

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS LOCAL NO. 623 LEGAL SERVICES FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/07/1982
2a Plan sponsor's name (employer, if for a single-employer plan): TEAMSTERS LOCAL NO. 623 LEGAL SERVICES FUND
2b Employer Identification Number (EIN): 23-2224686
2c Plan Sponsor's telephone number: 215-289-0580
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and 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	
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	3712
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)	3712
	6a(2)	4084
	6b	
	6c	
	6d	4084
	6e	
	6f	4084
	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	2

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 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 _____

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 LOCAL NO. 623 LEGAL SERVICES FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL NO. 623 LEGAL SERVICES FUND	D Employer Identification Number (EIN) 23-2224686	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

CHELTENHAM PRINTING COMPANY

518 RYERS AVENUE
BUILDING 2 FIRST FLOOR
CHELTENHAM, PA 19012

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	6418	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PERRY N. BLACKMAN, CPA

506 CORPORATE DRIVE WEST
LANGHORNE, PA 19047

23-2244789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLIG, WILLIAMS & DAVIDSON

1845 WALNUT STREET
PHILADELPHIA, PA 19103

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	164000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
(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)
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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 LOCAL NO. 623 LEGAL SERVICES FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL NO. 623 LEGAL SERVICES FUND	D Employer Identification Number (EIN) 23-2224686

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26046	10996
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	796	800
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	873655	875622
(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)		
(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	900497	887418
Liabilities			
g Benefit claims payable.....	1g	10000	14000
h Operating payables.....	1h	7500	8000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	17500	22000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	882997	865418

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)	129893	
(B) Participants.....	2a(1)(B)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16767	
(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)		16767
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		
(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)	22011	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		168671

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)		
(3) Other	2e(3)	168000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		168000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	8539	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9711	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		18250
j Total expenses. Add all expense amounts in column (b) and enter total	2j		186250

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-17579
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: **PERRY N BLACKMAN CPA**

(2) EIN: **23-2244789**

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		250000
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 LOCAL UNION #623

LEGAL SERVICES FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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American Institute of
Certified Public Accountants
Pennsylvania Institute of
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

*To the Participants and Trustees of the
Teamsters Local Union #623
Legal Services Fund*

Opinion

We have audited the accompanying financial statements of the Teamsters Local Union #623 Legal Services Fund, which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Teamsters Local Union #623 Legal Services Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Teamsters Local Union #623 Legal Services Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Teamsters Local Union #623 Legal Services Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- *Exercise professional judgment and maintain professional skepticism throughout the audit.*
- *Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.*
- *Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Teamsters Local Union #623 Legal Services 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 Teamsters Local Union #623 Legal Services Fund's ability to continue as a going concern for a reasonable period of time.*

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule of Assets Held for Investment Purposes and Schedule of Reportable (5%) Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.



Perry N. Blackman
Certified Public Accountant

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

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'P. N. Blackman', with a long horizontal flourish extending to the right.

PERRY N. BLACKMAN
Certified Public Accountant

August 13, 2025

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

STATEMENTS OF NET ASSETS AVAILABALE FOR BENEFITS
AND BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$137,592.	\$161,012.
<u>INVESTMENTS- AT FAIR VALUE</u>		
Certificates of Deposit	738,030.	712,643.
Employer Contributions Receivable	10,996.	26,046.
Accrued Interest Receivable	800.	796.
	-----	-----
<u>TOTAL ASSETS</u>	<u>\$887,418.</u>	<u>\$900,497.</u>
	=====	=====
<u>LIABILITIES</u>		
Accounts Payable	\$ 8,000.	\$ 7,500.
	-----	-----
<u>TOTAL LIABILITIES</u>	8,000.	7,500.
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	879,418.	892,997.
<u>BENEFIT OBLIGATIONS</u>		
Less: Amount Currently Payable Due to Legal Services Provider	14,000.	10,000.
	-----	-----
<u>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</u>	<u>\$865,418.</u>	<u>\$882,997.</u>
	=====	=====

See accompanying notes to financial statements.

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
BENEFITS AND BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<u>NET CHANGE IN NET ASSETS AVAILABLE</u>		
<u>FOR BENEFITS</u>		
<u>ADDITIONS</u>		
<i>Investment Income</i>		
<i>Net Appreciation (depreciation) in Fair Value of Investments</i>	\$ 22,011.	\$ 15,876.
<i>Interest</i>	16,767.	11,341.
	-----	-----
<i>Net Investment Income</i>	38,778.	27,217.
 <i>Employer Contributions</i>	 129,893.	 149,388.
	-----	-----
<u>TOTAL ADDITIONS</u>	<u>\$168,671.</u>	<u>\$ 176,605.</u>
 <u>DEDUCTIONS</u>		
<i>Benefits Paid for Participants</i>		
<i>Legal Services Provider Fees</i>	154,000.	110,000.
 <i>Administrative Expenses</i>		
<i>Accounting, Audit and Government Filings</i>	8,539.	8,000.
<i>Insurance</i>	3,143.	3,143.
<i>Bank Charges</i>	150.	0.
<i>Printing and Copying</i>	6,418.	0.
	-----	-----
<u>TOTAL ADMINISTRATIVE EXPENSES</u>	<u>18,250.</u>	<u>11,143.</u>
	-----	-----
<u>TOTAL DEDUCTIONS</u>	<u>172,250.</u>	<u>121,143.</u>
	-----	-----
<u>NET INCREASE IN NET ASSETS AVAILABLE</u>		
<u>FOR BENEFITS</u>	<u>(3,579.)</u>	<u>55,462.</u>
 <u>NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS</u>		
 <i>Net Decrease (Increase) During the Year Attributable to Amount Due to Legal Services Provider at year end and paid in following year</i>	 (14,000.)	 (10,000.)
	-----	-----

See accompanying notes to financial statements.

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
BENEFITS AND BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<hr/>		
<u>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</u>		
Net Increase (Decrease)	\$ (17,579.)	\$ 45,462.
<u>EXCESS</u>		
Beginning of Year	882,997. -----	837,535. -----
<u>END OF YEAR</u>	\$865,418. =====	\$882,997. =====

See accompanying notes to financial statements.

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE #1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The financial statements are prepared using the accrual basis of accounting.

Contributions Receivable

Employer contributions due but not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Investments

Investments in certificates of deposit are carried at fair value by the investment manager.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Estimates

The preparation 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 could differ from those estimates.

NOTE #2: DESCRIPTION OF THE PLAN AND FUNDING POLICY

The Plan is a multiemployer welfare benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established on September 7, 1982 as a result of the collective bargaining agreement between United Parcel Service Inc. and Teamsters Local Union #623 United Parcel Service and Truck Drivers.

The Plan was established to provide legal services benefits for eligible participants, their spouses and dependents. The legal services covered are specified in the summary plan description. Initial eligibility begins on the first day a participating employer makes a contribution on behalf of the participant after the participant has obtained seniority as defined in the collective bargaining agreement.

Benefits are funded through employer contributions. Contributions are based upon the number of hours worked each week by the participant. During 2024 and 2023, the hourly contribution rate was \$.06. One employer accounts for 99% of the total employer contributions of the Plan.

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

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE #3: PRIORITIES UPON TERMINATION

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

NOTE #4: TAX STATUS

The Plan obtained its latest exemption letter in January, 2000 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 501 (c)(9) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan 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 Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstance of the Plan.

NOTE #5: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritized 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 Plan has the ability to assess.

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 assets 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.

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

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

The fair value of fixed-maturity certificates of deposit is estimated using the rates currently offered for deposits of similar remaining maturities.

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.

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.

Fair Value Measurements at December 31, 2024

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Certificates of Deposit	\$738,030.	\$ 0.	\$738,030.	\$ 0.
	=====	=====	=====	=====

Fair Value Measurements at December 31, 2023

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Certificates of Deposit	\$712,643.	\$ 0.	\$712,643.	\$ 0.
	=====	=====	=====	=====

NOTE #6: CONCENTRATIONS

The Plan maintains most of its cash at one financial institution deemed to be creditworthy. Cash balances may at times exceed the insured deposit limits.

The Plan receives in excess of 99% of its employer contributions from one employer, United Parcel Service, Inc.

NOTE #7: LEGAL SERVICES AGREEMENT WITH BENEFIT PROVIDER

The Trustees have entered into an agreement with a law firm to provide legal services to eligible Plan participants in accordance with the Plan document. The law firm is required to provide information material to educate participants regarding the legal services that are available. The agreement calls for the legal firm to be paid a monthly retainer plus costs incurred in providing services. The monthly retainer was \$14,000 and \$10,000, respectively for the years ended December 31, 2024 and 2023. The provider assumes the risk of adverse experience because they are not entitled to additional fees should their time exceed the retainer.

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Amounts paid to the provider are reported on the Statements of Changes in Net Assets Available for Benefits and Benefit Obligations. Any amounts owed to the provider are reported on the Statements of Net Assets Available for Benefits and Benefit Obligations.

NOTE #8: CONTRIBUTED ADMINISTRATIVE SERVICES

Clerical and administrative services are provided to the Plan without cost by Teamsters Local Union #623 United Parcel Service and Truck Drivers (the Local).

NOTE #9: RELATED ORGANIZATIONS

The Plan has a related entity which is a separate, segregated, local union. The financial activity of this organization is not included in the accompanying financial statements.

NOTE #10: SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 13, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

NOTE #11: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net assets available for benefit per the financial statements	\$879,418.	\$892,997.
Benefit obligations currently payable	(14,000.)	(10,000.)
	-----	-----
Net assets available for benefits per Form 5500	\$865,418.	\$882,997.
	=====	=====

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

	<u>December 31, 2024</u>
Benefits paid to or for participants per the financial statements	\$154,000.
Plus: amount payable at 12/31/2024 paid in 2025	14,000.

Benefits paid to participants per Form 5500	\$168,000.
	=====

SUPPLEMENTAL INFORMATION

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

SCHEDULE H, LINE 4 I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EMPLOYER IDENTIFICATION NUMBER 23-2224686-PLAN NUMBER 501

DECEMBER 31, 2024

(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>Cost</u>	<u>Current Value</u>
		<u>Shares/ Type</u>	<u>Interest Principal</u>	<u>Maturity Rate</u>		
				<u>Date</u>		
		<u>Certificates of Deposit:</u>				
Celtic Bank CD	Salt Lake City	88,000	1.10%	12/27/2030	\$ 88,000.	\$ 74,209.
Country Club	Kansas City MO	100,000	1.20%	1/29/2031	100,000.	86,619.
JP Morgan Chase	Columbus OH	12,000	0.80%	3/15/2028	12,000.	10,517.
JP Morgan Chase	Columbus OH	20,000	1.00%	4/16/2029	20,000.	16,974.
JP Morgan Chase	Columbus OH	55,000	1.00%	6/29/2029	55,000.	46,541.
JP Morgan Chase	Columbus OH	75,000	1.00%	11/30/2029	75,000.	62,610.
JP Morgan Chase	Columbus OH	65,000	1.15%	11/29/2030	65,000.	53,176.
JP Morgan Chase	Columbus OH	15,000	1.20%	12/27/2030	15,000.	12,255.
Merchants Bank	Rugby ND	15,000	1.00%	2/26/2030	15,000.	12,914.
Morgan Stanley	New York NY	40,000	1.55%	4/2/2025	40,000.	39,719.
Morgan Stanley	Salt Lake City	60,000	1.70%	3/5/2025	60,000.	59,723.
Peoples Bank	Rock Valley IA	19,000	0.90%	1/15/2030	19,000.	16,312.
State Bank India	New York NY	45,000	1.50%	6/16/2028	45,000.	41,391.
Texas Exchange	Crowley TX	85,000	1.05%	3/24/2028	85,000.	77,403.
Upper Darby BellTelco						
Federal Credit Union		122,779.	.60	06/24/2024	122,779.	127,667.
					-----	-----
					\$816,779.	\$738,030.
					=====	=====

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

SCHEDULE H, LINE 4J

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER 23-2224686-PLAN NUMBER 501

FOR THE YEAR ENDED DECEMBER 31, 2024

<i>(a)</i> <i>Identity</i> <i>of Party</i> <i>Involved</i>	<i>(b)</i> <i>Description of Asset</i> <i>(include interest rate and</i> <i>maturity in case of a loan)</i>	<i>(c)</i> <i>Purchase</i> <i>Price</i>	<i>(d)</i> <i>Selling Price</i>	<i>(g)</i> <i>Cost of</i> <i>Asset</i>	<i>(h)</i> <i>Current Value</i> <i>of Asset on</i> <i>Transaction</i> <i>Date</i>	<i>(i)</i> <i>Net Gain</i> <i>or (Loss)</i>
	Upper Darby Bell Telco Federal Credit Union .60% 6/24/2024	122,779	122,779	122,779	122,779	\$0

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

SCHEDULE H, LINE 4 I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EMPLOYER IDENTIFICATION NUMBER 23-2224686-PLAN NUMBER 501

DECEMBER 31, 2024

(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>Cost</u>	<u>Current Value</u>	
		<u>Type</u>	<u>Shares/ Principal</u>	<u>Interest Rate</u>	<u>Maturity Date</u>			
		<u>Certificates of Deposit:</u>						
	Celtic Bank CD	Salt Lake City	88,000	1.10%	12/27/2030	\$ 88,000.	\$ 74,209.	
	Country Club	Kansas City MO	100,000	1.20%	1/29/2031	100,000.	86,619.	
	JP Morgan Chase	Columbus OH	12,000	0.80%	3/15/2028	12,000.	10,517.	
	JP Morgan Chase	Columbus OH	20,000	1.00%	4/16/2029	20,000.	16,974.	
	JP Morgan Chase	Columbus OH	55,000	1.00%	6/29/2029	55,000.	46,541.	
	JP Morgan Chase	Columbus OH	75,000	1.00%	11/30/2029	75,000.	62,610.	
	JP Morgan Chase	Columbus OH	65,000	1.15%	11/29/2030	65,000.	53,176.	
	JP Morgan Chase	Columbus OH	15,000	1.20%	12/27/2030	15,000.	12,255.	
	Merchants Bank	Rugby ND	15,000	1.00%	2/26/2030	15,000.	12,914.	
	Morgan Stanley	New York NY	40,000	1.55%	4/2/2025	40,000.	39,719.	
	Morgan Stanley	Salt Lake City	60,000	1.70%	3/5/2025	60,000.	59,723.	
	Peoples Bank	Rock Valley IA	19,000	0.90%	1/15/2030	19,000.	16,312.	
	State Bank India	New York NY	45,000	1.50%	6/16/2028	45,000.	41,391.	
	Texas Exchange	Crowley TX	85,000	1.05%	3/24/2028	85,000.	77,403.	
	Upper Darby BellTelco							
	Federal Credit Union		122,779.	.60	06/24/2024	122,779.	127,667.	
						-----	-----	
	<u>TOTAL CERTIFICATES OF DEPOSIT</u>					<u>\$816,779.</u>	<u>\$738,030.</u>	
						=====	=====	

TEAMSTERS LOCAL UNION #623

LEGAL SERVICES FUND

SCHEDULE H, LINE 4J

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

EMPLOYER IDENTIFICATION NUMBER 23-2224686-PLAN NUMBER 501

FOR THE YEAR ENDED DECEMBER 31, 2024

<i>(a)</i> <i>Identity</i> <i>of Party</i> <i>Involved</i>	<i>(b)</i> <i>Description of Asset</i> <i>(include interest rate and</i> <i>maturity in case of a loan)</i>	<i>(c)</i> <i>Purchase</i> <i>Price</i>	<i>(d)</i> <i>Selling Price</i>	<i>(g)</i> <i>Cost of</i> <i>Asset</i>	<i>(h)</i> <i>Current Value</i> <i>of Asset on</i> <i>Transaction</i> <i>Date</i>	<i>(i)</i> <i>Net Gain</i> <i>or (Loss)</i>
	Upper Darby Bell Telco Federal Credit Union .60% 6/24/2024	122,779	122,779	122,779	122,779	\$0