 12/31/2024

Group Number - Name	EIN#:	Contribution	% of Contribution
564 - Town of Laurel	N/A	318.56	0.05%
567 - Zakary Fedunok, PA 249	N/A	86.88	0.01%
571 - Teamsters Local 929	N/A	564.72	0.09%
572 - IL Local 700 "Univ Park PD"	N/A	955.68	0.15%
575 - Scott Stafford, NY 264	N/A	86.88	0.01%
576 - IL Local 700 "Somonauk PD"	N/A	65.16	0.01%
577 - City of Tukwila, WA 117	N/A	3,229.04	0.51%
580 - Ron Anderson, WA 252	N/A	86.88	0.01%
581 - Andrea C. Lowe, WA 252	N/A	86.88	0.01%
582 - General Teamsters Local 200	N/A	644.36	0.10%
583 - Daniel Barbagello, PA 776	N/A	86.88	0.01%
584 - Borough of Heidelberg, PA 205	N/A	267.88	0.04%
585 - Borough of Jefferson Hills, PA 205	25-6003197	1,773.80	0.28%
586 - West Homestead PD, PA 205	25-6000502	557.48	0.09%
587 - City of Centralia, WA 252	N/A	2,027.20	0.32%
590 - Alan Stull, WA 252	N/A	86.88	0.01%
591 - Curtis B. Spahn, WA 252	N/A	86.88	0.01%
594 - Gabriel J. Frase, WA 252	N/A	86.88	0.01%
595 - Fredrick M. Wetzel, WA 252	N/A	86.88	0.01%
597 - Eric Corson, NY 264	N/A	86.88	0.01%
599 - Eric R. Wenrich, PA 776	N/A	86.88	0.01%
600 - Brockway Borough	N/A	173.76	0.03%
601 - Robert Hoctor, WA 760	N/A	86.88	0.01%
602 - City of Monongahela	25-6000872	745.72	0.12%
603 - NY Local 118 - E Rochester PD	N/A	1,114.96	0.17%
605 - NY 445 - City of Beacon PD	N/A	50.68	0.01%
607 - NY Local 118 - Sayre Borough PD	N/A	781.92	0.12%
610 - Donald Boehs, PA 776	N/A	86.88	0.01%
611 - WI 662 - City of Black River Falls PD	N/A	412.68	0.06%
612 - WI 662 - Village of Cadott PD	N/A	188.24	0.03%
613 - WI 662 - Village of Hammond PD	N/A	188.24	0.03%
614 - WI 662 - Village of Luck PD	N/A	130.32	0.02%
615 - WI 662 - Village of Milltown PD	N/A	65.16	0.01%
616 - WI 662 - Owen PD	N/A	94.12	0.01%
623 - Jay A Wilson, IA 554	N/A	209.96	0.03%
625 - Walla Walla County Auditor's Office	N/A	912.24	0.14%
628 - Manor Borough, PA 205	N/A	550.24	0.09%

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Group Number - Name	EIN#:	Contribution	% of Contribution
629 - City of DuPont PD, WA 117	82-1510191	955.68	0.15%
630 - City of Bandon, OR 206	93-6002122	695.04	0.11%
632 - Kim Chandler, WA 760	N/A	86.88	0.01%
633 - McKees Rocks Borough, PA 636	N/A	955.68	0.15%
634 - IL Local 700 "Village of E Hazel Crest"	N/A	781.92	0.12%
635 - Kurt J. Henkel, PA 205	N/A	86.88	0.01%
636 - Clearfield Regional PD, PA 205	N/A	1,990.97	0.31%
637 - WI 662 - Village of Stratford	N/A	282.36	0.04%
638 - Philip Turner, NE Local 554	N/A	86.88	0.01%
639 - Ian Swanson, PA 110	N/A	86.88	0.01%
640 - Eric Hummel, NE 554	N/A	86.88	0.01%
641 - South Sound 911, WA 117	N/A	2,418.16	0.38%
642 - Island County Corrections, WA 231	N/A	2,034.44	0.32%
643 - Teamsters Local 346	N/A	7,435.48	1.17%
644 - Jordan K Reier, NE 554	N/A	86.88	0.01%
646 - Edgardo Gonzalez, NY 237	N/A	86.88	0.01%
647 - Brett Koss, WA 760	N/A	86.88	0.01%
649 - Dominic Leuck, NE 554	N/A	86.88	0.01%
652 - WI 662 - Siren PD	N/A	188.24	0.03%
653 - Matthew Kubista, WI 662	N/A	86.88	0.01%
654 - SCORE T-3	N/A	21.72	0.00%
655 - WI 662 - City of Loyal	N/A	188.24	0.03%
658 - Montesano PD - WA 252	N/A	521.28	0.08%
659 - Borough of N. Cambria, PA 110	25-1843543	311.32	0.05%
660 - Steven L Savidge, DE 326	N/A	86.88	0.01%
661 - Wayne D. Kline, DE 326	N/A	86.88	0.01%
663 - Cumberland Township	25-1015964	463.36	0.07%
664 - David Whitlock, WA 589	N/A	86.88	0.01%
665 - Joshua Chilcote, PA 776	N/A	86.88	0.01%
666 - Marsha Coble, PA 205	N/A	86.88	0.01%
668 - Christopher J. Chiusano, PA 773	N/A	86.88	0.01%
669 - Kylie Tausendfreundt, PA 773	N/A	86.88	0.01%
670 - Grove City Police Assoc., PA 205	N/A	651.60	0.10%
673 - Timothy McMahon, NY 264	N/A	86.88	0.01%
674 - Alec Lardarello, PA 776	N/A	86.88	0.01%
675 - Jonathan Emmons, NY 264	N/A	86.88	0.01%
677 - Albany County Corrections Supervisors	N/A	2,251.64	0.35%

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Group Number - Name	EIN#:	Contribution	% of Contribution
678 - John Fisher, DE 326	N/A	86.88	0.01%
679 - Danielle Ross-Fitzgibbons, ME 340	N/A	86.88	0.01%
680 - Harrison Twp	25-6001675	658.84	0.10%
681 - Berlin Police Department	N/A	658.84	0.10%
682 - Matthew DeCarlo, PA 429	N/A	86.88	0.01%
683 - Reserve Township	25-1351417	152.04	0.02%
684 - Andrew Scott, PA 429	N/A	86.88	0.01%
686 - Cody S. Bruyere	N/A	86.88	0.01%
687 - Paris Police Dept.	N/A	231.68	0.04%
688 - Joshua Rosenberger, PA 776	N/A	86.88	0.01%
689 - John Lukasik, PA 249	N/A	86.88	0.01%
690 - Daniel Demers	N/A	86.88	0.01%
693 - Eric Engelhardt, PA 205	N/A	86.88	0.01%
697 - John McBurney, PA 249	N/A	86.88	0.01%
Total		637,822.71	100.00%

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS