

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.)
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>ALLIED SERVICES DIVISION WELFARE 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>BOARD OF TRUSTEES OF ALLIED SERVICES DIVISION WELFARE FUND</u> <u>1141 EAST MAIN STREET</u> <u>SUITE 205</u> <u>EAST DUNDEE, IL 60118</u>	1c Effective date of plan <u>04/09/1968</u> 2b Employer Identification Number (EIN) <u>59-1283066</u> 2c Plan Sponsor's telephone number <u>847-981-1290</u> 2d Business code (see instructions) <u>541990</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.	10/07/2025	TAMARA CHESLER
	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

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	760
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)	760
	6a(2)	834
	6b	
	6c	
	6d	834
	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	4

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4L

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>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

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

<p>A Name of plan ALLIED SERVICES DIVISION WELFARE 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 BOARD OF TRUSTEES OF ALLIED SERVICES DIVISION WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 59-1283066</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
DEARBORN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2598882	71129	F012719	848	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	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) ▶

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	41775
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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan ALLIED SERVICES DIVISION WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF ALLIED SERVICES DIVISION WELFARE FUND	D Employer Identification Number (EIN) 59-1283066	

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

NEWTOWER TRUST COMPANY

30-0872552

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

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

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

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

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

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

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

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

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

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

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

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)

BLUE CROSS BLUE SHIELD OF IL

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 73	NONE	338165	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH CONDO

59-1283066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	EMPLOYEE	180428	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)

UNITED SYSTEMS AND SOFTWARE, INC.

59-1918677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	161530	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)

TAMARA CHESLER

59-1283066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128957	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)

KIMBERLY NOTZ

59-1283066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121920	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)

DONNA PHILLIPS

59-1283066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97420	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)

ROXANNE CARRIZALES

59-1283066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85343	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)

SEGALL BRYANT & HAMILL, LLC

35-2679129

(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 55	NONE	80762	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOWD, BLOCH, BENNETT, CERVONE, AUE

36-3371377

(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	62950	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)

FOSTER & FOSTER

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	61830	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)

OPTUM RX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	52299	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MR. MICROCHIP

59-3084068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	45620	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)

LEGACY PROFESSIONALS LLP

32-0043599

(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	41772	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)

LASALLE CONSULTING PARTNERS, INC.

36-4030449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	32148	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)

INETICO, LLC

36-4869660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	26772	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)

CONTEXT 4 HEALTHCARE INC.

27-0386030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	17704	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)

A & E JANITORIAL SYSTEM CORP.

85-1474716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13000	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)

MEDEXPERT INTERNATIONAL

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	10325	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)

DATAMATION IMAGING SERVICES CORP.

36-4303011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	9925	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	7006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH CONDO JR.

2507 ACHILLES LANE
CRYSTAL LAKE, IL 60014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6600	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

MZQ CONSULTING LLC

38-4010278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	6250	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)

MIDWEST MOVING AND STORAGE

36-3256086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5577	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)

Z BEST LANDSCAPING & MAINTENANCE

36-3755019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5364	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
JOSEPH CONDO JR. 2507 ACHILLES LANE CRYSTAL LAKE, IL 60014	49	SERVICE PROVIDER FAILED TO RESPOND TO REPEATED ATTEMPTS TO OBTAIN THE SCHEDULE C INFORMATION.

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALLIED SERVICES DIVISION WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF ALLIED SERVICES DIVISION WELFARE FUND	D Employer Identification Number (EIN) 59-1283066

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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	768587
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2140409
(2) U.S. Government securities	1c(2)	6915054
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	9231352
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	10968930
(5) Partnership/joint venture interests	1c(5)	2745448
(6) Real estate (other than employer real property)	1c(6)	1980000
(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)	647797

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	318914	90637
f Total assets (add all amounts in lines 1a through 1e).....	1f	34778452	35488214
Liabilities			
g Benefit claims payable.....	1g	1562000	1428000
h Operating payables.....	1h	67976	29941
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	67000	24000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1696976	1481941
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33081476	34006273

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)	9914512	
(B) Participants.....	2a(1)(B)	16878	
(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)		9931390
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	57311	
(B) U.S. Government securities.....	2b(1)(B)	205683	
(C) Corporate debt instruments.....	2b(1)(C)	382020	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	19239	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		664253
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	112889	
(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)		112889
(3) Rents.....	2b(3)		42068
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9338768	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8717016	
(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)	1211232	
(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		879250
d Total income. Add all income amounts in column (b) and enter total	2d		13462834

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10670368	
(2) To insurance carriers for the provision of benefits	2e(2)	15163	
(3) Other	2e(3)	432190	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11117721
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)	616301	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	263747	
(4) IQPA audit fees	2i(4)	37500	
(5) Investment advisory and investment management fees	2i(5)	80762	
(6) Bank or trust company trustee/custodial fees	2i(6)	11108	
(7) Actuarial fees	2i(7)	61830	
(8) Legal fees	2i(8)	63042	
(9) Valuation/appraisal fees	2i(9)	2550	
(10) Other trustee fees and expenses	2i(10)	2654	
(11) Other expenses	2i(11)	280822	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1420316
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12538037

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		924797
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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		1980000
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

Allied Services Division Welfare Fund

Financial Statements

December 31, 2024

Allied Services Division Welfare Fund

Financial Statements with Supplementary Information

December 31, 2024 and 2023

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Benefit Obligations	5
Statements of Changes in Benefit Obligations	6
Notes to Financial Statements	7
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

Report of Independent Auditors

To the Participants and Trustees of
Allied Services Division Welfare Fund

Opinion

We have audited the financial statements of Allied Services Division Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and 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 Allied Services Division Welfare 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 (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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.

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

September 9, 2025

Allied Services Division Welfare Fund

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 81,252	\$ 34,986
Receivables		
Prescription drug rebates	605,822	358,702
Accrued investment income	143,774	124,034
Due from broker for pending investment trades	-	696,430
Total receivables	<u>749,596</u>	<u>1,179,166</u>
Investments - at fair value		
U.S. Government and Government		
Agency obligations	6,915,054	7,586,920
Corporate obligations	9,231,352	9,593,593
Municipal bonds	647,797	717,811
Common stocks	10,968,930	9,616,438
Real estate property	1,980,000	2,145,000
Real estate investment fund	2,745,448	2,852,954
Interest bearing cash	2,059,157	713,762
Total investments	<u>34,547,738</u>	<u>33,226,478</u>
Other assets		
Property and equipment - net	90,637	318,914
Prepaid expenses	18,991	18,908
Total other assets	<u>109,628</u>	<u>337,822</u>
Total assets	<u>35,488,214</u>	<u>34,778,452</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	29,941	67,976
Accrued real estate taxes	24,000	67,000
Total liabilities	<u>53,941</u>	<u>134,976</u>
Net assets available for benefits	<u>\$ 35,434,273</u>	<u>\$ 34,643,476</u>

See accompanying notes to financial statements.

Allied Services Division Welfare Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,276,097	\$ 1,144,647
Rental income - investment property	36,123	38,475
Interest and dividend income	<u>777,142</u>	<u>738,047</u>
	2,089,362	1,921,169
Less investment expenses	<u>(127,222)</u>	<u>(125,493)</u>
Investment income - net	<u>1,962,140</u>	<u>1,795,676</u>
Contributions		
Employer	9,914,512	9,263,315
Participant	<u>16,878</u>	<u>31,441</u>
Total contributions	<u>9,931,390</u>	<u>9,294,756</u>
Other income		
Prescription drug rebates	879,250	672,498
Net gain on sale of property and equipment	556,887	-
Rental income	5,945	10,120
Miscellaneous	<u>-</u>	<u>12,390</u>
Total other income	<u>1,442,082</u>	<u>695,008</u>
Total additions	<u>13,335,612</u>	<u>11,785,440</u>
Deductions		
Cost of benefits		
Claims	8,985,375	8,188,828
Prescription drug	1,818,993	1,704,357
PPO and cost containment fees	432,190	750,665
Life insurance and AD&D premiums	<u>15,163</u>	<u>14,524</u>
Total cost of benefits	11,251,721	10,658,374
Fees mandated by ACA	4,753	4,278
Administrative expenses	<u>1,288,341</u>	<u>1,156,037</u>
Total deductions	<u>12,544,815</u>	<u>11,818,689</u>
Net increase (decrease)	790,797	(33,249)
Net assets available for benefits		
Beginning of year	<u>34,643,476</u>	<u>34,676,725</u>
End of year	<u>\$ 35,434,273</u>	<u>\$ 34,643,476</u>

See accompanying notes to financial statements.

Allied Services Division Welfare Fund

Statements of Benefit Obligations

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	<u>\$ 1,428,000</u>	<u>\$ 1,562,000</u>

See accompanying notes to financial statements.

Allied Services Division Welfare Fund

Statements of Changes in Benefit Obligations

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 1,562,000	\$ 911,000
Increase (decrease) attributable to changes in Claims payable and claims incurred but not reported	<u>(134,000)</u>	<u>651,000</u>
Balance at end of year	<u>\$ 1,428,000</u>	<u>\$ 1,562,000</u>

See accompanying notes to financial statements.

Allied Services Division Welfare Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Allied Services Division Welfare Fund (the Plan) have been prepared using the accrual basis of accounting.

Contributions Receivable - Employer contributions due but not paid at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Investments - The investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

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

Building and building improvements	10 - 30 years
Furniture and equipment	3 - 10 years

Benefit Obligations - The estimated benefit obligation for claims payable and claims incurred but not reported is determined by the Plan's consultant based on claims experience, Plan benefits and other data as considered necessary, using accepted actuarial principles.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of participants covered and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 in the transportation industry throughout the United States.

Note 1. Summary of Significant Accounting Policies (continued)

Leases as Lessee - The Plan began leasing office space for its operations pursuant to its relocation in November 2024, under arrangements that expire in April 2028. Monthly rent required under the leases was \$3,075 as of January 1, 2025. Rent expense, including other occupancy expenses, for the year ended December 31, 2024 totaled \$20,750. Due to the immaterial nature of the amounts owed pursuant to the leasing agreements, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles (GAAP).

Leases as Lessor - The Plan receives rental income through its investment property under separate leases to unrelated tenants. The Plan also shared office and storage space in its building with an affiliated but unrelated tax-exempt pension plan, through a shared space agreement that expired on December 31, 2023. Due to the immaterial nature of the amounts received pursuant to these leasing agreements, the Plan has not adopted the provisions of accounting guidance for leases required by GAAP. The Plan recognizes rental income when rent payments are received. Under GAAP, rental income would be recognized on the straight-line basis.

Benefits - Except for accidental death and dismemberment and life insurance, all benefits are provided by the Plan on a self-funded basis. These include medical, dental, prescription drug and vision benefits for members who meet the Plan's minimum eligibility requirements.

The Plan has signed an agreement with Blue Cross Blue Shield of Illinois to access its Preferred Provider Option (PPO) network.

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

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

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

Subsequent Events - Subsequent events have been evaluated through September 9, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established during 1968 as a result of collective bargaining agreements to provide medical, dental, prescription drug, vision and death benefits for eligible participants and their dependents. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

To become initially eligible for most benefits, participants must be employed by one or more contributing employers and must have completed three months of continuous full-time employment throughout which the employer has made the required contributions on the participant's behalf.

Participants will continue to be covered under the Plan on a month-to-month basis as long as their employer continues to make the required monthly payments on their behalf.

The Plan has adopted continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA).

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

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 a notice of exemption dated November 12, 1985, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Major Employer

Contributions from one employer accounted for approximately 93% and 91% of total employer contributions during the years ended December 31, 2024 and 2023, respectively. In the event this employer suspended contributions, the Plan would terminate coverage to the employer's participants as described in the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 6. Funding Policy

The Plan is primarily funded by employer contributions and from participants electing COBRA coverage. Participating employers contribute such amounts as specified in either a collective bargaining or participation agreement. Participant contribution rates are determined annually based on claims experience.

Monthly employer contribution rates ranged from \$580 to \$1,591 in 2024 and 2023, based on the plan of benefits selected. Participant contributions to provide benefits under COBRA were paid at monthly rates ranging from \$603 to \$1,391 in 2024 and 2023, depending on the participant's coverage option.

Note 7. Participation in Multiemployer Pension Plan

Most of the Plan's full-time employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2024 and 2023 is outlined in the following table. Individually significant plans are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN	Pension Protection Act		Contributions		Most Recently Available Annual Report (Form 5500)
		Zone	Status	2024	2023	
Transportation						
Communications		Green as	Green as			
Union Pension Fund	16-6114794/001	of 1/1/25	of 1/1/24	<u>\$ 67,342</u>	<u>\$ 65,520</u>	12/31/2023

Note 7. Participation in Multiemployer Pension Plan (continued)

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report.

Note 8. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 8. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government Agency obligations	\$ 6,915,054	\$ 4,063,090	\$ 2,851,964	\$ -
Corporate obligations	9,231,352	-	9,231,352	-
Municipal bonds	647,797	-	647,797	-
Common stocks	10,968,930	10,968,930	-	-
Real estate property	1,980,000	-	-	1,980,000
Interest bearing cash	2,059,157	-	2,059,157	-
	<u>31,802,290</u>	<u>\$ 15,032,020</u>	<u>\$ 14,790,270</u>	<u>\$ 1,980,000</u>
Investments measured at net asset value:				
Real estate investment fund	<u>2,745,448</u>			
Total	<u>\$ 34,547,738</u>			

	Total	Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government Agency obligations	\$ 7,586,920	\$ 4,385,089	\$ 3,201,831	\$ -
Corporate obligations	9,593,593	-	9,593,593	-
Municipal bonds	717,811	-	717,811	-
Common stocks	9,616,438	9,616,438	-	-
Real estate property	2,145,000	-	-	2,145,000
Interest bearing cash	713,762	-	713,762	-
	<u>30,373,524</u>	<u>\$ 14,001,527</u>	<u>\$ 14,226,997</u>	<u>\$ 2,145,000</u>
Investments measured at net asset value:				
Real estate investment fund	<u>2,852,954</u>			
Total	<u>\$ 33,226,478</u>			

Level 1 Measurements

U.S. Treasury securities and common stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Note 8. Fair Value Measurements (continued)

Level 2 Measurements

U.S. Government Agency obligations, corporate obligations and municipal bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the custodian's best estimate.

Interest bearing cash is valued at cost, which approximates its fair value.

Level 3 Measurements

The fair value of real estate property, which consists of three adjoining parcels of property in Crystal Lake, Illinois, is estimated based on an independent appraisal. The most recently available independent appraisal was performed in July 2024. Items which are permanently attached to the land or building are included in the investment, while replacements, maintenance, repairs and tenant build-out costs are expensed currently.

The following table represents quantitative information about the significant unobservable inputs used in the fair value measurement of the real estate property. Significant changes in any of the inputs in isolation would result in a significant change in fair value measurement.

Valuation Technique	Unobservable Inputs	Rate	Range
Sales comparison	Sales of similar properties	Price per square foot	\$1.40 - \$3.63

Measurements Using Net Asset Value as a Practical Expedient

The Plan's investment in a real estate investment fund is valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The real estate fund is an open-end core real estate private equity fund that invests in a diversified, low-leveraged portfolio of institutional quality real estate assets in the United States of America. Redemptions are available on a quarterly basis following a 45-day notice period, subject to the availability of cash for distribution.

Note 9. Risks and Uncertainties

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

In addition, the Plan has an ownership interest in a real estate investment fund as well as a direct investment in real estate property. The estimated fair values of these real estate investments are determined by the investment manager for the real estate investment fund and by an independent appraisal for the real estate property. Due to various market factors, these amounts may vary significantly from the prices at which the Plan eventually realizes when these investments are sold.

Benefit obligations are reported based on certain assumptions pertaining to plan design, prior claims history, specific lag studies, percentage factors, and other pertinent assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10. Property and Equipment

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

	<u>2024</u>	<u>2023</u>
Land	\$ -	\$ 192,400
Building and building improvements	-	837,470
Furniture and equipment	<u>143,933</u>	<u>144,593</u>
	143,933	1,174,463
Less accumulated depreciation	<u>(53,296)</u>	<u>(855,549)</u>
Net property and equipment	<u>\$ 90,637</u>	<u>\$ 318,914</u>

In November 2024, the Plan sold the real estate property used in its operations and began leasing office space as described in Note 1. The Plan received proceeds of \$950,000 for the sale of the land and building. After closing costs and retirement of all related assets, the Plan recognized a net gain of \$556,887 on the sale of the property.

Depreciation expense was \$32,826 and \$30,047 for the years ended December 31, 2024 and 2023, respectively.

Note 11. Concentration of Cash

Cash consists of monies held in checking and highly liquid interest bearing accounts without significant withdrawal restrictions. The Plan places its cash with financial institutions deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000 per financial institution. Balances may at times exceed insured limits.

Note 12. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 35,434,273	\$ 34,643,476
Less - benefit obligations currently payable	<u>(1,428,000)</u>	<u>(1,562,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 34,006,273</u>	<u>\$ 33,081,476</u>

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

Benefits paid to or for participants per the financial statements	\$ 11,251,721
Add - amounts currently payable at end of year	1,428,000
Less - amounts currently payable at beginning of year	<u>(1,562,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 11,117,721</u>

Note 13. Litigation

The Plan may be subject to claims and lawsuits which primarily arise in the ordinary course of its operations. The Trustees and legal counsel of the Plan are not able to predict the probability of any such claims. The Trustees believe any unfavorable outcome would not have a materially adverse effect on the operations or financial condition of the Plan.

Report of Independent Auditors On Supplemental Schedules

To the Participants and Trustees of
Allied Services Division Welfare Fund

We have audited the financial statements of Allied Services Division Welfare Fund (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated September 9, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

September 9, 2025

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

ASD Welfare Fund

EIN 59-1283066

Interest Bearing Cash and Real Estate Investments

Y/E 12/31/2024

<u>INVESTMENTS</u>	<u>Cost</u>	<u>FMV Balance 12/31/2024</u>	
Money Market Account - Huntington Bank	1,078,512	1,078,512	
Interest Bearing Checking Accounts - Huntington Bank	<u>81,252</u>	<u>81,252</u>	
	1,159,764	1,159,764	To Amalgamated Statement
Real Estate Investment - Ackman and Swanson Road, Crystal Lake, IL	<u>1,313,780</u>	<u>1,980,000</u>	
BGO Diversified U.S. Property Fund LP	<u>1,511,045</u>	<u>2,745,448</u>	

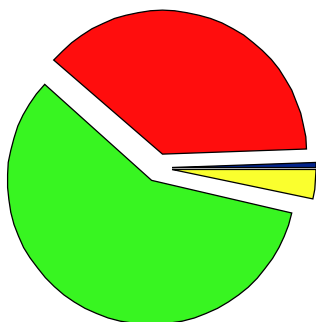
TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Summary Of General Investments

Investment Allocation



0.5%	■ CASH	143,773.97
38.0%	■ EQUITIES	10,968,929.78
58.1%	■ FIXED INCOME SECURITIES	16,794,203.72
3.4%	■ MONEY MARKETS	980,645.07
100.0%	Total	28,887,552.54

Investment Summary

	Cost	Market Value	% of Acct	Estim Ann Inc	Income Yield
CASH	143,773.97	143,773.97	0.50	0	0.00
MONEY MARKETS	980,645.07	980,645.07	3.39	43,541	4.44
FIXED INCOME SECURITIES	17,540,219.49	16,794,203.72	58.14	624,114	3.72
EQUITIES	6,432,452.76	10,968,929.78	37.97	105,963	0.97
Total Fund	25,097,091.29	28,887,552.54	100.00	773,618	2.68

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	ACCRUED INCOME	143,773.97		143,773.97		0.00
	SHORT TERM INVESTMENTS					
980,645.07	GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 4.44% U38141W34	980,645.07		980,645.07 ^③	43,541	4.44
				^③ \$ 980,645 - Amalgamated Cash Equivalents		
				<u>1,159,764</u> - Huntington Bank Cash Equivalents		
				✓ \$ 2,140,409 - Total Interest Bearing Cash		
	U S GOVERNMENT OBLIGATIONS					
125,000	U.S. TREASURY NOTES 1.5% 08/15/2026 9128282A7	116,351.09	95.723	119,653.75	1,875	1.57
340,000	U.S. TREASURY NOTES 2.75% 02/15/2028 9128283W8	357,510.56	95.473	324,608.20	9,350	2.88

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
185,000	U.S. TREASURY NOTES 3.125% 11/15/2028 9128285M8	183,884.41	95.676	177,000.60	5,781	3.27
370,000	U.S. TREASURY NOTES 2.375% 05/15/2029 9128286T2	382,689.58	92.164	341,006.80	8,788	2.58
260,000	U.S. TREASURY NOTES 2% 11/15/2026 912828U24	249,030.33	95.969	249,519.40	5,200	2.08
45,000	U.S. TREASURY NOTES 1.625% 09/30/2026 912828YG9	46,443.34	95.625	43,031.25	731	1.70
310,000	U.S. TREASURY NOTES 1.5% 02/15/2030 912828Z94	290,149.67	86.82	269,142.00	4,650	1.73
435,000	U.S. TREASURY NOTES .625% 08/15/2030 91282CAE1	421,641.04	81.199	353,215.65	2,719	0.77
325,000	U.S. TREASURY NOTES 1.125% 02/15/2031 91282CBL4	314,547.98	82.516	268,177.00	3,656	1.36
460,000	U.S. TREASURY NOTES 1.25% 08/15/2031 91282CCS8	419,245.77	81.602	375,369.20	5,750	1.53
395,000	U.S. TREASURY NOTES 2.75% 08/15/2032 91282CFF3	353,880.68	88.684	350,301.80	10,863	3.10
265,000	U.S. TREASURY NOTES 4.125% 11/15/2032 91282CFV8	273,133.49	97.535	258,467.75	10,931	4.23
430,000	U.S. TREASURY NOTES 3.375% 05/15/2033 91282CHC8	417,089.22	91.906	395,195.80	14,513	3.67
205,000	U.S. TREASURY NOTES 4.375% 11/30/2030 91282CJM4	209,179.15	99.625	204,231.25	8,969	4.39
175,000	U.S. TREASURY NOTES 4% 02/15/2034 91282CJZ5	168,959.30	95.754	167,569.50	7,000	4.18

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
170,000	U.S. TREASURY NOTES 4.375% 07/31/2026 91282CLD1	176,435.45	98.00	166,600.00	7,438	4.46
	TOTAL U S GOVERNMENT OBLIGATIONS	4,380,171.06		4,063,089.95 (1)	108,214	2.66
MORTGAGE BACKED SECURITIES						
24,339.02	FHLMC GOLD POOL #G15144 2.5% 07/01/2029 3128MD5D1	24,658.47	96.927	23,591.08	608	2.58
24,729.75	FHLMC POOL #G18527 3% 10/01/2029 3128MMSR5	25,708.75	96.956	23,976.98	742	3.09
26,018.26	FHLMC POOL #G18578 3% 12/01/2030 3128MMUC5	27,087.43	96.218	25,034.25	781	3.12
126,634.67	FHLMC POOL SB0661 2.5% 04/01/2037 3132CWWW0	117,315.17	91.224	115,521.21	3,166	2.74
185,433.47	FHLMC POOL FR SB8191 4.5% 09/01/2037 3132D6C40	185,091.71	97.811	181,374.33	8,345	4.60
94,299.18	FHLMC POOL FR SB8184 4% 09/01/2037 3132D6CV0	94,232.86	96.016	90,542.30	3,772	4.17
90,498.68	FHLMC POOL FR SB8186 4.5% 09/01/2037 3132D6CX6	91,997.55	97.845	88,548.43	4,072	4.60
25,516.31	FHLMC POOL SB8216 4.5% 03/01/2038 3132D6DV9	25,065.77	97.934	24,989.14	1,148	4.59
122,133.32	FHLMC POOL SB8217 5% 03/01/2038 3132D6DW7	122,095.15	99.617	121,665.55	6,107	5.02
142,586.26	FHLMC POOL SB8220 5.5% 02/01/2038 3132D6DZ0	141,344.22	100.748	143,652.81	7,842	5.46
74,150.28	FHLMC POOL SB8293 5% 04/01/2039 3132D6GA2	73,652.08	99.506	73,783.98	3,708	5.02
21,123.66	FNMA POOL #AX8309 3% 11/01/2029 3138YAGT6	21,938.91	96.761	20,439.46	634	3.10

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
29,055.55	FNMA POOL #890790 3% 08/01/2032 31410LUP5	30,072.50	95.261	27,678.61	872	3.15
29,257.38	FNMA POOL #MA2964 3% 04/01/2032 31418CJJ4	30,176.28	95.30	27,882.28	878	3.15
60,479.39	FNMA POOL FN MA4667 3.5% 06/01/2037 31418EFH8	60,890.46	94.544	57,179.63	2,117	3.70
146,243.70	11 FNMA POOL FN MA4713 4% 07/01/2037 31418EGX2	146,301.48	96.124	140,575.30	5,850	4.16
74,169.63	FNMA POOL MA4797 4% 11/01/2037 31418EKK5	73,037.95	96.094	71,272.56	2,967	4.16
63,924.21	FNMA POOL FN MA 4825 5% 10/01/2037 31418ELF5	64,339.72	99.509	63,610.34	3,196	5.02
70,204.1	FNMA POOL MA4991 5.5% 04/01/2038 31418ERM4	70,489.31	100.748	70,729.23	3,861	5.46
61,603.4	FNMA POOL #MA5014 5% 05/01/2038 31418ESC5	61,988.42	99.506	61,299.08	3,080	5.02
150,331.7	FNMA POOL MA5145 6% 09/01/2038 31418EFW3	151,309.59	101.669	152,840.74	9,020	5.90
123.24	GNMA POOL #550987 6.5% 10/15/2031 36213DCY2	124.65	102.527	126.35	8	6.34
	TOTAL MORTGAGE BACKED SECURITIES	1,638,918.43		1,606,313.64 (1)	72,774	4.53
	COLLATERALIZED MTG OBLIG					
45,000	BANK OF AMERICA CREDIT CARD TR SERIES 23-A2 CLASS A2 4.98% 11/15/2038 05522RDH8	44,993.96	100.9631	45,433.38 (2)	2,241	4.93
105,000	CAP ONE MULTI-ASSET EXE TRUST SERIES 22-A1 CL A1 2.8% 03/15/2027 14041NFZ9	104,992.08	99.627	104,608.32 (2)	2,940	2.81
130,000	DAIMIER TRUCKS RETAIL TR SERIES 23-1 CL A3 5.9% 03/15/2027 233868AC2	129,998.01	101.0108	131,314.07 (2)	7,670	5.84

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
105,000	FHLMC MULTIFAMILY STRUCTURED SERIES K053 CLASS A2 2.995% 12/25/2025 3137BN6G4	103,129.69	98.648	103,580.42 (1)	3,145	3.04
119,173.78	FHLMC MUTLIFAMILY STRUCTURED SERIES K055 CLASS A2 2.673% 03/25/2026 3137BPW21	121,599.15	97.9226	116,698.03 (1)	3,186	2.73
97,424.51	FHLMC SERIES K733 CLASS A2 3.75% 08/25/2025 3137FJXQ7	105,203.25	99.3429	96,784.35 (1)	3,653	3.77
155,000	FHLMC MULTIFAMILY SERIES K146 CL A2 2.92% 06/25/2032 3137H7ZB2	139,481.44	87.8445	136,158.96 (1)	4,526	3.32
35,000	JOHN DEERE OWNER TR 2 SER 23-B CL A3 5.18% 03/15/2028 477920AC6	34,994.16	100.8241	35,288.44 (2)	1,813	5.14
75,000	VERIZON MASTER TRUST 2 SERIES 24-6 CLASS A1A 4.17% 08/20/2030 92348KDE0	74,980.52	99.0276	74,270.73 (2)	3,128	4.21
	TOTAL COLLATERALIZED MTG OBLIG	859,372.26		844,136.70	32,302	3.83
	U S GOVERNMENT AGENCY					
158,096.46	FHLMC FR SB8303 5% 05/01/2039 3132D6GL8	159,232.43	99.506	157,315.46	7,905	5.02
80,000	FHLMC 6.25% 07/15/2032 3134A4KX1	92,648.80	110.903	88,722.40	5,000	5.64
190,000	FNMA BONDS 6.625% 11/15/2030 31359MGK3	232,182.66	110.825	210,567.50	12,588	5.98
330,000	FNMA .875% 08/05/2030 3135G05Q2	316,212.14	82.561	272,451.30	2,888	1.06
65,000	FNMA .375% 08/25/2025 3135G05X7	62,922.11	97.496	63,372.40	244	0.38
	TOTAL U S GOVERNMENT AGENCY	863,198.14		792,429.06 (1)	28,625	3.61
	MUNICIPAL OBLIGATIONS					
95,000	COLORADO ST HSG & FIN 4.715% 11/01/2029 1964803D7	95,000.00	100.027	95,025.65	4,479	4.71

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
95,000	DALLAS-FORT WORTH TX INTL ARPT 2.256% 11/01/2026 2350364M9	95,000.00	96.178	91,369.10	2,143	2.35
100,000	HONOLULU HAWAII CITY & CNTY 2.316% 07/01/2025 438701Y32	100,000.00	99.028	99,028.00	2,316	2.34
105,000	METRO WSTWTR RECLAMATION DIST 2.124% 04/01/2025 59164GEN8	105,000.00	99.42	104,391.00	2,230	2.14
50,000	NEBRASKA PUB PWR DIST REV 2.421% 01/01/2026 63968A2C8	50,000.00	98.086	49,043.00	1,211	2.47
120,000	NEW YORK ST URBAN DEV CORP REV 3.27% 03/15/2028-2027 6500355X2	117,450.15	96.408	115,689.60	3,924	3.39
100,000	VIRGINIA ST RESOURCES AUTH 2.53% 11/01/2028 92818NHP6	100,000.00	93.251	93,251.00	2,530	2.71
	TOTAL MUNICIPAL OBLIGATIONS	662,450.15		647,797.35 ✓	18,833	2.91
	CORPORATE BONDS					
140,000	AT&T INC 2.3% 06/01/2027 00206RJX1	132,167.00	94.368	132,115.20	3,220	2.44
180,000	ABBOTT LABORATORIES 3.75% 11/30/2026 002824BF6	201,498.15	98.803	177,845.40	6,750	3.80
120,000	ABBVIE INC 4.95% 03/15/2031 00287YDT3	120,118.50	100.002	120,002.40	5,940	4.95
120,000	ADOBE INC 4.8% 04/04/2029 00724PAF6	119,488.45	100.531	120,637.20	5,760	4.77
70,000	AIR PRODUCTS & CHEMICALS INC 4.85% 02/08/2034 009158BK1	69,808.20	97.702	68,391.40	3,395	4.96
95,000	ALLSTATE CORP .75% 12/15/2025 020002BH3	94,290.52	96.407	91,586.65	713	0.78
80,000	AMAZON COM INC 3.15% 08/22/2027 023135BC9	84,755.46	96.548	77,238.40	2,520	3.26

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
35,000	AMERICAN WATER CAP CORP 3.4% 03/01/2025 03040WAL9	37,708.21	99.716	34,900.60	1,190	3.41
160,000	AMPHENOL CORP 4.75% 03/30/2026 032095AM3	159,619.15	100.052	160,083.20	7,600	4.75
70,000	ANALOG DEVICES INC 2.95% 04/01/2025 032654AS4	76,114.55	99.565	69,695.50	2,065	2.96
120,000	ANHEUSER BUSCH 4.75% 01/23/2029 035240AQ3	126,738.12	99.933	119,919.60	5,700	4.75
120,000	APPLE INC 2.05% 09/11/2026 037833DN7	122,339.12	96.199	115,438.80	2,460	2.13
60,000	APPLIED MATERIALS INC 4.8% 06/15/2029 038222AS4	59,814.30	100.312	60,187.20	2,880	4.79
95,000	AUTOMATIC DATA PROCESSING INC 1.7% 05/15/2028 053015AG8	95,553.85	91.327	86,760.65	1,615	1.86
45,000	AUTOMATIC DATA PROCESSING INC 4.45% 09/09/2034 053015AH6	45,245.70	95.283	42,877.35	2,003	4.67
160,000	AVERY DENNISON CORP 4.875% 12/06/2028 053611AJ8	167,388.22	99.784	159,654.40	7,800	4.89
75,000	BANK OF AMERICA CORP 3.824% 01/20/2028 06051GGF0	85,077.75	97.975	73,481.25	2,868	3.90
135,000	BRISTOL MYERS SQUIBB CO 5.75% 02/01/2031 110122DY1	137,076.10	104.036	140,448.60	7,763	5.53
90,000	BROWN-FORMAN CORP 4.75% 04/15/2033 115637AU4	90,540.55	97.585	87,826.50	4,275	4.87
110,000	CBOE GOLBAL MARKETS INC 1.625% 12/15/2030 12503MAC2	108,528.87	82.967	91,263.70	1,788	1.96

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
75,000	CNH INDUSTRIAL CAPITAL LLC 5.5% 01/12/2029 12592BAR5	74,549.25	101.428	76,071.00	4,125	5.42
125,000	CANADIAN NATIONAL RAILWAY CO 6.9% 07/15/2028 136375BD3	162,849.45	106.871	133,588.75	8,625	6.46
90,000	CANADIAN PACIFIC RR CO 4% 06/01/2028 13645RAY0	88,335.00	97.361	87,624.90	3,600	4.11
110,000	CATERPILLAR FINL SERVICE 4.35% 05/15/2026 14913UAA8	109,430.75	99.859	109,844.90	4,785	4.36
50,000	CINCINNATI GAS & ELECTRIC CO 6.9% 06/01/2025 172070BT0	62,825.00	100.644	50,322.00	3,450	6.86
165,000	CINTAS CORP 3.7% 04/01/2027 17252MAN0	172,893.10	98.01	161,716.50	6,105	3.78
80,000	CITIGROUP INC 3.2% 10/21/2026 172967KY6	76,017.05	97.266	77,812.80	2,560	3.29
150,000	COMCAST CORP 4.25% 10/15/2030 20030NCU3	146,540.40	96.416	144,624.00	6,375	4.41
90,000	CONNECTICUT LIGHT & PWR .75% 12/01/2025 207597EM3	86,081.52	96.665	86,998.50	675	0.78
120,000	CONOCOPHILLIPS COMPANY 4.7% 01/15/2030 20826FBJ4	118,686.00	98.96	118,752.00	5,640	4.75
75,000	CUMMINS ENGINE CO 5.15% 02/20/2034 231021AW6	75,322.35	100.08	75,060.00	3,863	5.15
90,000	DARDEN RESTAURANTS INC 3.85% 05/01/2027 237194AL9	88,015.50	97.744	87,969.60	3,465	3.94
50,000	DICK'S SPORTING GOODS INC 3.15% 01/15/2032 253393AF9	50,049.20	87.664	43,832.00	1,575	3.59

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
95,000	DUKE ENERGY CAROLINAS 4.85% 01/15/2034 26442CBM5	94,085.25	96.964	92,115.80	4,608	5.00
115,000	EATON CORP 4.15% 03/15/2033 278062AH7	109,513.95	94.029	108,133.35	4,773	4.41
95,000	ECOLAB INC 5.25% 01/15/2028 278865BP4	96,080.20	101.866	96,772.70	4,988	5.15
100,000	EMERSON ELECTRIC CO 1.8% 05/15/2027 291011BL7	99,965.62	92.903	92,903.00	1,800	1.94
45,000	ESTEE LAUDER CO INC 4.65% 05/15/2033 29736RAT7	44,238.60	95.511	42,979.95	2,093	4.87
160,000	EXXON MOBIL CORP 2.44% 08/16/2029 30231GBE1	158,519.85	91.26	146,016.00	3,904	2.67
50,000	FISERV INC 4.75% 03/15/2030 337738BM9	49,797.30	98.846	49,423.00	2,375	4.81
160,000	FLORIDA POWER & LIGHT 5.05% 04/01/2028 341081GK7	160,209.00	100.972	161,555.20	8,080	5.00
135,000	GENERAL MOTORS FINL CO 1.25% 01/08/2026 37045XDD5	133,020.86	96.337	130,054.95	1,688	1.30
140,000	GEORGIA PACIFIC 7.375% 12/01/2025 373298BN7	164,272.45	102.547	143,565.80	10,325	7.19
130,000	GEORGIA POWER CO 4.65% 05/16/2028 373334KS9	130,223.55	99.57	129,441.00	6,045	4.67
55,000	W.W. GRAINGER INC 1.85% 02/15/2025 384802AE4	55,316.06	99.575	54,766.25	1,018	1.86
70,000	W.W. GRAINGER INC 4.45% 09/15/2034 384802AF1	70,187.95	95.185	66,629.50	3,115	4.68

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
125,000	HCA INC 5.875% 02/15/2026 404119BS7	125,355.75	100.50	125,625.00	7,344	5.85
150,000	HERSHEY COMPANY 3.2% 08/21/2025 427866AU2	161,213.55	99.096	148,644.00	4,800	3.23
100,000	HOME DEPOT INC 4.95% 09/30/2026 437076CV2	99,997.30	100.826	100,826.00	4,950	4.91
55,000	HOME DEPOT INC 5.15% 06/25/2026 437076CZ3	54,984.30	101.032	55,567.60	2,833	5.10
180,000	ILLINOIS TOOL WORKS INC 2.65% 11/15/2026 452308AX7	175,678.40	97.103	174,785.40	4,770	2.73
90,000	INTEL CORP 3.75% 08/05/2027 458140BY5	89,714.31	96.983	87,284.70	3,375	3.87
50,000	JACOBS ENGINEERING GROUP INC 6.35% 08/18/2028 469814AB3	50,139.42	104.108	52,054.00	3,175	6.10
120,000	KENVUE INC 5.35% 03/22/2026 49177JAD4	119,918.75	100.922	121,106.40	6,420	5.30
105,000	KEURIG DR PEPPER INC 5.2% 03/15/2031 49271VAU4	103,953.95	101.003	106,053.15	5,460	5.15
165,000	KIMBERLY CLARK CORP 3.95% 11/01/2028 494368BY8	173,033.25	97.728	161,251.20	6,518	4.04
140,000	ELI LILLY & CO 4.5% 02/09/2027 532457CJ5	139,925.80	100.228	140,319.20	6,300	4.49
135,000	LOCKHEED MARTIN CORPORATION 4.5% 02/15/2029 539830CC1	134,904.65	98.911	133,529.85	6,075	4.55
50,000	MASTERCARD INC 4.875% 05/09/2034 57636QAZ7	51,769.00	98.476	49,238.00	2,438	4.95

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
115,000	MOISON COORS BEVERAGE CO 3% 07/15/2026 60871RAG5	111,348.70	97.404	112,014.60	3,450	3.08
160,000	MONDELEZ INTERNATIONAL 2.625% 03/17/2027 609207BA2	149,622.90	95.673	153,076.80	4,200	2.74
120,000	NATIONAL RURAL UTILITY COOP 2.4% 03/15/2030 637432NV3	115,197.66	88.208	105,849.60	2,880	2.72
50,000	NVENT FINANCE SARL 4.55% 04/15/2028 67078AAD5	56,173.00	99.012	49,506.00	2,275	4.60
100,000	OGE ENERGY CORP 5.45% 05/15/2029 670837AD5	100,732.50	101.659	101,659.00	5,450	5.36
130,000	O'REILLY AUTOMOTIVE INC 3.9% 06/01/2029 67103HAH0	124,727.88	95.86	124,618.00	5,070	4.07
65,000	ORACLE CORP 6.15% 11/09/2029 68389XCH6	66,894.56	104.873	68,167.45	3,998	5.86
75,000	PACCAR FINANCIAL CORP 5.2% 11/09/2026 69371RS72	74,888.60	101.347	76,010.25	3,900	5.13
35,000	PACCAR FINANCIAL CORP 4.45% 08/06/2027 69371RT30	34,973.95	99.895	34,963.25	1,558	4.45
50,000	PACIFIC GAS & ELECTRIC 5.9% 06/15/2032 694308KG1	50,937.95	102.673	51,336.50	2,950	5.75
170,000	PEPSICO INC 2.75% 03/19/2030 713448ES3	169,676.85	90.856	154,455.20	4,675	3.03
83,394.93	PG&E ENERGY RECOVERY FND SINKABLE BOND 1.46% 07/15/2031 71710TAA6	83,393.89	90.43	75,414.04	1,218	1.61
90,000	PROGRESSIVE CORP 3% 03/15/2032 743315AZ6	78,507.90	87.859	79,073.10	2,700	3.41

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
65,000	PUBLIC SERVICE COLORADO 2.9% 05/15/2025 744448CL3	66,487.54	99.214	64,489.10	1,885	2.92
90,000	PUBLIC SERVICE ELECTRIC 5.2% 03/01/2034 74456QCQ7	90,376.45	99.66	89,694.00	4,680	5.22
80,000	PUBLIC STORAGE 5.1% 08/01/2033 74460WAG2	80,279.85	99.619	79,695.20	4,080	5.12
70,000	QUANTA SERVICES INC 4.75% 08/09/2027 74762EAK8	69,883.70	99.855	69,898.50	3,325	4.76
155,000	REPUBLIC SERVICES INC 3.95% 05/15/2028 760759AT7	147,860.90	97.378	150,935.90	6,123	4.06
85,000	ROPER TECHNOLOGIES INC ROPER TECHNOLOGIES INC 4.75% 02/15/2032 776696AH9	85,247.90	97.268	82,677.80	4,038	4.88
95,000	T-MOBILE USA INC 3.5% 04/15/2025 87264ABB0	101,702.95	99.549	94,571.55	3,325	3.52
80,000	TEXAS INSTRUMENTS INC 4.6% 02/08/2027 882508CE2	79,915.50	100.42	80,336.00	3,680	4.58
50,000	TRANSCONT GAS PIPE LINE 4% 03/15/2028 893574AK9	54,046.00	97.159	48,579.50	2,000	4.12
134,480.54	UNION PACIFIC RR CO SINKABLE BOND 3.227% 05/14/2026 907825AA1	136,043.84	98.2506	132,127.88	4,340	3.28
105,000	UNITED PARCEL SERVICE 4.875% 03/03/2033 911312BZ8	106,215.77	98.977	103,925.85	5,119	4.93
45,000	VENTAS REALTY LP VENTAS REALTY LP HEALTHCARE REIT 4% 03/01/2028 92277GAM9	43,852.50	97.311	43,789.95	1,800	4.11
50,000	VISA INC 3.15% 12/14/2025 92826CAD4	53,237.67	98.842	49,421.00	1,575	3.19

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
60,000	VULCAN MATERIALS 4.95% 12/01/2029 929160BB4	59,987.05	99.719	59,831.40	2,970	4.96
120,000	WASTE MANAGEMENT INC 4.15% 04/15/2032 94106LBS7	118,534.65	94.529	113,434.80	4,980	4.39
110,000	WELLS FARGO CO 3% 04/22/2026 949746RW3	103,351.95	97.792	107,571.20	3,300	3.07
25,000	WISCONSIN ELECTRIC POWER 3.1% 06/01/2025 976656CH9	25,416.63	99.253	24,813.25	775	3.12
100,000	WISCONSIN ELECTRIC POWER 5% 05/15/2029 976656CQ9	100,136.35	100.688	100,688.00	5,000	4.97
45,000	WISCONSIN ELECTRIC POWER 4.6% 10/01/2034 976656CS5	45,198.60	95.382	42,921.90	2,070	4.82
70,000	XYLEM INC 2.25% 01/30/2031 98419MAL4	59,772.90	85.255	59,678.50	1,575	2.64
	TOTAL CORPORATE BONDS	9,136,109.45		8,840,437.02 (2)	363,382	4.11
COMMON STOCK						
784	ADVANCED DRAINAGE SYSTEMS INC COMMON STOCK 00790R104	68,427.09	115.60	90,630.40	502	0.55
2,398	ATI INC COMMON STOCK 01741R102	141,577.77	55.04	131,985.92	767	0.58
2,342	ALPHABET INC CL C COMMON STOCK 02079K107	72,133.83	190.44	446,010.48	1,874	0.42
1,050	AMAZON COM INC COMMON STOCK 023135106	25,037.08	219.39	230,359.50	0	0.00
1,226	APPLE INC COMMON STOCK 037833100	210,046.15	250.42	307,014.92	1,226	0.40
1,844	ARES MANAGEMENT CORP COMMON STOCK 03990B101	50,231.78	177.03	326,443.32	6,860	2.10

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
840	AVERY DENNISON CORP COMMON STOCK 053611109	104,641.63	187.13	157,189.20	2,957	1.88
3,348	AZEK CO INC COMMON STOCK 05478C105	105,023.26	47.47	158,929.56	0	0.00
384	BERKSHIRE HATHAWAY INC CLASS B 084670702	33,226.41	453.28	174,059.52	0	0.00
2,092	BIO TECHNE CORP COMMON STOCK 09073M104	119,613.74	72.03	150,686.76	669	0.44
1,193	CBRE GROUP INC COMMON STOCK 12504L109	101,236.31	131.29	156,628.97	0	0.00
805	CADENCE DESIGN SYSTEMS INC COMMON STOCK 127387108	218,240.62	300.46	241,870.30	0	0.00
1,086	CHEVRON CORP COMMON STOCK 166764100	139,548.75	144.84	157,296.24	7,081	4.50
2,424	CHIPOTLE MEXICAN GRILL COMMON STOCK 169656105	132,121.17	60.30	146,167.20	0	0.00
1,603	CHURCH & DWIGHT CO., INC. COMMON STOCK 171340102	149,441.25	104.71	167,850.13	1,819	1.08
520	CONSTELLATION BRANDS INC COMMON STOCK 21036P108	135,387.66	221.00	114,920.00	2,101	1.83
1,445	COOPER COMPANIES INC COMMON STOCK 216648501	134,486.69	91.93	132,838.85	22	0.02
760	DOVER CORP COMMON STOCK 260003108	114,152.29	187.60	142,576.00	1,566	1.10
130	FAIR ISAAC CORPORATION COMMON STOCK 303250104	105,162.19	1990.93	258,820.90	10	0.00
2,166	GLOBE LIFE INC COMMON STOCK 37959E102	186,177.46	111.52	241,552.32	2,079	0.86

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
334	HOME DEPOT INC COMMON STOCK 437076102	84,517.34	388.99	129,922.66	3,006	2.31
289	IDEXX LABORATORIES INC. COMMON STOCK 45168D104	132,934.64	413.44	119,484.16	0	0.00
1,208	ADR INTERCONTINTAL HOTELS COMMON STOCK 45857P806	128,733.99	124.92	150,903.36	1,863	1.23
1,382	JPM CHASE & CO COMMON STOCK 46625H100	101,674.95	239.71	331,279.22	6,910	2.09
1,053	JACOBS SOLUTIONS INC COMMON STOCK 46982L108	120,122.82	133.62	140,701.86	1,221	0.87
3,103	MARVELL TECHNOLOGY INC COMMON STOCK 573874104	95,004.93	110.45	342,726.35	745	0.22
346	MCKESSON CORP COMMON STOCK 58155Q103	111,693.15	569.91	197,188.86	983	0.50
1,192	MICROSOFT CORP COMMON STOCK 594918104	122,670.32	421.50	502,428.00	3,957	0.79
2,305	MONDELEZ INTERNATIONAL COMMON STOCK 609207105	132,537.28	59.73	137,677.65	4,333	3.15
359	MONOLITHIC POWER SYSTEMS INC COMMON STOCK 609839105	140,627.15	591.70	212,420.30	1,795	0.85
427	MOTOROLA SOLUTIONS INC COMMON STOCK 620076307	151,772.11	462.23	197,372.21	1,862	0.94
1,569	NASDAQ OMX GROUP, INC COMMON STOCK 631103108	106,233.38	77.31	121,299.39	1,506	1.24
1,336	NOVO NORDISK COMMON STOCK 670100205	77,935.44	86.02	114,922.72	1,371	1.19
178	O'REILLY AUTOMOTIVE INC COMMON STOCK 67103H107	60,782.11	1185.80	211,072.40	0	0.00

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,540	PALO ALTO NETWORKS INC COMMON STOCK 697435105	200,163.68	181.96	280,218.40	0	0.00
863	QUANTA SERVICES INC COMMON STOCK 74762E102	30,568.44	316.05	272,751.15	345	0.13
1,443	RAYTHEON TECHNOLOGIES COMMON STOCK 75513E101	122,761.27	115.72	166,983.96	3,636	2.18
1,328	REINSURANCE GROUP OF AMERICA INC COMMON STOCK 759351604	132,408.41	213.63	283,700.64	4,728	1.67
850	REPUBLIC SERVICES INC COMMON STOCK 760759100	124,263.95	201.18	171,003.00	1,972	1.15
617	SAP SE ADR COMMON STOCK 803054204	157,415.58	246.21	151,911.57	1,068	0.70
1,421	SERVICE CORP INTL COMMON STOCK 817565104	94,751.81	79.82	113,424.22	1,705	1.50
339	SERVICENOW INC COMMON STOCK 81762P102	130,170.08	1060.12	359,380.68	0	0.00
1,423	STARBUCKS CORP COMMON STOCK 855244109	135,728.52	91.25	129,848.75	3,472	2.67
4,864	SUNCOR ENERGY INC COMMON STOCK 867224107	172,798.59	35.68	173,547.52	7,709	4.44
1,998	TJX COS INC COMMON STOCK 872540109	83,585.83	120.81	241,378.38	2,997	1.24
2,818	TETRA TECH INC COMMON STOCK 88162G103	100,775.95	39.84	112,269.12	654	0.58
307	THERMO FISHER SCIENTIFIC INC COMMON STOCK 883556102	101,824.57	520.23	159,710.61	479	0.30
3,124	UNILEVER PLC-SPONS ADR COMMON STOCK 904767704	143,010.77	56.70	177,130.80	5,770	3.26

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
433	UNITEDHEALTH GROUP INC COMMON STOCK 91324P102	80,379.22	505.86	219,037.38	3,637	1.66
1,142	VISA INC CLASS A COMMON STOCK 92826C839	100,301.34	316.04	360,917.68	2,695	0.75
524	ZEBRA TECHNOLOGIES CORP CL-A COMMON STOCK 989207105	131,421.85	386.22	202,379.28	0	0.00
877	ZOETIS INC COMMON STOCK 98978V103	91,119.01	162.93	142,889.61	1,754	1.23
1,875	NVENT ELEC PLC COMMON STOCK G6700G107	128,258.06	68.16	127,800.00	1,500	1.17
776	STERIS PLC COMMON STOCK G8473T100	158,666.08	205.56	159,514.56	1,769	1.11
173	ASML HOLDINGS NV COMMON STOCK N07059210	98,927.01	693.08	119,902.84	987	0.82
	TOTAL COMMON STOCK	6,432,452.76		10,968,929.78 ✓	105,962	0.97
	Total Fund	25,097,091.29		28,887,552.54	773,633	2.68

Σ ① \$ 6,915,054 - Total U.S. Government & Agency Securities ✓

Σ ② \$ 9,231,352 - Total Corporate Bonds ✓

FOOTNOTES

STATEMENT 1

SCHEDULE C COMPENSATION INFORMATION FOR EMPLOYEES:

COMPENSATION REPORTED ON SCHEDULE C FOR EMPLOYEES INCLUDES BOTH TAXABLE COMPENSATION (SALARIES) AS WELL AS NON-TAXABLE COMPENSATION (BENEFITS AND REIMBURSED EXPENSES). REPORTED AMOUNTS HAVE BEEN DETERMINED IN ACCORDANCE WITH DEPARTMENT OF LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500.

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 2
------------	--------------------------------------	-------------

NAME	SERVICE CODES
OPTUM RX, INC.	12
OPTUM RX, INC.	50
OPTUM RX, INC.	62
OPTUM RX, INC.	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 3
------------	-------------------	-------------

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	18,908.	18,991.
ACCRUED INTEREST	124,034.	143,774.
PRESCRIPTION DRUG REBATES RECEIVABLE	358,702.	605,822.
DUE FROM BROKER FOR PENDING TRADES	696,430.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,198,074.	768,587.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4
------------	---------------------------	-------------

DESCRIPTION	BEGINNING	ENDING
MUNICIPAL BONDS	717,811.	647,797.
TOTAL TO SCHEDULE H, LINE 1C(15)	717,811.	647,797.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5
DESCRIPTION	BEGINNING	ENDING
ACCRUED REAL ESTATE TAXES	67,000.	24,000.
TOTAL TO SCHEDULE H, LINE 1J	67,000.	24,000.

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION	AMOUNT	
PRESCRIPTION REBATES	879,250.	
TOTAL TO SCHEDULE H, LINE 2C	879,250.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 7
DESCRIPTION	AMOUNT	
PPO AND COST CONTAINMENT FEES	432,190.	
TOTAL TO SCHEDULE H, LINE 2E(3)	432,190.	

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 ALLIED SERVICES DIVISION WELFARE 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) BOARD OF TRUSTEES OF ALLIED SERVICES DIVISION WELFA 1141 EAST MAIN STREET SUITE 205 EAST DUNDEE IL 60118	1c Effective date of plan 04/09/1968 2b Employer Identification Number (EIN) 59-1283066 2c Plan Sponsor's telephone number (847) 981-1290 2d Business code (see instructions) 541990

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		10/07/2025	TAMARA CHESLER
	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

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	760
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)	760
a (2) Total number of active participants at the end of the plan year	6a(2)	834
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	834
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	4

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4L

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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 59-1283066

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	28,640,635.51			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
CUSIP # U38141W34 GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 4.44%				
TOTAL ACTIVITY FROM 01/01/24 TO 12/31/24				
DEPOSIT	6,502,476.68	6,502,476.68	6,502,476.68	
WITHDRAWAL	5,827,242.06	5,827,242.06	5,827,242.06	
TOTAL	12,329,718.74	12,329,718.74	12,329,718.74	
TOTAL SHORT TERM INVESTMENTS	12,329,718.74	12,329,718.74	12,329,718.74	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		12,329,718.74		

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Schedule Of Reportable Transactions

BY ASSET	VALUATION	28,640,635.51	THRESHOLD	1,432,031.78		
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
NO REPORTABLE TRANSACTIONS						

TRADE DATE - INCOME ACCRUALS

Statement Period

01/01/24 through 12/31/24

Schedule Of Reportable Transactions

AGGREGATE BY ASSET			VALUATION	28,640,635.51	THRESHOLD	1,432,031.78
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # U38141W34 GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 4.44%	NET		6,502,476.68		6,502,476.68	
	NET		5,827,242.06		5,827,242.06	
137 PURCHASES FOR			6,502,476.68	83 SALES FOR		
			5,827,242.06	ISSUE AGGREGATE TOTAL		12,329,718.74

TRADE DATE - INCOME ACCRUALS Page 500

Statement Period

01/01/24 through 12/31/24

Schedule Of Reportable Transactions

AGGREGATE BY BROKER VALUATION 28,640,635.51 THRESHOLD 1,432,031.78

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER		COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
				COMMISSION/ OTH EXPENSE			

NO REPORTABLE TRANSACTIONS