

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan CHAUFFEURS, TEAMSTERS & HELPERS LOCAL 301 HEALTH & WELFARE FUND LIFE, ACCIDENTAL DEATH & DISMEMBERMENT, VISION CARE, HEALTH PLAN & DENTAL P
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1955
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) TRUSTEES OF TEAMSTERS LOCAL NO. 301 36990 N GREENBAY ROAD WAUKEGAN, IL 60087
2b Employer Identification Number (EIN) 36-6125658
2c Plan Sponsor's telephone number 847-623-5430
2d Business code (see instructions) 484110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. SIGN HERE, Filed with authorized/valid electronic signature, 10/10/2025, MICHAEL T. HAFFNER; 2. SIGN HERE, Filed with authorized/valid electronic signature, 10/10/2025, MICHAEL WOLFF; 3. 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	835
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)	783
	6a(2)	805
	6b	52
	6c	
	6d	857
	6e	
	6f	857
	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	82

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 4F 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan CHAUFFEURS, TEAMSTERS & HELPERS LOCAL 301 HEALTH & WELFARE FUND LIFE, ACCIDENTAL DEATH & DISMEMBERMEN T, VISION CARE, HEALTH PLAN & DENTAL P</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 TRUSTEES OF TEAMSTERS LOCAL NO. 301</p>	<p>D Employer Identification Number (EIN) 36-6125658</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
HEALTH CARE SERVICE CORPORATION

(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
36-1236610	70670	15293	848	11/01/2023	10/31/2024

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

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)**

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)	12658822
	(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)	12658822
b	Benefit charges (1) Claims paid	9b(1)	12303505
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	12303505
	(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)	111334
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	243983
	(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)	355317
	(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	
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. ▶

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

<p>A Name of plan CHAUFFEURS, TEAMSTERS & HELPERS LOCAL 301 HEALTH & WELFARE FUND LIFE, ACCIDENTAL DEATH & DISMEMBERMEN T, VISION CARE, HEALTH PLAN & DENTAL P</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 TRUSTEES OF TEAMSTERS LOCAL NO. 301</p>	<p>D Employer Identification Number (EIN) 36-6125658</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00531452	798	10/01/2023	09/30/2024

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

<p>(a) Total amount of commissions paid 2972</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ELITE ADMIN & INS GRP INC
1211 W 22ND STREET
SUITE 820
OAK BROOK, IL 60523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2972			3

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
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) **▶ AD&D**

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	44483
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. Specify nature of costs.	10b	

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. ▶

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

<p>A Name of plan CHAUFFEURS, TEAMSTERS & HELPERS LOCAL 301 HEALTH & WELFARE FUND LIFE, ACCIDENTAL DEATH & DISMEMBERMEN T, VISION CARE, HEALTH PLAN & DENTAL P</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 TRUSTEES OF TEAMSTERS LOCAL NO. 301</p>	<p>D Employer Identification Number (EIN) 36-6125658</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
VISION SERVICE PLAN

(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
20-0891619	12516	40151155	857	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
---	--------------------------------------

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

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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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

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)**

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)	118096
(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)	118096
b Benefit charges (1) Claims paid		9b(1)	107391
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	107391
(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)	10705	
(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)		10705
(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
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan CHAUFFEURS, TEAMSTERS & HELPERS LOCAL 301 HEALTH & WELFARE FUND LIFE, ACCIDENTAL DEATH & DISMEMBERMENT, VISION CARE, HEALTH PLAN & DENTAL P	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 301	D Employer Identification Number (EIN) 36-6125658	

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

CREDIT SUISSE ASSET MANAGEMENT, LLC

13-2774791

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

THE VANGUARD GROUP, INC

23-1945930

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

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

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(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)

MCGANN KETTERMAN & RIOUX

36-3968279

(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	52000	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)

FRANK J. BAKER & COMPANY

36-3086616

(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	72630	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)

DELTA DENTAL OF ILLINOIS

36-2612058

(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	NONE	17458	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)

LIRACOM LLC

36-2840323

(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	24111	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	2595552	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6029	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TEAMSTERS LOCAL UNION 301 GENERAL

36-1264295

(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 49	AFFILIATED ORGANIZATION	569493	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

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	8093	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 DBA VALENZ CARE

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	29011	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)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	25000	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)

GREAT LAKES ADVISORS, LLC

80-0292839

(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	NONE	47605	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

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	NONE	58452	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)

SARA HAFFNER-WOLF

36-6125658

(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	FUND ADMINISTRATOR	90968	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)

US BANK NATIONAL ASSOCIATION

31-0841368

(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	NONE	10948	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WEST END PRESS INC

36-2433269

(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	10910	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 FINANCIAL

47-0858530

(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	23207	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?
16	NONE	77320	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)

GREEN LIGHT COST MANAGEMENT, LLC

45-5248276

(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	10500	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)

IFEFP

36-1034021

(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	8987	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	112137	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 COALITION OF LABOR

99-2613379

(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	35505	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)

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan CHAUFFEURS, TEAMSTERS & HELPERS LOCAL 301 HEALTH & WELFARE FUND LIFE, ACCIDENTAL DEATH & DISMEMBERMEN T, VISION CARE, HEALTH PLAN & DENTAL P	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
B Three-digit plan number (PN) ►	501		
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 301	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 36-6125658</td> </tr> </table>	D Employer Identification Number (EIN) 36-6125658	
D Employer Identification Number (EIN) 36-6125658			

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	1451243	1414470
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1405484	1075325
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	498554	650209
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2517582	2838149
(2) U.S. Government securities	1c(2)	21701929	24586874
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7386273	7708542
(B) All other	1c(3)(B)	9753573	9892175
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	21041538	21886051
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1130707	831397

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	66886883	70883192
Liabilities			
g Benefit claims payable.....	1g	1572000	1109000
h Operating payables.....	1h	465581	514466
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	22701	21744
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2060282	1645210
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	64826601	69237982

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)	16695821	
(B) Participants.....	2a(1)(B)	677382	
(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)		17373203
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	117719	
(B) U.S. Government securities.....	2b(1)(B)	875282	
(C) Corporate debt instruments.....	2b(1)(C)	685941	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	27511	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1706453
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1099364	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1099364
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	17403303	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17702511	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-299208
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-480685	
(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)		2245155
c Other income	2c		27317
d Total income. Add all income amounts in column (b) and enter total	2d		21671599

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15475148	
(2) To insurance carriers for the provision of benefits	2e(2)	49126	
(3) Other	2e(3)	435914	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15960188
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)	121796	
(2) Contract administrator fees	2i(2)	587934	
(3) Recordkeeping fees	2i(3)	138240	
(4) IQPA audit fees	2i(4)	62025	
(5) Investment advisory and investment management fees	2i(5)	131056	
(6) Bank or trust company trustee/custodial fees	2i(6)	10948	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	52000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	20432	
(11) Other expenses	2i(11)	175599	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1300030
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17260218

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4411381
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: **FRANK J. BAKER & COMPANY, LTD.**

(2) EIN: **36-3086616**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

REPORT ON AUDIT OF FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

C O N T E N T S

	<u>Page</u>
Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Schedules of Administrative Expenses	5
Statements of Benefit Obligations	6
Statements of Changes in Fund Benefit Obligations	7
Notes to Financial Statements	8-15
Supplementary Information	16
Schedule of Assets Held at End of Year	17-27
Schedule of Reportable Transactions	28

TELEPHONE 847/297-0300

FAX 847/297-0441

FRANK J. BAKER & COMPANY, LTD.

CERTIFIED PUBLIC ACCOUNTANTS

950 LEE STREET, SUITE 101

DES PLAINES, ILLINOIS 60016-6575

ROBERT J. HUGHES, C.P.A.
KURT P. HOFFMAN, C.P.A.
RONALD E. FEIEREISEL, C.P.A.



INDEPENDENT AUDITORS' REPORT

Trustees of the Health and Welfare Fund
Chauffeurs, Teamsters and Helpers
Local 301 International Brotherhood of Teamsters
36990 North Green Bay Road
Waukegan, Illinois 60087

Dear Trustees:

Opinion

We have audited the accompanying financial statements of the Chauffeurs, Teamsters and Helpers Local 301 International Brotherhood of Teamsters Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, schedules of administrative expenses and statements of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Chauffeurs, Teamsters and Helpers Local 301, International Brotherhood of Teamsters Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Chauffeurs, Teamsters and Helpers Local 301 International Brotherhood of Teamsters Health and Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Fund 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 Chauffeurs, Teamsters, and Helpers, Local 301 International Brotherhood of Teamsters Health and Welfare Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's

provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for Audit of the Financial Statements

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

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

- Exercise professional judgement 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 Chauffeurs, Teamsters, and Helpers, Local 301 International Brotherhood of Teamsters Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chauffeurs, Teamsters, and Helpers, Local 301 International Brotherhood of Teamsters Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

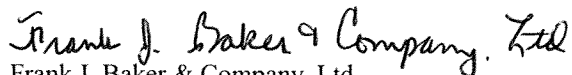
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.


Frank J. Baker & Company, Ltd.
Certified Public Accountants

September 5, 2025
Des Plaines, Illinois

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
U.S. Government securities	\$ 24,586,874	\$ 21,701,929
Corporate debt instruments	17,600,717	17,139,846
Municipal issues	831,397	1,130,707
Mutual fund	21,886,051	21,041,538
Cash - interest bearing	<u>2,838,149</u>	<u>2,517,582</u>
Total Investments	<u>\$ 67,743,188</u>	<u>\$ 63,531,602</u>
Receivables:		
Employer contributions	\$ 1,075,325	\$ 1,405,484
Accrued investment income	318,763	260,706
Prescription rebates	<u>331,446</u>	<u>237,848</u>
Total Receivables	<u>\$ 1,725,534</u>	<u>\$ 1,904,038</u>
Cash, noninterest-bearing	<u>\$ 1,414,470</u>	<u>\$ 1,451,243</u>
Total Assets	<u>\$ 70,883,192</u>	<u>\$ 66,886,883</u>
Liabilities:		
Accounts payable	\$ 514,466	\$ 465,581
Unearned Health and Welfare contributions	<u>21,744</u>	<u>22,701</u>
Total Liabilities	<u>\$ 536,210</u>	<u>\$ 488,282</u>
Net Assets Available For Benefits	<u>\$ 70,346,982</u>	<u>\$ 66,398,601</u>

See accompanying notes to financial statements.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2 0 2 4</u>	<u>2 0 2 3</u>
Additions:		
Contributions		
Employer contributions	\$ 16,695,821	\$ 15,638,076
Participant contributions	677,382	725,123
Other income	27,317	17,376
Total Contributions	<u>\$ 17,400,520</u>	<u>\$ 16,380,575</u>
Investment Income		
Net (depreciation) appreciation in fair value of investments	\$ 1,465,262	\$ 3,215,486
Dividend and Interest income	<u>2,805,817</u>	<u>2,427,868</u>
Total Investment Income	\$ 4,271,079	\$ 5,643,354
Less: Investment expenses	<u>142,004</u>	<u>133,067</u>
Net Investment Income	<u>\$ 4,129,075</u>	<u>\$ 5,510,287</u>
Total Additions	<u>\$ 21,529,595</u>	<u>\$ 21,890,862</u>
Deductions:		
Benefits paid to/on behalf of participants		
Medical claims paid	\$ 12,954,813	\$ 10,717,390
Prescription benefits paid	1,716,098	1,270,179
Dental claims paid	891,201	863,336
Health Care Service Corporation access fees	435,914	374,030
HRA benefits expense	250,122	255,437
Vision benefits paid	125,914	77,551
Life insurance and disability insurance premiums	<u>49,126</u>	<u>47,806</u>
Total Benefits Paid	\$ 16,423,188	\$ 13,605,729
Administrative Expense	1,129,015	1,146,369
Utilization Review	<u>29,011</u>	<u>29,368</u>
Total Deductions	<u>\$ 17,581,214</u>	<u>\$ 14,781,466</u>
Net Increase During the Year	\$ 3,948,381	\$ 7,109,396
Net Assets Available for Benefits		
Beginning of Year	<u>66,398,601</u>	<u>59,289,205</u>
End of Year	<u>\$ 70,346,982</u>	<u>\$ 66,398,601</u>

See accompanying notes to financial statements.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administration of medical claims	\$ 17,997	\$ 56,344
Administration of dental claims	16,437	13,969
PCORI fees	5,384	5,040
Administrative	564,000	588,000
Computer expenses	135,059	76,771
Educational conferences	20,188	18,826
Insurance expense	24,305	22,762
Mailings	6,332	3,360
Office supplies	4,505	5,151
Plan salaries and expenses	121,796	115,522
Printing and stationery	10,818	6,748
Professional fees	201,950	233,822
Trustees meetings	<u>244</u>	<u>54</u>
Total Administrative Expense	<u>\$ 1,129,015</u>	<u>\$ 1,146,369</u>

See accompanying notes to financial statements.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

STATEMENTS OF BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 1,109,000	\$ 1,572,000
Total Amounts Currently Payable	<u>\$ 1,109,000</u>	<u>\$ 1,572,000</u>
Postemployment benefit obligations, net of amounts currently payable		
Accumulated eligibility credits	\$ 4,029,000	\$ 3,275,000
Total Postemployment Benefit Obligations	<u>\$ 4,029,000</u>	<u>\$ 3,275,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	\$ 1,792,000	\$ 2,421,000
Other participants fully eligible for benefits	3,700,000	4,109,000
Other participants not fully eligible for benefits	<u>5,777,000</u>	<u>6,542,000</u>
Total Postretirement Benefit Obligations	<u>\$ 11,269,000</u>	<u>\$ 13,072,000</u>
Total Benefit Obligations	<u>\$ 16,407,000</u>	<u>\$ 17,919,000</u>

See accompanying notes to financial statements.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES
IN FUND BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 1,572,000	\$ 1,850,983
Claims reported and approved for payment	15,524,274	12,952,716
Claims paid including disability	(15,987,274)	(13,231,699)
Balance at end of year	<u>\$ 1,109,000</u>	<u>\$ 1,572,000</u>
Postemployment benefit obligations, net of amounts currently payable		
Balance at beginning of year	\$ 3,275,000	\$ 3,400,000
Net changes during the year attributed to:		
Expected benefits incurred during the year	<u>754,000</u>	(125,000)
Balance at end of year	<u>\$ 4,029,000</u>	<u>\$ 3,275,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	\$ 13,072,000	\$ 13,890,009
Changes in Other Actuarial Assumptions	(792,000)	403,000
Change in expected claims and self-pay rates	(1,107,000)	(1,832,000)
Benefits accumulated during the year	495,000	583,000
Passage of time	660,000	698,000
Experience (gain)/loss	(323,000)	350,000
Expected benefits incurred during the year	<u>(736,000)</u>	<u>(1,020,009)</u>
Balance at end of year	<u>\$ 11,269,000</u>	<u>\$ 13,072,000</u>
Fund's Total Benefit Obligations at end of year	<u>\$ 16,407,000</u>	<u>\$ 17,919,000</u>

See accompanying notes to financial statements.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 1 - DESCRIPTION OF PLAN

The following description of Chauffeurs, Teamsters and Helpers Local 301 International Brotherhood of Teamsters Health and Welfare Fund provides only general information. Participants should refer to the Plan document for more complete information regarding plan benefits.

General

The Fund provides health and other benefits covering members of Local 301 I. B. of T. in the Illinois counties of Lake and McHenry. The Fund and related trust were established on January 1, 1955, and are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Fund provides health benefits (medical, hospital, surgical, major medical, prescription, vision and dental), life insurance coverage and death benefits to full time participants (with at least two consecutive full months contributions paid by their employer) and to their beneficiaries and covered dependents. Eligibility continues on a month-to-month basis. Retirees who meet certain requirements are also eligible to participate (see Summary Plan Description for details).

Contributions

Participating employers make contributions pursuant to the collective bargaining agreement between employers and the Union. Former participants and their dependents can elect and pay for coverage under COBRA. The costs of the postretirement benefit plan are shared by the Fund's participating employers and retirees.

In addition to deductibles and co-payments, monthly participant contributions were as follows for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
COBRA	\$ 1,622	\$ 1,572
Retiree		
Single	\$ 850	\$ 750
Family	\$ 1,600	\$ 1,500

The COBRA rate was increased to \$1,712 effective January 1, 2025 (extended eligibility \$2,518). The current Retiree rate is \$850 for single coverage and \$1,600 for family coverage.

Other

The Fund's Board of Trustees, as sponsor, has the right under the Plan to modify the benefits provided to participants.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Management has evaluated subsequent events for the Fund through September 5, 2025, the date the financial statements were available to be issued. The Coronavirus (COVID-19) pandemic has disrupted the normal provisions of health benefits to members and can possibly create additional expenses to the Fund. At this point, the extent to which COVID-19 may impact the financial condition or results of operations is uncertain.

Basis of Accounting

The financial statements of the Fund reflect the accrual method of accounting which recognizes income in the period it is earned and expenses in the period incurred.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contributions Receivable

The contributions receivable represent amounts due to the Fund as of the statement date for work performed by the members of the Union, for which payment was subsequently received. The total receivables are considered collectible, and no allowance for doubtful accounts was provided.

Concentrations of Credit Risk

Financial instruments that potentially subject the Fund to concentrations of credit risk consist principally of cash deposits. The Federal Deposit Insurance Corporation (FDIC) secures these bank accounts up to \$250,000. The Fund maintains bank accounts through Wintrust Bank and uses their MaxSafe program which provides up to \$3,750,000 of FDIC protection.

At December 31, 2024, there were no uninsured cash balances.

Valuation of Investments

The Fund's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Income Tax

The Fund is exempt from income taxes under Internal Revenue Code Section 501(c)(9) and, therefore, no provision for income taxes has been made.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Postretirement Benefits

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, at December 31, 2024 and 2023, the annual rate of increase is 6.5% for 2024, 6.0% for 2025, 5.5% for 2026, and 5% for 2027. A 5% ultimate trend rate of increase, compounded annually, in the per capita cost of covered health care benefits was assumed for all subsequent years for both valuations.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023.

Discount rate	5.40% - 2024; 4.65% - 2023
Average retirement age	Various rates ranging from 10% at age 45 to 100% at age 70
Mortality	RP-2014 mortality tables projected back to 2006 using Scale MP-2014, then projected generationally using Scale MP-2020.

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

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Other Fund Benefits

Fund obligations at December 31 for health claims incurred by active participants but not reported at that date, for accumulated eligibility of participants are estimated by the Fund's actuary in accordance with accepted actuarial principles.

Accumulated eligibility credits are determined by applying the average cost of benefits per participant to the number of eligible participants at year end.

Reclassification

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

Note 3 - PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the plan in full force and effect. However, in the unlikely event of termination, the Trustees shall apply the Fund to pay or to provide for the payment of any and all obligations of the said trust, and distribute and apply any remaining surplus in such manner as will, in their opinion, best effectuate the purpose of the said trust, provided, however, that no part of the corpus or income of said trust shall be used for or diverted to, purposes other than the exclusive benefit of employees, or the beneficiaries of such employees, or the administrative expense of the trust.

Note 4 - FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments and municipal issues: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit or liquidity risks or a broker quote if available.

Mutual funds: Valued at the closing price as reported by the fund issuer. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level within the fair value hierarchy the Fund's investment assets at fair value as of December 31, 2024 and 2023:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2024</u>				
U.S. Government Securities	\$ 24,586,874	\$ -	\$ 24,586,874	\$ -
Corporate debt instruments	17,600,717	-	17,600,717	-
Municipal issues	831,397	-	831,397	-
Mutual funds	<u>21,886,051</u>	<u>21,886,051</u>	-	-
Total	<u>\$ 64,905,039</u>	<u>\$ 21,886,051</u>	<u>\$ 43,018,988</u>	<u>\$ -</u>
 <u>December 31, 2023</u>				
U.S. Government Securities	\$ 21,701,929	\$ -	\$ 21,701,929	\$ -
Corporate debt instruments	17,139,846	-	17,139,846	-
Municipal issues	1,130,707	-	1,130,707	-
Mutual funds	<u>21,041,538</u>	<u>21,041,538</u>	-	-
Total	<u>\$ 61,014,020</u>	<u>\$ 21,041,538</u>	<u>\$ 39,972,482</u>	<u>\$ -</u>

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 5 - BENEFIT OBLIGATIONS

The weighted-average health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the present value of the benefit obligation as of December 31, 2024 and 2023, by \$1,008,000 and \$1,181,000, respectively.

Note 6 - UNEARNED HEALTH AND WELFARE CONTRIBUTIONS

The Fund is liable for Health and Welfare Contributions that were withheld from the employees wages by their employers during the year and remitted to the Health and Welfare Fund for future contributions. This was instituted in order to help cover contributions for extended periods of lay off. All unused balances are distributed back to the employees on July 1 of the following year.

Note 7 - RETIREMENT PLAN

The Fund contributes to the Teamsters' Local 301 Pension Plan (EIN/Plan No. 36-6492992/001), a multiemployer defined benefit pension plan. The risk of participating in a multiemployer defined benefit pension plan is different from a single-employer plan in the following aspects:

- Assets contributed to the multiemployer plan by one company 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.
- If the Fund stops participating in the multiemployer plan, and continues in business, the Fund may be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the plan. The Fund has no intention of stopping its participation in the plan.

The Pension Protection Act of 2006 (PPA) established three zones of plans: (1) "Green Zone" for healthy plans, (2) "Yellow Zone" for endangered plans, and (3) "Red Zone" for critical plans. These categories are based upon the funding ratio of plan assets to plan liabilities. In general, Green Zone plans have a funding ratio greater than 80%, Yellow Zone plans have a funding ratio between 65 and 79%, and Red Zone plans are less than 65% funded.

The Fund's participation in the Plan for the annual period ended December 31, 2024 is summarized as follows:

- The Plan's zone status for 2025 is Green (2024-Green).
- The Plan did not have a Funding Improvement Plan in 2024 and 2023.
- The Fund's contributions to the plan were \$16,003 (2023 - \$15,285).

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 8 - RELATED PARTY TRANSACTIONS

The Local 301 I. B. of T. Health and Welfare Fund is related through common membership to the Local 301 I. B. of T. General Fund and the Local 301 I. B. of T. Pension Fund. Several officers of the General Fund serve as Trustees of the Health and Welfare Fund. In addition, the Health and Welfare Fund shares common trustees with the Pension Fund.

The Health and Welfare Fund provides benefits to the General Fund employees. The Health and Welfare Fund shares office space with the General Fund and Pension Fund.

The Local 301 I. B. of T. General Fund allocated the cost of salaries, payroll taxes, employee benefits and office expenses to the Health and Welfare Fund in the amount of \$564,000 (2023 - \$588,000).

Note 9 - OTHER MATTERS

The trust established under the Fund to hold the Fund's assets is qualified pursuant to Section 501(c) (9) of the Internal Revenue Code as a tax exempt organization. The Fund has obtained a favorable tax determination letter from the Internal Revenue Service, and the Fund sponsor believes that the Fund, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

Note 10 - MAJOR PARTICIPATING EMPLOYERS

The Fund has three major employers which accounted for approximately 34% (33%) of employer contributions to the Fund for the years December 31, 2024 and 2023.

Note 11 - RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based upon certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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 12 - PLAN AMENDMENTS

The Fund adopted various amendments during the years ended December 31, 2024 and 2023. These amendments were related to plan language regarding plan benefits, eligible expenses, and plan exclusions.

Participants should refer to the Summary Plan Description for complete details.

CHAUFFEURS, TEAMSTERS AND HELPERS LOCAL 301
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 13 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 70,346,982	\$ 66,398,601
Benefit obligations currently payable (health claims, death and disability benefits)	(1,109,000)	(1,572,000)
Net assets available for benefits per the Form 5500	<u>\$ 69,237,982</u>	<u>\$ 64,826,601</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 16,423,188	\$ 13,605,729
Add: Amounts payable at end of year	1,109,000	1,572,000
Less: Amounts payable at beginning of year	(1,572,000)	(1,850,983)
Benefits paid to participants per the Form 5500	<u>\$ 15,960,188</u>	<u>\$ 13,326,746</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

SUPPLEMENTARY INFORMATION

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Interest-bearing cash				
First American Government	Money market	\$150,033	150,033	
First American Government	Money market	273,394	273,394	
First American Government	Money market	1,316,812	1,316,812	
Wintrust Bank	Money market	1,076,166	1,076,166	
Wintrust Bank	Money market	21,744	21,744	
U.S. Government securities				
FNMA	2.500% 5/1/2025	453	446	450
US Treasury	2.125% 5/15/2025	65,000	67,313	64,491
FHLMC	3.161% 5/25/2025	78,902	78,611	78,651
US Treasury	3.125% 8/15/2025	500,000	494,589	496,530
FHLMC	2.544% 10/25/2025	21,369	21,283	21,144
FHLB Deb	4.250% 11/18/2025	100,000	99,913	99,992
FNMA	4.000% 2/1/2026	3,991	4,230	3,963
US Treasury	4.875% 4/30/2026	225,000	225,627	226,748
FHLB Deb	1.110% 7/27/2026	91,667	87,001	87,214
FHLMC	1.054% 8/25/2026	15,225	14,269	14,928
FHLMC	3.625% 8/27/2026	80,000	79,296	79,000
FNMA	4.000% 9/1/2026	9,273	9,907	9,178
FHLMC	3.430% 1/25/2027	221,000	228,724	216,216
FNMA	3.000% 2/1/2027	7,172	7,327	7,060
FNMA	3.000% 4/1/2027	11,134	11,333	10,955
FFCB Deb	4.840% 4/15/2027	100,000	99,700	100,187
FNMA	3.000% 6/1/2027	12,630	13,318	12,420
FHLMC	3.500% 6/15/2027	25,344	25,379	25,178
FHLMC Gtd	1.500% 11/1/2027	32,107	30,391	30,979
FNMA	3.500% 11/1/2027	7,668	7,704	7,615
FHLMC	3.252% 11/25/2027	28,721	27,532	28,171
FHLMC	3.444% 12/25/2027	143,000	151,686	138,345
FNMA	2.000% 1/1/2028	23,037	22,018	22,247
US Treasury	3.500% 1/31/2028	200,000	195,743	195,416
GNMA II	3.500% 2/20/2028	16,728	17,345	16,425
FHLMC	2.000% 3/1/2028	15,155	15,435	14,621
FHLMC	1.500% 3/15/2028	21,691	22,122	20,985
FHLB Deb	4.450% 7/10/2028	130,000	129,773	129,706
FHLB Deb	1.000% 8/16/2028	50,000	42,620	44,187
FNMA Gtd	2.500% 8/25/2028	6,452	6,419	6,324
US Treasury	2.625% 2/15/2029	75,000	70,438	70,120
FFCB Deb	5.000% 4/9/2029	65,000	64,662	64,780
FHLMC	3.298% 4/25/2029	130,000	133,898	122,941
US Treasury	2.375% 5/15/2029	75,000	74,874	69,133
FHLMC Gd	2.500% 7/1/2029	23,613	23,922	22,888
US Treasury	1.625% 8/15/2029	80,000	73,937	71,003
FHLB Deb	5.830% 12/13/2029	60,000	60,000	59,885
FNMA	2.500% 1/1/2030	47,350	46,498	45,367
FHLMC	3.000% 2/1/2030	32,601	34,761	31,577
FHLMC	3.511% 4/25/2030	175,000	179,539	165,085

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
U.S. Government securities (continued)				
	US Treasury	0.625% 5/15/2030	75,000	63,130
	US Treasury	4.000% 7/31/2030	90,000	88,112
	FNMA	2.000% 8/1/2030	22,571	23,276
	FNMA	0.875% 8/5/2030	405,000	350,670
	GNMA II	3.500% 8/20/2030	10,841	11,241
	FHLMC	1.500% 9/1/2030	40,240	41,409
	FHLMC Gd	3.000% 9/1/2030	21,384	21,975
	GNMA II	3.500% 9/20/2030	15,934	16,522
	FHLMC Gd	3.000% 11/1/2030	22,532	23,116
	FHLMC Gd	3.500% 11/1/2030	26,916	28,935
	FHLMC	2.333% 11/25/2030	80,000	75,175
	FHLMC	2.000% 1/25/2031	16,263	15,765
	FNMA	1.500% 3/1/2031	49,081	50,051
	FNMA	4.500% 7/1/2031	30,412	33,682
	FNMA	1.500% 9/1/2031	26,863	25,260
	FHLB Deb	5.050% 10/24/2031	75,000	74,670
	FHLMC	1.777% 10/25/2031	105,000	104,212
	US Treasury	1.375% 11/15/2031	215,000	192,806
	FNMA	3.000% 12/1/2031	45,631	47,035
	FHLMC Gd	3.000% 3/1/2032	31,589	32,507
	FNMA Gtd	3.000% 4/25/2032	33,626	35,686
	FNMA Gtd	3.000% 4/25/2032	39,040	41,461
	US Treasury	2.875% 5/15/2032	70,000	66,375
	FHLMC	3.500% 7/25/2032	160,000	155,094
	FNMA	3.000% 8/1/2032	31,961	33,104
	US Treasury	2.750% 8/15/2032	50,000	46,198
	US Treasury	4.125% 11/15/2032	600,000	616,251
	FHLMC	2.000% 12/15/2032	24,416	25,522
	FHLMC	3.820% 12/25/2032	80,000	78,500
	FHLMC	2.500% 1/15/2033	35,212	37,055
	FHLMC	3.000% 2/15/2033	16,678	16,574
	US Treasury	3.500% 2/15/2033	380,000	379,269
	GNMA	3.000% 3/15/2033	14,033	13,244
	GNMA Gtd	5.500% 4/16/2033	31,944	34,342
	FHLMC	3.760% 4/25/2033	60,000	58,915
	US Treasury	3.375% 5/15/2033	260,000	252,622
	US Treasury	3.875% 8/15/2033	175,000	169,989
	FNMA Gtd	1.700% 8/25/2033	30,368	31,364
	US Treasury	4.500% 11/15/2033	510,000	530,333
	FHLMC	4.000% 3/1/2034	34,595	34,282
	FHLMC	3.059% 4/25/2034	185,000	190,984
	US Treasury	4.375% 5/15/2034	375,000	377,452
	FFCB Deb	2.750% 6/12/2034	60,000	51,633
	FHLB Deb	2.450% 7/25/2034	125,000	92,687
	FNMA Gtd	3.000% 9/25/2034	53,720	52,327
	FHLMC	5.500% 5/15/2035	10,900	11,751
	FNMA	2.500% 7/1/2035	32,066	33,770

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	Current value
U.S. Government securities (continued)				
FNMA	1.500% 9/1/2035	32,286	28,160	27,897
FNMA	1.500% 10/1/2035	32,347	27,708	27,929
FNMA Gtd	3.000% 11/25/2035	20,748	22,077	19,623
FNMA	2.000% 12/1/2035	100,847	105,133	90,023
FNMA	2.500% 3/1/2036	94,388	99,992	85,971
GNMA II	1.500% 3/20/2036	48,132	42,379	41,646
FNMA	2.000% 10/1/2036	87,245	89,712	77,342
FNMA Gtd	5.500% 11/25/2036	24,534	26,321	25,085
FHLB Deb	2.740% 1/28/2037	100,000	80,000	78,801
FNMA	3.500% 4/1/2037	88,261	84,034	83,461
FHLMC	2.500% 6/1/2037	177,017	164,072	161,262
FHLMC	1.750% 7/15/2037	46,726	48,252	43,289
FNMA	5.625% 7/15/2037	155,000	172,049	165,949
FNMA	4.000% 9/1/2037	145,722	145,061	140,097
FHLMC	4.000% 10/1/2037	80,329	80,003	77,141
FHLMC	4.500% 10/1/2037	252,864	251,147	247,369
FNMA	4.000% 11/1/2037	148,339	146,334	142,570
FHLMC	5.000% 3/1/2038	143,686	143,641	143,158
FNMA	4.500% 3/1/2038	60,590	59,934	59,294
GNMA II	3.500% 3/20/2038	35,197	38,365	32,071
FNMA	4.000% 4/1/2038	23,083	23,841	22,072
FNMA	5.500% 4/1/2038	84,245	84,587	84,883
FNMA	5.000% 7/1/2038	149,506	149,249	148,789
FHLMC	5.500% 9/1/2038	174,711	175,284	175,888
US Treasury	4.250% 5/15/2039	70,000	86,333	66,394
GNMA Gtd	4.000% 5/16/2039	19,313	20,351	18,861
FHLMC	5.000% 7/1/2039	48,598	48,431	48,365
GNMA	4.500% 8/15/2039	35,558	41,670	34,928
GNMA	3.500% 3/15/2040	101,489	105,929	93,448
FHLMC	5.000% 4/15/2040	121,183	120,804	121,891
FHLB Deb	2.400% 4/23/2040	10,000	7,100	7,008
FHLMC	4.000% 10/15/2040	58,511	59,552	55,624
US Treasury	1.875% 2/15/2041	125,000	94,453	83,739
FFCB Deb	2.580% 3/15/2041	100,000	72,500	70,315
GNMA Gtd	1.250% 3/20/2041	12,407	11,800	12,373
FNMA	5.000% 5/1/2041	52,816	61,002	52,519
FHLMC	2.500% 5/15/2041	15,086	15,338	14,376
FNMA Gtd	3.500% 5/25/2041	506	507	504
FNMA	2.000% 6/1/2041	72,867	67,983	60,811
FHLMC	2.000% 7/1/2041	111,902	115,154	93,380
FNMA Gtd	2.000% 8/25/2041	7,688	7,861	7,503
US Treasury	2.000% 11/15/2041	495,000	477,246	332,353
FHLMC	2.000% 1/15/2042	32,494	33,245	29,527
GNMA Gtd	3.000% 2/20/2042	63,239	55,552	58,429
FHLMC	3.500% 5/15/2042	60,000	51,187	53,072
FNMA	3.500% 8/1/2042	39,041	37,308	35,572

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
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U.S. Government securities (continued)				
	US Treasury	2.750% 11/15/2042	50,000	37,367
	US Treasury	2.750% 11/15/2042	645,000	482,034
	GNMA Gtd	2.000% 11/20/2042	90,000	71,077
	GNMA Gtd	6.000% 1/20/2043	33,709	34,095
	FNMA	3.000% 5/1/2043	50,106	44,205
	US Treasury	2.875% 5/15/2043	100,000	75,742
	FHLMC	3.500% 6/1/2043	118,007	107,263
	FNMA Gtd	3.000% 6/25/2043	88,951	84,305
	FNMA	3.000% 8/1/2043	21,344	18,833
	FNMA	3.000% 2/1/2044	9,746	8,628
	FHLMC	3.000% 2/15/2044	27,440	26,971
	FHLMC Gd	4.000% 8/1/2044	19,275	17,945
	US Treasury	4.250% 8/15/2044	10,000	9,050
	FNMA	5.000% 11/1/2044	48,403	47,193
	GNMA Gtd	2.556% 12/20/2044	8,668	8,782
	FFCB Deb	2.960% 1/23/2045	20,000	13,873
	US Treasury	2.500% 2/15/2045	310,000	215,084
	US Treasury	2.500% 2/15/2045	688,000	477,348
	FHLMC Gd	3.500% 3/1/2045	9,780	8,843
	FNMA	3.500% 5/1/2045	10,227	9,995
	GNMA	3.500% 5/15/2045	25,392	23,206
	FNMA Gtd	3.000% 5/25/2045	47,915	45,463
	US Treasury	2.500% 2/15/2046	135,000	92,318
	US Treasury	2.500% 5/15/2046	688,000	468,487
	FHLMC	2.000% 6/15/2046	33,088	30,220
	GNMA	4.000% 6/15/2046	33,331	31,803
	FHLMC Gd	3.000% 8/1/2046	32,328	28,081
	FHLMC Gd	3.500% 8/1/2046	3,327	3,003
	US Treasury	2.250% 8/15/2046	315,000	203,351
	FNMA	3.000% 10/1/2046	74,400	64,560
	GNMA	3.000% 12/15/2046	64,518	56,515
	FHLMC Gd	4.000% 1/1/2047	29,369	27,426
	FHLMC Gd	3.000% 1/1/2047	25,807	22,416
	FHLMC Gd	3.000% 1/1/2047	72,495	63,068
	FHLMC Gd	3.500% 3/1/2047	32,789	29,469
	FNMA	4.000% 3/1/2047	20,570	19,062
	GNMA	3.000% 4/15/2047	44,190	38,682
	FNMA	4.000% 5/1/2047	13,079	12,132
	US Treasury	3.000% 5/15/2047	515,000	380,585
	FNMA	3.500% 8/1/2047	60,045	54,081
	GNMA Gtd	2.750% 1/20/2048	39,804	36,250
	FNMA	3.500% 2/1/2048	27,166	24,381
	US Treasury	3.000% 2/15/2048	80,000	58,684
	GNMA II	4.000% 4/20/2048	27,273	25,387
	US Treasury	3.125% 5/15/2048	90,000	67,416
	GNMA	4.000% 6/15/2048	123,327	115,684

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

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U.S. Government securities (continued)				
	US Treasury	3.000% 8/15/2048	11,000	8,034
	FHLMC	5.000% 8/25/2048	105,175	103,984
	GNMA II	4.000% 9/20/2048	68,796	65,441
	FHLMC Gd	4.000% 10/1/2048	103,240	95,824
	FHLMC Gd	4.500% 11/1/2048	4,463	4,246
	FNMA	5.000% 3/1/2049	35,815	35,679
	GNMA	2.500% 8/15/2049	125,223	105,304
	US Treasury	2.250% 8/15/2049	65,000	40,244
	GNMA II	4.500% 9/20/2049	23,097	22,002
	FNMA	3.000% 10/1/2049	38,341	33,043
	GNMA	3.000% 11/15/2049	79,082	69,173
	US Treasury	2.375% 11/15/2049	435,000	276,412
	GNMA II	3.500% 4/20/2050	69,931	62,325
	US Treasury	1.250% 5/15/2050	355,000	168,302
	US Treasury	1.250% 5/15/2050	615,000	291,565
	FNMA	2.500% 6/1/2050	149,628	124,079
	GNMA II	3.000% 6/20/2050	50,112	42,931
	FHLMC	3.000% 7/1/2050	37,724	31,495
	FNMA	3.000% 7/1/2050	87,519	75,330
	FNMA	3.000% 8/1/2050	98,843	85,046
	US Treasury	1.375% 8/15/2050	575,000	280,381
	FHLMC	3.000% 9/1/2050	46,675	39,894
	FNMA	2.000% 10/1/2050	76,957	60,399
	GNMA II	3.000% 11/20/2050	53,403	46,342
	FNMA	2.000% 1/1/2051	90,841	71,888
	FNMA	3.500% 1/1/2051	298,339	266,912
	GNMA Gtd	1.000% 2/20/2051	63,384	50,309
	FNMA	2.500% 6/1/2051	56,985	46,927
	FNMA	2.500% 6/1/2051	150,563	123,711
	GNMA Gtd	2.000% 6/20/2051	53,982	44,974
	GNMA II	3.000% 6/20/2051	47,653	41,398
	FHLMC	3.000% 8/1/2051	322,511	275,734
	FNMA	2.500% 8/1/2051	106,763	87,902
	FNMA	2.500% 9/1/2051	322,974	264,163
	GNMA II	3.000% 9/20/2051	69,141	60,070
	FNMA	3.000% 10/1/2051	37,803	32,745
	GNMA II	3.500% 10/20/2051	56,109	50,778
	US Treasury	1.875% 11/15/2051	550,000	303,347
	GNMA II	3.500% 12/20/2051	126,845	113,677
	FHLMC	3.000% 1/1/2052	35,110	29,909
	FHLMC	3.500% 2/1/2052	267,439	237,726
	FHLMC	3.000% 2/1/2052	139,389	118,713
	FHLMC	3.500% 2/1/2052	198,732	176,973
	FHLMC	4.000% 4/1/2052	256,635	235,191
	FNMA	4.000% 4/1/2052	257,246	235,753
	GNMA II	3.000% 4/20/2052	50,443	42,969

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

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U.S. Government securities (continued)				
FNMA	5.000% 5/1/2052	177,001	181,758	171,406
GNMA II	4.500% 5/20/2052	237,517	238,925	225,090
GNMA II	2.500% 5/20/2052	105,623	89,350	88,266
FHLMC	4.000% 6/1/2052	63,673	59,678	58,338
FHLMC	4.500% 7/1/2052	249,974	248,184	235,308
GNMA	6.000% 7/15/2052	41,603	44,827	43,999
FHLMC	5.000% 8/1/2052	247,016	247,336	239,188
FNMA	5.000% 8/1/2052	45,159	45,046	43,728
FHLMC	3.000% 8/2/2052	27,110	24,365	23,118
GNMA II	5.000% 8/20/2052	38,060	39,357	36,576
GNMA II	4.000% 9/20/2052	65,839	62,279	59,853
FHLMC	5.000% 11/1/2052	198,787	195,116	192,458
FHLMC	5.500% 11/1/2052	123,919	123,839	122,343
FNMA	5.000% 11/1/2052	73,392	70,727	71,139
GNMA II	3.000% 11/20/2052	91,669	82,059	77,460
FHLMC	5.500% 12/1/2052	329,840	326,654	326,370
FHLMC	6.000% 1/1/2053	83,888	86,195	85,303
FNMA	6.000% 1/1/2053	186,516	186,664	187,546
GNMA II	5.000% 2/20/2053	48,728	47,647	47,481
FNMA	4.500% 4/1/2053	190,812	185,803	179,692
GNMA II	5.500% 4/20/2053	99,107	99,736	98,591
GNMA Gtd	6.000% 7/20/2053	90,000	88,903	90,106
GNMA II	6.000% 8/20/2053	37,482	37,459	37,760
FNMA	6.000% 9/1/2053	75,043	74,269	75,444
GNMA II	5.000% 9/20/2053	52,359	52,326	50,561
GNMA II	5.500% 10/20/2053	77,020	76,803	76,056
FNMA	6.000% 12/1/2053	153,697	154,058	154,503
US Treasury	4.250% 2/15/2054	40,000	37,399	36,490
FNMA	6.000% 3/1/2054	185,180	185,411	186,098
GNMA II	7.000% 6/20/2054	158,128	161,951	162,180
US Treasury	4.250% 8/15/2054	10,000	9,596	9,132
GNMA II	6.500% 8/20/2054	183,046	186,478	186,295
GNMA II	6.500% 9/20/2054	183,364	188,049	186,872
GNMA II	6.500% 10/20/2054	168,590	172,488	171,582
FNMA	6.000% 11/1/2054	109,270	110,669	109,810
GNMA II	6.500% 11/20/2054	144,525	147,540	147,343
FHLMC	5.500% 12/1/2054	255,000	254,864	251,723
FNMA	6.000% 1/1/2055	85,000	85,933	85,421
GNMA Gtd	2.900% 11/16/2055	52,221	47,456	48,407
Corporate debt instruments				
Goldman Sachs	3.500% 1/23/2025	35,000	33,689	34,980
Fifth Third Bancorp	2.375% 1/28/2025	75,000	74,011	74,855
Kemper Corp	4.350% 2/15/2025	50,000	55,519	49,861
Ww Grainger	1.850% 2/15/2025	83,000	80,647	82,647
Amphenol Corp	2.050% 3/1/2025	195,000	193,290	194,060

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

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Kimberly Clark Corp	2.650% 3/1/2025	40,000	39,645	39,854	
Cme Group Inc	3.000% 3/15/2025	150,000	151,363	149,466	
Eastman Chem Co	3.800% 3/15/2025	125,000	122,083	124,705	
Mondelez	1.500% 5/4/2025	135,000	127,165	133,462	
Paypal	1.650% 6/1/2025	50,000	47,441	49,349	
Pinnacle West	1.300% 6/15/2025	200,000	198,072	196,638	
Southern Calif Gas	3.200% 6/15/2025	165,000	168,199	163,711	
State Street Corp	3.550% 8/18/2025	100,000	104,569	99,396	
Automatic	3.375% 9/15/2025	110,000	113,590	109,117	
Waste Management	0.750% 11/15/2025	225,000	220,646	217,714	
Florida Power Light	3.125% 12/1/2025	230,000	245,814	227,051	
Georgia Pacific Corp	7.375% 12/1/2025	165,000	194,045	169,201	
Juniper Networks	1.200% 12/10/2025	60,000	60,043	58,067	
Allstate Corp	0.750% 12/15/2025	90,000	89,986	86,787	
Allstate Corp	0.750% 12/15/2025	90,000	87,587	86,787	
Equitable Mtn	1.000% 1/9/2026	70,000	68,844	67,447	
McDonalds Corp	3.700% 1/30/2026	38,000	37,596	37,705	
Transcont Gas Pipe	7.850% 2/1/2026	131,000	157,559	134,283	
Electronic Arts	4.800% 3/1/2026	85,000	101,422	85,020	
Exxon Mobil	3.043% 3/1/2026	75,000	76,409	73,821	
Oneok Inc New	5.000% 3/1/2026	120,000	127,503	120,185	
Legg Mason	4.750% 3/15/2026	177,000	176,789	176,979	
Wells Fargo Company	3.000% 4/22/2026	75,000	69,804	73,360	
Citigroup Inc.	3.400% 5/1/2026	35,000	34,061	34,397	
Union Pacific RR	3.227% 5/14/2026	180,401	183,362	177,249	
Suntrust Bank	3.300% 5/15/2026	75,000	84,796	73,438	
Wells Fargo	4.100% 6/3/2026	30,000	28,781	29,675	
Westar Energy Inc	2.550% 7/2/2026	100,000	94,843	97,031	
Bank Of Ny	4.414% 7/24/2026	35,000	34,803	34,907	
Unilever Capital	2.000% 7/28/2026	79,000	84,440	76,140	
Owens Corning	3.400% 8/15/2026	25,000	24,021	24,450	
Microsoft Corp	3.400% 9/15/2026	75,000	86,071	73,843	
General Motors Finl	4.000% 10/6/2026	75,000	83,008	73,932	
Emerson Elec	0.875% 10/15/2026	40,000	38,832	37,592	
Kroger Co	2.650% 10/15/2026	65,000	67,664	62,667	
Illinois Tool Work	2.650% 11/15/2026	65,000	66,708	63,119	
Aep Transmission	3.100% 12/1/2026	130,000	141,664	126,266	
Analog Devices Inc	3.500% 12/5/2026	105,000	111,972	103,069	
CNH Equipment	0.810% 12/15/2026	22,278	22,275	21,963	
Cboe Holdings	3.650% 1/12/2027	125,000	127,751	122,716	
Owl Rock	2.625% 1/15/2027	30,000	27,296	28,332	
Goldman Sachs	3.850% 1/26/2027	100,000	106,154	98,132	
Discover Finl Svcs	4.100% 2/9/2027	125,000	122,481	122,743	
Micron	4.185% 2/15/2027	50,000	55,336	49,292	
Daimler Trucks	5.900% 3/15/2027	150,000	149,998	151,517	
Humana Inc	3.950% 3/15/2027	95,000	107,162	93,184	
Td Ameritrade	3.300% 4/1/2027	180,000	186,688	172,292	

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

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Corporate debt instruments (continued)				
Energy Transfer	4.200% 4/15/2027	105,000	101,808	103,601
National Rural Util	3.050% 4/25/2027	130,000	135,311	125,293
Nextera Energy	3.550% 5/1/2027	55,000	60,388	53,599
American	3.300% 5/3/2027	90,000	90,106	87,233
American Express	3.300% 5/3/2027	60,000	64,540	58,156
National Rural Mtn	5.100% 5/6/2027	85,000	85,087	85,682
Jeffries Group	6.450% 6/8/2027	125,000	130,746	128,935
Simon Property Group	3.375% 6/15/2027	65,000	62,189	63,201
Chevron USA	1.018% 8/12/2027	100,000	99,799	91,511
Visa Inc	0.750% 8/15/2027	50,000	48,721	45,599
General Motors	2.700% 8/20/2027	175,000	168,057	165,340
Westlake Automobile	4.310% 9/15/2027	6,866	6,597	6,865
Darden Restaurants	4.350% 10/15/2027	126,000	125,018	124,295
Leggett Platt	3.500% 11/15/2027	60,000	59,605	56,658
Republic Svcs	3.375% 11/15/2027	50,000	53,426	48,343
Gm Fin Cons	4.140% 12/16/2027	15,000	14,569	14,849
Drive Auto	5.350% 2/15/2028	70,000	70,454	70,279
Walt Disney	7.125% 4/8/2028	85,000	112,008	90,834
Automatic Data	1.700% 5/15/2028	70,000	65,883	63,925
Bank of America	4.790% 5/15/2028	240,000	238,581	241,058
Georgia Pac Corp	7.250% 6/1/2028	100,000	136,514	107,312
JP Morgan Chase	2.182% 6/1/2028	80,000	77,625	75,140
Cme Group Inc	3.750% 6/15/2028	65,000	74,357	63,269
Edwards Lifesciences	4.300% 6/15/2028	60,000	70,415	58,709
Caterpillar	6.625% 7/15/2028	85,000	104,342	89,625
Regions Financial	1.800% 8/12/2028	170,000	139,001	151,422
Jacobs Solutions Inc	6.350% 8/18/2028	85,000	85,597	88,502
Tennessee Gas Pipeline	7.000% 10/15/2028	95,000	112,579	100,993
Bank Of Ny	3.000% 10/30/2028	75,000	83,917	70,149
Paccar	4.600% 1/31/2029	160,000	159,361	159,603
Lazard Group	4.375% 3/11/2029	65,000	62,822	63,321
Pnc Financial	3.450% 4/23/2029	155,000	157,352	146,673
HCA Inc	4.125% 6/15/2029	127,000	120,024	121,134
Allstate Corp	5.050% 6/24/2029	75,000	74,803	75,341
Evergy Inc	2.900% 9/15/2029	110,000	114,447	100,087
Nissan Auto Rec Owner	4.450% 11/15/2029	15,000	14,778	14,970
Rush Sys For Health	3.922% 11/15/2029	50,000	57,482	47,929
Adobe Inc	2.300% 2/1/2030	69,000	65,404	61,369
Micron	4.663% 2/15/2030	75,000	91,923	73,202
Prudential	2.100% 3/10/2030	170,000	151,006	149,874
Pepsico Inc	2.750% 3/19/2030	120,000	109,482	108,998
Ecolab Inc Sr	4.800% 3/24/2030	210,000	211,094	210,260
Booking Holdings Inc	4.625% 4/13/2030	100,000	123,864	99,070
Estee Lauder	2.600% 4/15/2030	160,000	159,820	142,125
T Mobil USA	3.875% 4/15/2030	40,000	42,520	37,640
Texas Instruments	1.750% 5/4/2030	40,000	33,990	34,237

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Corporate debt instruments (continued)				
	Clorox Co Del	1.800% 5/15/2030	80,000	78,906 68,042
	Nvr Inc	3.000% 5/15/2030	65,000	57,936 58,646
	Santander Drive Auto	6.600% 5/15/2030	15,000	14,961 15,053
	Hershey Co	1.700% 6/1/2030	140,000	132,263 119,088
	Ralph Lauren	2.950% 6/15/2030	75,000	80,460 68,042
	McDonald S	3.600% 7/1/2030	70,000	82,118 65,662
	Verizon	4.170% 8/20/2030	175,000	174,955 173,316
	Cummins Inc	1.500% 9/1/2030	120,000	110,953 100,429
	Servicenow	1.400% 9/1/2030	110,000	101,576 91,422
	Kemper Corp Sr Nt	2.400% 9/30/2030	85,000	86,141 72,119
	Citibank Credit Card	3.960% 10/15/2030	60,000	57,600 58,518
	Exxon Mobil	2.610% 10/15/2030	140,000	125,684 124,739
	Franklin Resources	1.600% 10/30/2030	40,000	31,843 33,270
	Viacombc Inc	4.950% 1/15/2031	30,000	35,659 28,005
	Abbvie Inc	4.950% 3/15/2031	92,000	92,846 91,982
	Wells Fargo	4.478% 4/4/2031	75,000	92,626 72,599
	Ross Stores Inc	1.875% 4/15/2031	65,000	61,359 53,635
	Norfolk Southern	2.300% 5/15/2031	100,000	103,102 85,536
	Consumers	5.210% 9/1/2031	160,000	162,572 161,614
	Amphenol Corp	2.200% 9/15/2031	105,000	81,847 87,987
	Walmart Inc	1.800% 9/22/2031	60,000	59,799 50,081
	Jeffries Group	2.650% 10/15/2031	110,000	90,582 92,806
	BP Cap Mkts	2.721% 1/12/2032	115,000	115,856 98,406
	Avery Dennison Corp	2.250% 2/15/2032	129,000	108,959 105,384
	Republic Svcs	1.750% 2/15/2032	135,000	128,482 108,450
	Albemarle Corp	5.050% 3/1/2032	100,000	95,919 95,175
	Cintas	4.000% 5/1/2032	130,000	128,074 121,651
	Northern Trust Corp	3.375% 5/8/2032	70,000	66,467 67,161
	Colgate Palmolive Co	3.250% 8/15/2032	135,000	129,373 121,283
	Wisconsin Electric Pwr	4.750% 9/30/2032	95,000	93,457 93,658
	Eaton Corp	4.000% 11/2/2032	131,000	131,849 122,402
	Church Dwight Co Inc	5.600% 11/15/2032	35,000	37,220 36,067
	Duke Energy	4.950% 1/15/2033	135,000	133,534 132,754
	Wisconsin Energy COR	6.200% 4/1/2033	75,000	89,828 79,342
	Brown Forman	4.750% 4/15/2033	50,000	49,736 48,766
	Public Service	5.200% 8/1/2033	155,000	158,338 155,102
	American Airlines	3.150% 8/15/2033	64,248	58,493 58,112
	Anheuser Busch	6.625% 8/15/2033	145,000	177,540 157,956
	Apollo Global	6.375% 11/15/2033	120,000	130,434 129,740
	Air Products	4.850% 2/8/2034	61,000	60,656 59,557
	Fedex 2020	1.875% 2/20/2034	239,763	223,242 199,239
	Aztrazeneca	5.000% 2/26/2034	60,000	59,780 59,343
	American Water	5.150% 3/1/2034	125,000	130,339 123,985
	Keurig Dr Pepper Inc	5.300% 3/15/2034	160,000	160,636 159,702
	Marsh McLennan Cos	5.150% 3/15/2034	100,000	99,979 99,499
	Ventas Rlty LP	5.625% 7/1/2034	88,000	91,500 88,603

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Corporate debt instruments (continued)				
	Fiserv Inc	5.150% 8/12/2034	175,000	174,675 170,998
	Agilent Technology	4.750% 9/6/2034	128,000	127,909 121,537
	Metlife	5.700% 6/15/2035	105,000	124,514 108,045
	Comcast Corp	6.500% 11/15/2035	115,000	133,218 124,859
	Burlington Northn	7.290% 6/1/2036	85,000	123,105 99,597
	Tennessee Gas	7.625% 4/1/2037	45,000	63,153 51,305
	Kimberly Clark Corp	6.625% 8/1/2037	35,000	42,159 39,557
	Amazon Com	3.875% 8/22/2037	55,000	62,563 48,574
	Mplx LP	4.500% 4/15/2038	60,000	53,419 52,292
	Dominion Res	7.000% 6/15/2038	102,000	133,506 113,534
	Transatlantic HI	8.000% 11/30/2039	57,000	69,999 70,346
	Duke Energy	5.300% 2/15/2040	75,000	90,397 73,373
	United Parcel	5.200% 4/1/2040	50,000	53,668 48,699
	Juniper Networks	5.950% 3/15/2041	60,000	81,891 59,143
	Bank Of America	4.125% 5/15/2041	90,000	102,371 76,683
	Florida Pwr Lt	5.125% 6/1/2041	80,000	110,520 76,020
	Quanta Svcs	3.050% 10/1/2041	75,000	65,713 52,663
	Eaton Corp	4.150% 11/2/2042	120,000	127,629 101,177
	Burlington North	4.450% 3/15/2043	75,000	79,156 65,203
	Oglethorpe Power	4.550% 6/1/2044	105,000	99,920 86,297
	Merck Co Inc	3.700% 2/10/2045	110,000	107,167 85,186
	DTE Electric Co	3.700% 3/15/2045	50,000	48,870 38,373
	Apple Inc	4.375% 5/13/2045	63,000	66,568 55,613
	Duke Energy	3.750% 6/1/2045	115,000	104,148 88,004
	Citigroup Inc.	4.650% 7/30/2045	130,000	132,690 113,441
	Ww Grainger	3.750% 5/15/2046	77,000	61,266 59,811
	Molson Coors Brewing	4.200% 7/15/2046	75,000	56,565 59,869
	3M Company	3.125% 9/19/2046	135,000	122,514 92,219
	Ascension Health	3.945% 11/15/2046	205,000	206,658 163,492
	ATT Inc	5.150% 11/15/2046	65,000	62,261 59,660
	Jpmorgan Chase	4.260% 2/22/2048	85,000	88,723 70,377
	Walgreens	4.100% 4/15/2050	75,000	82,892 46,366
	Microsoft Corp	2.525% 6/1/2050	150,000	181,856 92,310
	Travelers Companies	3.050% 6/8/2051	55,000	37,311 35,855
	Martin Marietta Inc	3.200% 7/15/2051	90,000	77,064 58,268
	Trinity Rail	2.260% 7/19/2051	111,702	108,521 101,271
	Dicks Sporting Goods	4.100% 1/15/2052	84,000	61,928 61,365
	KLA Corp Sr Note	4.950% 7/15/2052	50,000	43,810 45,443
	Pacific Gas Elec Co	6.750% 1/15/2053	55,000	58,806 59,924
	Kenvue Inc	5.050% 3/22/2053	68,000	62,168 63,024
	AT&T, Inc.	3.500% 9/15/2053	139,000	108,453 93,594
	Netflix Inc	5.400% 8/15/2054	50,000	50,372 48,633
	Astrazeneca	4.375% 8/17/2048	80,000	108,890 67,788
	Royal Bank of Cda	3.875% 5/4/2032	40,000	34,493 36,792
	Shell Intl	5.500% 3/25/2040	75,000	90,569 74,822
	Toronto Dominion	1.250% 9/10/2026	100,000	99,099 94,473

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value			Cost	Current value
Corporate debt instruments (continued)						
	Westpac Banking Corp	2.700%	8/19/2026	146,000	139,140	141,868
	Canadian National Ry	6.712%	7/15/2036	80,000	106,144	89,158
	Nvent Finance	4.550%	4/15/2028	75,000	71,328	74,237
	Waste Connections	4.250%	12/1/2028	175,000	185,986	171,260
	Mars Inc	4.200%	4/1/2059	110,000	133,386	83,727
Mutual funds						
	Credit Suisse		Floating Rate High Income Class I		11,775,635	11,076,834
	Vanguard		Total Stock Market Index Fund		6,057,397	10,809,217
State and municipal securities						
	University of CA	3.063%	7/1/2025	150,000	148,380	149,103
	New York NY	0.982%	8/1/2025	30,000	30,000	29,428
	Cicero IL	1.300%	1/1/2026	100,000	100,000	96,880
	Prince Georges MD	1.186%	9/15/2026	25,000	25,000	23,742
	Colorado Hsg & Fin	5.743%	10/1/2026	75,000	75,272	76,580
	Columbia SC	2.318%	2/1/2027	35,000	35,000	33,537
	University Mich	1.372%	4/1/2027	30,000	30,000	28,132
	New York St	3.270%	3/15/2028	75,000	73,375	72,306
	Virginia ST	2.530%	11/1/2028	135,000	135,000	125,889
	Metro Waste Water	2.713%	4/1/2031	80,000	80,000	71,570
	Marin CA Community Clg	3.890%	8/1/2033	95,000	95,075	88,345
	Texas ST Txbl Public	3.952%	10/1/2037	40,000	41,411	35,885

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4j:

Schedule of Reportable Transactions

<u>(a)</u> <u>Identity of party</u> <u>involved</u>	<u>(b)</u> <u>Description</u> <u>of Asset</u>	<u>(c)</u> <u>Purchase</u> <u>price</u>	<u>(d)</u> <u>Selling</u> <u>price</u>	<u>(e)</u> <u>Lease</u> <u>rental</u>	<u>(f)</u> <u>Expense</u> <u>incurred</u>	<u>(g)</u> <u>Cost</u> <u>of asset</u>	<u>(h)</u> <u>Current</u> <u>value</u>	<u>(i)</u> <u>Net gain</u> <u>or (loss)</u>
First American	Govt Oblig Fd Class Y							
	304 purchases	14,689,696	-	-	-	14,689,696	14,689,696	-
	163 sales	-	14,533,326	-	-	14,533,326	14,533,326	-

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	Current value
Interest-bearing cash				
First American Government	Money market	\$150,033	150,033	150,033
First American Government	Money market	273,394	273,394	273,394
First American Government	Money market	1,316,812	1,316,812	1,316,812
Wintrust Bank	Money market	1,076,166	1,076,166	1,076,166
Wintrust Bank	Money market	21,744	21,744	21,744
U.S. Government securities				
FNMA	2.500% 5/1/2025	453	446	450
US Treasury	2.125% 5/15/2025	65,000	67,313	64,491
FHLMC	3.161% 5/25/2025	78,902	78,611	78,651
US Treasury	3.125% 8/15/2025	500,000	494,589	496,530
FHLMC	2.544% 10/25/2025	21,369	21,283	21,144
FHLB Deb	4.250% 11/18/2025	100,000	99,913	99,992
FNMA	4.000% 2/1/2026	3,991	4,230	3,963
US Treasury	4.875% 4/30/2026	225,000	225,627	226,748
FHLB Deb	1.110% 7/27/2026	91,667	87,001	87,214
FHLMC	1.054% 8/25/2026	15,225	14,269	14,928
FHLMC	3.625% 8/27/2026	80,000	79,296	79,000
FNMA	4.000% 9/1/2026	9,273	9,907	9,178
FHLMC	3.430% 1/25/2027	221,000	228,724	216,216
FNMA	3.000% 2/1/2027	7,172	7,327	7,060
FNMA	3.000% 4/1/2027	11,134	11,333	10,955
FFCB Deb	4.840% 4/15/2027	100,000	99,700	100,187
FNMA	3.000% 6/1/2027	12,630	13,318	12,420
FHLMC	3.500% 6/15/2027	25,344	25,379	25,178
FHLMC Gtd	1.500% 11/1/2027	32,107	30,391	30,979
FNMA	3.500% 11/1/2027	7,668	7,704	7,615
FHLMC	3.252% 11/25/2027	28,721	27,532	28,171
FHLMC	3.444% 12/25/2027	143,000	151,686	138,345
FNMA	2.000% 1/1/2028	23,037	22,018	22,247
US Treasury	3.500% 1/31/2028	200,000	195,743	195,416
GNMA II	3.500% 2/20/2028	16,728	17,345	16,425
FHLMC	2.000% 3/1/2028	15,155	15,435	14,621
FHLMC	1.500% 3/15/2028	21,691	22,122	20,985
FHLB Deb	4.450% 7/10/2028	130,000	129,773	129,706
FHLB Deb	1.000% 8/16/2028	50,000	42,620	44,187
FNMA Gtd	2.500% 8/25/2028	6,452	6,419	6,324
US Treasury	2.625% 2/15/2029	75,000	70,438	70,120
FFCB Deb	5.000% 4/9/2029	65,000	64,662	64,780
FHLMC	3.298% 4/25/2029	130,000	133,898	122,941
US Treasury	2.375% 5/15/2029	75,000	74,874	69,133
FHLMC Gd	2.500% 7/1/2029	23,613	23,922	22,888
US Treasury	1.625% 8/15/2029	80,000	73,937	71,003
FHLB Deb	5.830% 12/13/2029	60,000	60,000	59,885
FNMA	2.500% 1/1/2030	47,350	46,498	45,367
FHLMC	3.000% 2/1/2030	32,601	34,761	31,577
FHLMC	3.511% 4/25/2030	175,000	179,539	165,085

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

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Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
U.S. Government securities (continued)				
	US Treasury	0.625% 5/15/2030	75,000	61,541
	US Treasury	4.000% 7/31/2030	90,000	88,112
	FNMA	2.000% 8/1/2030	22,571	21,262
	FNMA	0.875% 8/5/2030	405,000	334,413
	GNMA II	3.500% 8/20/2030	10,841	10,463
	FHLMC	1.500% 9/1/2030	40,240	37,444
	FHLMC Gd	3.000% 9/1/2030	21,384	20,611
	GNMA II	3.500% 9/20/2030	15,934	15,366
	FHLMC Gd	3.000% 11/1/2030	22,532	21,690
	FHLMC Gd	3.500% 11/1/2030	26,916	26,345
	FHLMC	2.333% 11/25/2030	80,000	71,780
	FHLMC	2.000% 1/25/2031	16,263	16,152
	FNMA	1.500% 3/1/2031	49,081	45,354
	FNMA	4.500% 7/1/2031	30,412	30,184
	FNMA	1.500% 9/1/2031	26,863	24,751
	FHLB Deb	5.050% 10/24/2031	75,000	74,807
	FHLMC	1.777% 10/25/2031	105,000	87,011
	US Treasury	1.375% 11/15/2031	215,000	175,689
	FNMA	3.000% 12/1/2031	45,631	44,264
	FHLMC Gd	3.000% 3/1/2032	31,589	30,160
	FNMA Gtd	3.000% 4/25/2032	33,626	32,268
	FNMA Gtd	3.000% 4/25/2032	39,040	37,551
	US Treasury	2.875% 5/15/2032	70,000	62,867
	FHLMC	3.500% 7/25/2032	160,000	146,018
	FNMA	3.000% 8/1/2032	31,961	30,450
	US Treasury	2.750% 8/15/2032	50,000	44,342
	US Treasury	4.125% 11/15/2032	600,000	585,192
	FHLMC	2.000% 12/15/2032	24,416	22,863
	FHLMC	3.820% 12/25/2032	80,000	74,274
	FHLMC	2.500% 1/15/2033	35,212	33,270
	FHLMC	3.000% 2/15/2033	16,678	16,108
	US Treasury	3.500% 2/15/2033	380,000	353,510
	GNMA	3.000% 3/15/2033	14,033	13,157
	GNMA Gtd	5.500% 4/16/2033	31,944	31,874
	FHLMC	3.760% 4/25/2033	60,000	55,090
	US Treasury	3.375% 5/15/2033	260,000	238,935
	US Treasury	3.875% 8/15/2033	175,000	166,551
	FNMA Gtd	1.700% 8/25/2033	30,368	28,129
	US Treasury	4.500% 11/15/2033	510,000	507,690
	FHLMC	4.000% 3/1/2034	34,595	33,873
	FHLMC	3.059% 4/25/2034	185,000	158,195
	US Treasury	4.375% 5/15/2034	375,000	369,236
	FFCB Deb	2.750% 6/12/2034	60,000	50,633
	FHLB Deb	2.450% 7/25/2034	125,000	101,096
	FNMA Gtd	3.000% 9/25/2034	53,720	52,441
	FHLMC	5.500% 5/15/2035	10,900	11,148
	FNMA	2.500% 7/1/2035	32,066	29,364

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
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(a)	(b)	(c)	(d)	(e)
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U.S. Government securities (continued)				
FNMA	1.500% 9/1/2035	32,286	28,160	27,897
FNMA	1.500% 10/1/2035	32,347	27,708	27,929
FNMA Gtd	3.000% 11/25/2035	20,748	22,077	19,623
FNMA	2.000% 12/1/2035	100,847	105,133	90,023
FNMA	2.500% 3/1/2036	94,388	99,992	85,971
GNMA II	1.500% 3/20/2036	48,132	42,379	41,646
FNMA	2.000% 10/1/2036	87,245	89,712	77,342
FNMA Gtd	5.500% 11/25/2036	24,534	26,321	25,085
FHLB Deb	2.740% 1/28/2037	100,000	80,000	78,801
FNMA	3.500% 4/1/2037	88,261	84,034	83,461
FHLMC	2.500% 6/1/2037	177,017	164,072	161,262
FHLMC	1.750% 7/15/2037	46,726	48,252	43,289
FNMA	5.625% 7/15/2037	155,000	172,049	165,949
FNMA	4.000% 9/1/2037	145,722	145,061	140,097
FHLMC	4.000% 10/1/2037	80,329	80,003	77,141
FHLMC	4.500% 10/1/2037	252,864	251,147	247,369
FNMA	4.000% 11/1/2037	148,339	146,334	142,570
FHLMC	5.000% 3/1/2038	143,686	143,641	143,158
FNMA	4.500% 3/1/2038	60,590	59,934	59,294
GNMA II	3.500% 3/20/2038	35,197	38,365	32,071
FNMA	4.000% 4/1/2038	23,083	23,841	22,072
FNMA	5.500% 4/1/2038	84,245	84,587	84,883
FNMA	5.000% 7/1/2038	149,506	149,249	148,789
FHLMC	5.500% 9/1/2038	174,711	175,284	175,888
US Treasury	4.250% 5/15/2039	70,000	86,333	66,394
GNMA Gtd	4.000% 5/16/2039	19,313	20,351	18,861
FHLMC	5.000% 7/1/2039	48,598	48,431	48,365
GNMA	4.500% 8/15/2039	35,558	41,670	34,928
GNMA	3.500% 3/15/2040	101,489	105,929	93,448
FHLMC	5.000% 4/15/2040	121,183	120,804	121,891
FHLB Deb	2.400% 4/23/2040	10,000	7,100	7,008
FHLMC	4.000% 10/15/2040	58,511	59,552	55,624
US Treasury	1.875% 2/15/2041	125,000	94,453	83,739
FFCB Deb	2.580% 3/15/2041	100,000	72,500	70,315
GNMA Gtd	1.250% 3/20/2041	12,407	11,800	12,373
FNMA	5.000% 5/1/2041	52,816	61,002	52,519
FHLMC	2.500% 5/15/2041	15,086	15,338	14,376
FNMA Gtd	3.500% 5/25/2041	506	507	504
FNMA	2.000% 6/1/2041	72,867	67,983	60,811
FHLMC	2.000% 7/1/2041	111,902	115,154	93,380
FNMA Gtd	2.000% 8/25/2041	7,688	7,861	7,503
US Treasury	2.000% 11/15/2041	495,000	477,246	332,353
FHLMC	2.000% 1/15/2042	32,494	33,245	29,527
GNMA Gtd	3.000% 2/20/2042	63,239	55,552	58,429
FHLMC	3.500% 5/15/2042	60,000	51,187	53,072
FNMA	3.500% 8/1/2042	39,041	37,308	35,572

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
U.S. Government securities (continued)				
	US Treasury	2.750% 11/15/2042	50,000	37,367
	US Treasury	2.750% 11/15/2042	645,000	482,034
	GNMA Gtd	2.000% 11/20/2042	90,000	71,077
	GNMA Gtd	6.000% 1/20/2043	33,709	34,095
	FNMA	3.000% 5/1/2043	50,106	44,205
	US Treasury	2.875% 5/15/2043	100,000	75,742
	FHLMC	3.500% 6/1/2043	118,007	107,263
	FNMA Gtd	3.000% 6/25/2043	88,951	84,305
	FNMA	3.000% 8/1/2043	21,344	18,833
	FNMA	3.000% 2/1/2044	9,746	8,628
	FHLMC	3.000% 2/15/2044	27,440	26,971
	FHLMC Gd	4.000% 8/1/2044	19,275	17,945
	US Treasury	4.250% 8/15/2044	10,000	9,050
	FNMA	5.000% 11/1/2044	48,403	47,193
	GNMA Gtd	2.556% 12/20/2044	8,668	8,782
	FFCB Deb	2.960% 1/23/2045	20,000	13,873
	US Treasury	2.500% 2/15/2045	310,000	215,084
	US Treasury	2.500% 2/15/2045	688,000	477,348
	FHLMC Gd	3.500% 3/1/2045	9,780	8,843
	FNMA	3.500% 5/1/2045	10,227	9,995
	GNMA	3.500% 5/15/2045	25,392	23,206
	FNMA Gtd	3.000% 5/25/2045	47,915	45,463
	US Treasury	2.500% 2/15/2046	135,000	92,318
	US Treasury	2.500% 5/15/2046	688,000	468,487
	FHLMC	2.000% 6/15/2046	33,088	30,220
	GNMA	4.000% 6/15/2046	33,331	31,803
	FHLMC Gd	3.000% 8/1/2046	32,328	28,081
	FHLMC Gd	3.500% 8/1/2046	3,327	3,003
	US Treasury	2.250% 8/15/2046	315,000	203,351
	FNMA	3.000% 10/1/2046	74,400	64,560
	GNMA	3.000% 12/15/2046	64,518	56,515
	FHLMC Gd	4.000% 1/1/2047	29,369	27,426
	FHLMC Gd	3.000% 1/1/2047	25,807	22,416
	FHLMC Gd	3.000% 1/1/2047	72,495	63,068
	FHLMC Gd	3.500% 3/1/2047	32,789	29,469
	FNMA	4.000% 3/1/2047	20,570	19,062
	GNMA	3.000% 4/15/2047	44,190	38,682
	FNMA	4.000% 5/1/2047	13,079	12,132
	US Treasury	3.000% 5/15/2047	515,000	380,585
	FNMA	3.500% 8/1/2047	60,045	54,081
	GNMA Gtd	2.750% 1/20/2048	39,804	36,250
	FNMA	3.500% 2/1/2048	27,166	24,381
	US Treasury	3.000% 2/15/2048	80,000	58,684
	GNMA II	4.000% 4/20/2048	27,273	25,387
	US Treasury	3.125% 5/15/2048	90,000	67,416
	GNMA	4.000% 6/15/2048	123,327	115,684

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
U.S. Government securities (continued)				
US Treasury	3.000% 8/15/2048	11,000	9,038	8,034
FHLMC	5.000% 8/25/2048	105,175	104,123	103,984
GNMA II	4.000% 9/20/2048	68,796	72,623	65,441
FHLMC Gd	4.000% 10/1/2048	103,240	100,029	95,824
FHLMC Gd	4.500% 11/1/2048	4,463	4,638	4,246
FNMA	5.000% 3/1/2049	35,815	40,829	35,679
GNMA	2.500% 8/15/2049	125,223	127,591	105,304
US Treasury	2.250% 8/15/2049	65,000	69,629	40,244
GNMA II	4.500% 9/20/2049	23,097	25,104	22,002
FNMA	3.000% 10/1/2049	38,341	38,778	33,043
GNMA	3.000% 11/15/2049	79,082	80,402	69,173
US Treasury	2.375% 11/15/2049	435,000	400,805	276,412
GNMA II	3.500% 4/20/2050	69,931	73,341	62,325
US Treasury	1.250% 5/15/2050	355,000	238,573	168,302
US Treasury	1.250% 5/15/2050	615,000	428,438	291,565
FNMA	2.500% 6/1/2050	149,628	154,164	124,079
GNMA II	3.000% 6/20/2050	50,112	53,416	42,931
FHLMC	3.000% 7/1/2050	37,724	37,559	31,495
FNMA	3.000% 7/1/2050	87,519	90,251	75,330
FNMA	3.000% 8/1/2050	98,843	100,180	85,046
US Treasury	1.375% 8/15/2050	575,000	425,625	280,381
FHLMC	3.000% 9/1/2050	46,675	49,323	39,894
FNMA	2.000% 10/1/2050	76,957	81,118	60,399
GNMA II	3.000% 11/20/2050	53,403	57,341	46,342
FNMA	2.000% 1/1/2051	90,841	94,276	71,888
FNMA	3.500% 1/1/2051	298,339	274,295	266,912
GNMA Gtd	1.000% 2/20/2051	63,384	62,552	50,309
FNMA	2.500% 6/1/2051	56,985	43,611	46,927
FNMA	2.500% 6/1/2051	150,563	140,658	123,711
GNMA Gtd	2.000% 6/20/2051	53,982	46,543	44,974
GNMA II	3.000% 6/20/2051	47,653	43,875	41,398
FHLMC	3.000% 8/1/2051	322,511	315,422	275,734
FNMA	2.500% 8/1/2051	106,763	86,829	87,902
FNMA	2.500% 9/1/2051	322,974	300,050	264,163
GNMA II	3.000% 9/20/2051	69,141	72,803	60,070
FNMA	3.000% 10/1/2051	37,803	38,281	32,745
GNMA II	3.500% 10/20/2051	56,109	60,773	50,778
US Treasury	1.875% 11/15/2051	550,000	497,345	303,347
GNMA II	3.500% 12/20/2051	126,845	133,356	113,677
FHLMC	3.000% 1/1/2052	35,110	30,411	29,909
FHLMC	3.500% 2/1/2052	267,439	262,992	237,726
FHLMC	3.000% 2/1/2052	139,389	117,944	118,713
FHLMC	3.500% 2/1/2052	198,732	207,222	176,973
FHLMC	4.000% 4/1/2052	256,635	253,483	235,191
FNMA	4.000% 4/1/2052	257,246	253,424	235,753
GNMA II	3.000% 4/20/2052	50,443	44,579	42,969

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
U.S. Government securities (continued)				
FNMA	5.000% 5/1/2052	177,001	181,758	171,406
GNMA II	4.500% 5/20/2052	237,517	238,925	225,090
GNMA II	2.500% 5/20/2052	105,623	89,350	88,266
FHLMC	4.000% 6/1/2052	63,673	59,678	58,338
FHLMC	4.500% 7/1/2052	249,974	248,184	235,308
GNMA	6.000% 7/15/2052	41,603	44,827	43,999
FHLMC	5.000% 8/1/2052	247,016	247,336	239,188
FNMA	5.000% 8/1/2052	45,159	45,046	43,728
FHLMC	3.000% 8/2/2052	27,110	24,365	23,118
GNMA II	5.000% 8/20/2052	38,060	39,357	36,576
GNMA II	4.000% 9/20/2052	65,839	62,279	59,853
FHLMC	5.000% 11/1/2052	198,787	195,116	192,458
FHLMC	5.500% 11/1/2052	123,919	123,839	122,343
FNMA	5.000% 11/1/2052	73,392	70,727	71,139
GNMA II	3.000% 11/20/2052	91,669	82,059	77,460
FHLMC	5.500% 12/1/2052	329,840	326,654	326,370
FHLMC	6.000% 1/1/2053	83,888	86,195	85,303
FNMA	6.000% 1/1/2053	186,516	186,664	187,546
GNMA II	5.000% 2/20/2053	48,728	47,647	47,481
FNMA	4.500% 4/1/2053	190,812	185,803	179,692
GNMA II	5.500% 4/20/2053	99,107	99,736	98,591
GNMA Gtd	6.000% 7/20/2053	90,000	88,903	90,106
GNMA II	6.000% 8/20/2053	37,482	37,459	37,760
FNMA	6.000% 9/1/2053	75,043	74,269	75,444
GNMA II	5.000% 9/20/2053	52,359	52,326	50,561
GNMA II	5.500% 10/20/2053	77,020	76,803	76,056
FNMA	6.000% 12/1/2053	153,697	154,058	154,503
US Treasury	4.250% 2/15/2054	40,000	37,399	36,490
FNMA	6.000% 3/1/2054	185,180	185,411	186,098
GNMA II	7.000% 6/20/2054	158,128	161,951	162,180
US Treasury	4.250% 8/15/2054	10,000	9,596	9,132
GNMA II	6.500% 8/20/2054	183,046	186,478	186,295
GNMA II	6.500% 9/20/2054	183,364	188,049	186,872
GNMA II	6.500% 10/20/2054	168,590	172,488	171,582
FNMA	6.000% 11/1/2054	109,270	110,669	109,810
GNMA II	6.500% 11/20/2054	144,525	147,540	147,343
FHLMC	5.500% 12/1/2054	255,000	254,864	251,723
FNMA	6.000% 1/1/2055	85,000	85,933	85,421
GNMA Gtd	2.900% 11/16/2055	52,221	47,456	48,407
Corporate debt instruments				
Goldman Sachs	3.500% 1/23/2025	35,000	33,689	34,980
Fifth Third Bancorp	2.375% 1/28/2025	75,000	74,011	74,855
Kemper Corp	4.350% 2/15/2025	50,000	55,519	49,861
Ww Grainger	1.850% 2/15/2025	83,000	80,647	82,647
Amphenol Corp	2.050% 3/1/2025	195,000	193,290	194,060

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

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	Kimberly Clark Corp	2.650%	3/1/2025	40,000	39,645	39,854
	Cme Group Inc	3.000%	3/15/2025	150,000	151,363	149,466
	Eastman Chem Co	3.800%	3/15/2025	125,000	122,083	124,705
	Mondelez	1.500%	5/4/2025	135,000	127,165	133,462
	Paypal	1.650%	6/1/2025	50,000	47,441	49,349
	Pinnacle West	1.300%	6/15/2025	200,000	198,072	196,638
	Southern Calif Gas	3.200%	6/15/2025	165,000	168,199	163,711
	State Street Corp	3.550%	8/18/2025	100,000	104,569	99,396
	Automatic	3.375%	9/15/2025	110,000	113,590	109,117
	Waste Management	0.750%	11/15/2025	225,000	220,646	217,714
	Florida Power Light	3.125%	12/1/2025	230,000	245,814	227,051
	Georgia Pacific Corp	7.375%	12/1/2025	165,000	194,045	169,201
	Juniper Networks	1.200%	12/10/2025	60,000	60,043	58,067
	Allstate Corp	0.750%	12/15/2025	90,000	89,986	86,787
	Allstate Corp	0.750%	12/15/2025	90,000	87,587	86,787
	Equitable Mtn	1.000%	1/9/2026	70,000	68,844	67,447
	McDonalds Corp	3.700%	1/30/2026	38,000	37,596	37,705
	Transcont Gas Pipe	7.850%	2/1/2026	131,000	157,559	134,283
	Electronic Arts	4.800%	3/1/2026	85,000	101,422	85,020
	Exxon Mobil	3.043%	3/1/2026	75,000	76,409	73,821
	Oneok Inc New	5.000%	3/1/2026	120,000	127,503	120,185
	Legg Mason	4.750%	3/15/2026	177,000	176,789	176,979
	Wells Fargo Company	3.000%	4/22/2026	75,000	69,804	73,360
	Citigroup Inc.	3.400%	5/1/2026	35,000	34,061	34,397
	Union Pacific RR	3.227%	5/14/2026	180,401	183,362	177,249
	Suntrust Bank	3.300%	5/15/2026	75,000	84,796	73,438
	Wells Fargo	4.100%	6/3/2026	30,000	28,781	29,675
	Westar Energy Inc	2.550%	7/2/2026	100,000	94,843	97,031
	Bank Of Ny	4.414%	7/24/2026	35,000	34,803	34,907
	Unilever Capital	2.000%	7/28/2026	79,000	84,440	76,140
	Owens Corning	3.400%	8/15/2026	25,000	24,021	24,450
	Microsoft Corp	3.400%	9/15/2026	75,000	86,071	73,843
	General Motors Finl	4.000%	10/6/2026	75,000	83,008	73,932
	Emerson Elec	0.875%	10/15/2026	40,000	38,832	37,592
	Kroger Co	2.650%	10/15/2026	65,000	67,664	62,667
	Illinois Tool Work	2.650%	11/15/2026	65,000	66,708	63,119
	Aep Transmission	3.100%	12/1/2026	130,000	141,664	126,266
	Analog Devices Inc	3.500%	12/5/2026	105,000	111,972	103,069
	CNH Equipment	0.810%	12/15/2026	22,278	22,275	21,963
	Cboe Holdings	3.650%	1/12/2027	125,000	127,751	122,716
	Owl Rock	2.625%	1/15/2027	30,000	27,296	28,332
	Goldman Sachs	3.850%	1/26/2027	100,000	106,154	98,132
	Discover Finl Svcs	4.100%	2/9/2027	125,000	122,481	122,743
	Micron	4.185%	2/15/2027	50,000	55,336	49,292
	Daimler Trucks	5.900%	3/15/2027	150,000	149,998	151,517
	Humana Inc	3.950%	3/15/2027	95,000	107,162	93,184
	Td Ameritrade	3.300%	4/1/2027	180,000	186,688	172,292

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND
EIN 36-6125658; PLAN 501
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Corporate debt instruments (continued)				
Energy Transfer	4.200% 4/15/2027	105,000	101,808	103,601
National Rural Util	3.050% 4/25/2027	130,000	135,311	125,293
Nextera Energy	3.550% 5/1/2027	55,000	60,388	53,599
American	3.300% 5/3/2027	90,000	90,106	87,233
American Express	3.300% 5/3/2027	60,000	64,540	58,156
National Rural Mtn	5.100% 5/6/2027	85,000	85,087	85,682
Jeffries Group	6.450% 6/8/2027	125,000	130,746	128,935
Simon Property Group	3.375% 6/15/2027	65,000	62,189	63,201
Chevron USA	1.018% 8/12/2027	100,000	99,799	91,511
Visa Inc	0.750% 8/15/2027	50,000	48,721	45,599
General Motors	2.700% 8/20/2027	175,000	168,057	165,340
Westlake Automobile	4.310% 9/15/2027	6,866	6,597	6,865
Darden Restaurants	4.350% 10/15/2027	126,000	125,018	124,295
Leggett Platt	3.500% 11/15/2027	60,000	59,605	56,658
Republic Svcs	3.375% 11/15/2027	50,000	53,426	48,343
Gm Fin Cons	4.140% 12/16/2027	15,000	14,569	14,849
Drive Auto	5.350% 2/15/2028	70,000	70,454	70,279
Walt Disney	7.125% 4/8/2028	85,000	112,008	90,834
Automatic Data	1.700% 5/15/2028	70,000	65,883	63,925
Bank of America	4.790% 5/15/2028	240,000	238,581	241,058
Georgia Pac Corp	7.250% 6/1/2028	100,000	136,514	107,312
JP Morgan Chase	2.182% 6/1/2028	80,000	77,625	75,140
Cme Group Inc	3.750% 6/15/2028	65,000	74,357	63,269
Edwards Lifesciences	4.300% 6/15/2028	60,000	70,415	58,709
Caterpillar	6.625% 7/15/2028	85,000	104,342	89,625
Regions Financial	1.800% 8/12/2028	170,000	139,001	151,422
Jacobs Solutions Inc	6.350% 8/18/2028	85,000	85,597	88,502
Tennessee Gas Pipeline	7.000% 10/15/2028	95,000	112,579	100,993
Bank Of Ny	3.000% 10/30/2028	75,000	83,917	70,149
Paccar	4.600% 1/31/2029	160,000	159,361	159,603
Lazard Group	4.375% 3/11/2029	65,000	62,822	63,321
Pnc Financial	3.450% 4/23/2029	155,000	157,352	146,673
HCA Inc	4.125% 6/15/2029	127,000	120,024	121,134
Allstate Corp	5.050% 6/24/2029	75,000	74,803	75,341
Evergy Inc	2.900% 9/15/2029	110,000	114,447	100,087
Nissan Auto Rec Owner	4.450% 11/15/2029	15,000	14,778	14,970
Rush Sys For Health	3.922% 11/15/2029	50,000	57,482	47,929
Adobe Inc	2.300% 2/1/2030	69,000	65,404	61,369
Micron	4.663% 2/15/2030	75,000	91,923	73,202
Prudential	2.100% 3/10/2030	170,000	151,006	149,874
Pepsico Inc	2.750% 3/19/2030	120,000	109,482	108,998
Ecolab Inc Sr	4.800% 3/24/2030	210,000	211,094	210,260
Booking Holdings Inc	4.625% 4/13/2030	100,000	123,864	99,070
Estee Lauder	2.600% 4/15/2030	160,000	159,820	142,125
T Mobil USA	3.875% 4/15/2030	40,000	42,520	37,640
Texas Instruments	1.750% 5/4/2030	40,000	33,990	34,237

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)		(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value		
Corporate debt instruments (continued)					
Clorox Co Del	1.800% 5/15/2030	80,000	78,906		68,042
Nvr Inc	3.000% 5/15/2030	65,000	57,936		58,646
Santander Drive Auto	6.600% 5/15/2030	15,000	14,961		15,053
Hershey Co	1.700% 6/1/2030	140,000	132,263		119,088
Ralph Lauren	2.950% 6/15/2030	75,000	80,460		68,042
McDonald S	3.600% 7/1/2030	70,000	82,118		65,662
Verizon	4.170% 8/20/2030	175,000	174,955		173,316
Cummins Inc	1.500% 9/1/2030	120,000	110,953		100,429
Servicenow	1.400% 9/1/2030	110,000	101,576		91,422
Kemper Corp Sr Nt	2.400% 9/30/2030	85,000	86,141		72,119
Citibank Credit Card	3.960% 10/15/2030	60,000	57,600		58,518
Exxon Mobil	2.610% 10/15/2030	140,000	125,684		124,739
Franklin Resources	1.600% 10/30/2030	40,000	31,843		33,270
Viacombc Inc	4.950% 1/15/2031	30,000	35,659		28,005
Abbvie Inc	4.950% 3/15/2031	92,000	92,846		91,982
Wells Fargo	4.478% 4/4/2031	75,000	92,626		72,599
Ross Stores Inc	1.875% 4/15/2031	65,000	61,359		53,635
Norfolk Southern	2.300% 5/15/2031	100,000	103,102		85,536
Consumers	5.210% 9/1/2031	160,000	162,572		161,614
Amphenol Corp	2.200% 9/15/2031	105,000	81,847		87,987
Walmart Inc	1.800% 9/22/2031	60,000	59,799		50,081
Jeffries Group	2.650% 10/15/2031	110,000	90,582		92,806
BP Cap Mkts	2.721% 1/12/2032	115,000	115,856		98,406
Avery Dennison Corp	2.250% 2/15/2032	129,000	108,959		105,384
Republic Svcs	1.750% 2/15/2032	135,000	128,482		108,450
Albemarle Corp	5.050% 3/1/2032	100,000	95,919		95,175
Cintas	4.000% 5/1/2032	130,000	128,074		121,651
Northern Trust Corp	3.375% 5/8/2032	70,000	66,467		67,161
Colgate Palmolive Co	3.250% 8/15/2032	135,000	129,373		121,283
Wisconsin Electric Pwr	4.750% 9/30/2032	95,000	93,457		93,658
Eaton Corp	4.000% 11/2/2032	131,000	131,849		122,402
Church Dwight Co Inc	5.600% 11/15/2032	35,000	37,220		36,067
Duke Energy	4.950% 1/15/2033	135,000	133,534		132,754
Wisconsin Energy COR	6.200% 4/1/2033	75,000	89,828		79,342
Brown Forman	4.750% 4/15/2033	50,000	49,736		48,766
Public Service	5.200% 8/1/2033	155,000	158,338		155,102
American Airlines	3.150% 8/15/2033	64,248	58,493		58,112
Anheuser Busch	6.625% 8/15/2033	145,000	177,540		157,956
Apollo Global	6.375% 11/15/2033	120,000	130,434		129,740
Air Products	4.850% 2/8/2034	61,000	60,656		59,557
Fedex 2020	1.875% 2/20/2034	239,763	223,242		199,239
Aztrazeneca	5.000% 2/26/2034	60,000	59,780		59,343
American Water	5.150% 3/1/2034	125,000	130,339		123,985
Keurig Dr Pepper Inc	5.300% 3/15/2034	160,000	160,636		159,702
Marsh McLennan Cos	5.150% 3/15/2034	100,000	99,979		99,499
Ventas Rlty LP	5.625% 7/1/2034	88,000	91,500		88,603

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4i:

Schedule of Assets Held at End of Year

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Corporate debt instruments (continued)				
	Fiserv Inc	5.150% 8/12/2034	175,000	174,675 170,998
	Agilent Technology	4.750% 9/6/2034	128,000	127,909 121,537
	Metlife	5.700% 6/15/2035	105,000	124,514 108,045
	Comcast Corp	6.500% 11/15/2035	115,000	133,218 124,859
	Burlington Northn	7.290% 6/1/2036	85,000	123,105 99,597
	Tennessee Gas	7.625% 4/1/2037	45,000	63,153 51,305
	Kimberly Clark Corp	6.625% 8/1/2037	35,000	42,159 39,557
	Amazon Com	3.875% 8/22/2037	55,000	62,563 48,574
	Mplx LP	4.500% 4/15/2038	60,000	53,419 52,292
	Dominion Res	7.000% 6/15/2038	102,000	133,506 113,534
	Transatlantic HI	8.000% 11/30/2039	57,000	69,999 70,346
	Duke Energy	5.300% 2/15/2040	75,000	90,397 73,373
	United Parcel	5.200% 4/1/2040	50,000	53,668 48,699
	Juniper Networks	5.950% 3/15/2041	60,000	81,891 59,143
	Bank Of America	4.125% 5/15/2041	90,000	102,371 76,683
	Florida Pwr Lt	5.125% 6/1/2041	80,000	110,520 76,020
	Quanta Svcs	3.050% 10/1/2041	75,000	65,713 52,663
	Eaton Corp	4.150% 11/2/2042	120,000	127,629 101,177
	Burlington North	4.450% 3/15/2043	75,000	79,156 65,203
	Oglethorpe Power	4.550% 6/1/2044	105,000	99,920 86,297
	Merck Co Inc	3.700% 2/10/2045	110,000	107,167 85,186
	DTE Electric Co	3.700% 3/15/2045	50,000	48,870 38,373
	Apple Inc	4.375% 5/13/2045	63,000	66,568 55,613
	Duke Energy	3.750% 6/1/2045	115,000	104,148 88,004
	Citigroup Inc.	4.650% 7/30/2045	130,000	132,690 113,441
	Ww Grainger	3.750% 5/15/2046	77,000	61,266 59,811
	Molson Coors Brewing	4.200% 7/15/2046	75,000	56,565 59,869
	3M Company	3.125% 9/19/2046	135,000	122,514 92,219
	Ascension Health	3.945% 11/15/2046	205,000	206,658 163,492
	ATT Inc	5.150% 11/15/2046	65,000	62,261 59,660
	Jpmorgan Chase	4.260% 2/22/2048	85,000	88,723 70,377
	Walgreens	4.100% 4/15/2050	75,000	82,892 46,366
	Microsoft Corp	2.525% 6/1/2050	150,000	181,856 92,310
	Travelers Companies	3.050% 6/8/2051	55,000	37,311 35,855
	Martin Marietta Inc	3.200% 7/15/2051	90,000	77,064 58,268
	Trinity Rail	2.260% 7/19/2051	111,702	108,521 101,271
	Dicks Sporting Goods	4.100% 1/15/2052	84,000	61,928 61,365
	KLA Corp Sr Note	4.950% 7/15/2052	50,000	43,810 45,443
	Pacific Gas Elec Co	6.750% 1/15/2053	55,000	58,806 59,924
	Kenvue Inc	5.050% 3/22/2053	68,000	62,168 63,024
	AT&T, Inc.	3.500% 9/15/2053	139,000	108,453 93,594
	Netflix Inc	5.400% 8/15/2054	50,000	50,372 48,633
	Astrazeneca	4.375% 8/17/2048	80,000	108,890 67,788
	Royal Bank of Cda	3.875% 5/4/2032	40,000	34,493 36,792
	Shell Intl	5.500% 3/25/2040	75,000	90,569 74,822
	Toronto Dominion	1.250% 9/10/2026	100,000	99,099 94,473

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

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Schedule of Assets Held at End of Year

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value			Cost	Current value
Corporate debt instruments (continued)						
	Westpac Banking Corp	2.700%	8/19/2026	146,000	139,140	141,868
	Canadian National Ry	6.712%	7/15/2036	80,000	106,144	89,158
	Nvent Finance	4.550%	4/15/2028	75,000	71,328	74,237
	Waste Connections	4.250%	12/1/2028	175,000	185,986	171,260
	Mars Inc	4.200%	4/1/2059	110,000	133,386	83,727
Mutual funds						
	Credit Suisse		Floating Rate High Income Class I		11,775,635	11,076,834
	Vanguard		Total Stock Market Index Fund		6,057,397	10,809,217
State and municipal securities						
	University of CA	3.063%	7/1/2025	150,000	148,380	149,103
	New York NY	0.982%	8/1/2025	30,000	30,000	29,428
	Cicero IL	1.300%	1/1/2026	100,000	100,000	96,880
	Prince Georges MD	1.186%	9/15/2026	25,000	25,000	23,742
	Colorado Hsg & Fin	5.743%	10/1/2026	75,000	75,272	76,580
	Columbia SC	2.318%	2/1/2027	35,000	35,000	33,537
	University Mich	1.372%	4/1/2027	30,000	30,000	28,132
	New York St	3.270%	3/15/2028	75,000	73,375	72,306
	Virginia ST	2.530%	11/1/2028	135,000	135,000	125,889
	Metro Waste Water	2.713%	4/1/2031	80,000	80,000	71,570
	Marin CA Community Clg	3.890%	8/1/2033	95,000	95,075	88,345
	Texas ST Txbl Public	3.952%	10/1/2037	40,000	41,411	35,885

TRUSTEES OF TEAMSTERS LOCAL NO. 301 HEALTH AND WELFARE FUND

EIN 36-6125658; PLAN 501

FORM 5500; PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H - Part IV - 4j:

Schedule of Reportable Transactions

<u>(a)</u> <u>Identity of party</u> <u>involved</u>	<u>(b)</u> <u>Description</u> <u>of Asset</u>	<u>(c)</u> <u>Purchase</u> <u>price</u>	<u>(d)</u> <u>Selling</u> <u>price</u>	<u>(e)</u> <u>Lease</u> <u>rental</u>	<u>(f)</u> <u>Expense</u> <u>incurred</u>	<u>(g)</u> <u>Cost</u> <u>of asset</u>	<u>(h)</u> <u>Current</u> <u>value</u>	<u>(i)</u> <u>Net gain</u> <u>or (loss)</u>
First American	Govt Oblig Fd Class Y							
	304 purchases	14,689,696	-	-	-	14,689,696	14,689,696	-
	163 sales	-	14,533,326	-	-	14,533,326	14,533,326	-