

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/20/1952
2a Plan sponsor's name (employer, if for a single-employer plan): JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEALTH TRUST FUND
2b Employer Identification Number (EIN): 53-0209136
2c Plan Sponsor's telephone number: 202-636-8181
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 Philip S. Giles (plan administrator), Ray Howard (employer/plan sponsor), and a row for DFE signature.

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	5245
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)	3953
	6a(2)	3324
	6b	1288
	6c	
	6d	4612
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	67

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>2</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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEALTH TRUST FUND</p>	<p>D Employer Identification Number (EIN) 53-0209136</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
VSP VISION CARE

(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
06-1227840	39616	30016695	3337	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	
b Benefit charges (1) Claims paid	9b(1)	240193
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	240193
(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)	30024
(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)	30024
(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. 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 TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEALTH TRUST FUND</p>	<p>D Employer Identification Number (EIN) 53-0209136</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3323	3453	04/01/2023	03/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	502109
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. ▶

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

A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEALTH TRUST FUND	D Employer Identification Number (EIN) 53-0209136	

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

POST ADVISORY GROUP, LLC **2049 CENTURY PARK EAST**
LOS ANGELES, CA 90067

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

ENTRUST PARTNERS OFFFSHORE LP

90-0644478

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

BOYD WATTERSON

34-1922005

(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)

DENTAL HEALTH CENTERS & ASSOCIATES

1450 MERCANTILE LANE SUITE 131
LARGO, MD 29774

(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?
50 99	NONE	2314044	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)

CIGNA HEALTHCARE

62-1218053

(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 13 31 38 49 50 56 62	NONE	1273195	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BENESYS

3130 AMES PLACE, NE
WASHINGTON, DC 20018

(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 50	ADMINISTRATOR	972142	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)

MOONEY GREEN SAINDON MURPHY & WELCH

52-1958229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	269149	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)

AMERICAN REALTY ADVISORS

33-0123114

(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 51 28 51	NONE	214698	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)

HORIZON ACTUARIAL SERVICES

26-1370698

(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?
50	NONE	195212	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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 51	NONE	114375	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)

MORGAN LEWIS ET AL

53-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	106259	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)

F/M INVESTMENTS, LLC

93-4308588

(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	92061	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)

CALIBRE CPA GROUP PLLC

47-0900880

(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	83513	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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(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 27	NONE	60000	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)

PNC

22-1146430

(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 50	NONE	37050	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGAL BRYANT HAMILL

41-1788385

(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 28 51	NONE	30897	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)

NORTHERN TRUST

800 CONNECTICUT AVE
WASHINGTON, DC 20006

(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 50	NONE	20000	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)

MICHAEL BULL

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
50	TRUSTEE	12000	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)

ERIC WEISS

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
20	TRUSTEE	12000	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)

PHILIP GILES

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
20 50	TRUSTEE	12000	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)

RAYMOND HOWARD

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
20 50	TRUSTEE	12000	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)

FRANK STEGMAN

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
20 50	TRUSTEE	12000	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)

THOMAS RATLIFF

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
20 50	TRUSTEE	12000	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)

JOHN GIBSON

3130 AMES PLACE, NE
WASHINGTON, DC 20018-1513

(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?
20 50	TRUSTEE	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 38 49 50 56 62 31	0

(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.
CASTLIGHT HEALTH 121 SPEAR ST SAN FRANCISCO, CA 94105 26-1989091	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$3.13 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
OMADA HEALTH INC 500 SANSOME ST SAN FRANCISCO, CA 94111 45-2355015	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$0.84 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 38 49 50 56 31 62	0

(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.
SAGAMORE NETWORK HOSPITALS	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$0.08 PER PARTICIPANT

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
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
BANK OF AMERICA LOCKBOX 540 WEST MADISON ST CHICAGO, IL 60661 59-1031071	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 1.91%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$0.01 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 3.78% APPLICABLE TO SELF FUNDED PLANS UTILIZING CITIBANK SERVICES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
CITIBANK NA (CHLIC CORE) ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$0.78 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 2.51% APPLICABLE TO SELF FUNDED PLANS FOR EVERNORTH BEHAVIORAL HEALTH, INC. OR EVERNORTH CARE SOLUT

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
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
DEUTSCHE BANK 60 WALL ST NEW YORK, NY 10005 59-1031071	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 0.50%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
JP MORGAN CHASE 3 CHASE METRO TECH CENTER BROOKLYN, NY 11245 59-1031071	FOR CALENDAR YEAR 2023, CIGNA RECEIVED INDIRECT COMPENSATION OF APPROXIMATELY \$3.70 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 3.34%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(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.
AMPLIFON HEARING HEALTHCARE 150 SOUTH 5TH ST., SUITE 2300 MINNEAPOLIS, MN 55402 85-0437037	FOR CALENDAR YEAR 2023, \$0.13 PMPY (THIS FORMULA BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACCROSS CIGNA COMPANIES ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS).

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <u>TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEALTH TRUST FUND</u>	D Employer Identification Number (EIN) <u>53-0209136</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON AFL CIO CF SL STOCK IND</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>84-7064589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64867987</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

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

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d Entity code

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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEALTH TRUST FUND	D Employer Identification Number (EIN) 53-0209136

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 18917482	6922898
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 5924013	5266222
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 3298048	3842552
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 11260512	8166338
(2) U.S. Government securities	1c(2) 25492164	43908338
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 87584719	111671175
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5) 117180081	115019407
(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) 55523150	64867987
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 34496	28908

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	325214665	359693825
Liabilities			
g Benefit claims payable.....	1g	3407899	2936970
h Operating payables.....	1h	514688	540786
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1056400
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3922587	4534156
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	321292078	355159669

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)	52807477	
(B) Participants.....	2a(1)(B)	194939	
(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)		53002416
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	582261	
(B) U.S. Government securities.....	2b(1)(B)	767515	
(C) Corporate debt instruments.....	2b(1)(C)	4848490	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2653805	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8852071
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	54061295	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	56869542	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-2808247
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1326271	
(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)	12021906
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	58248
d Total income. Add all income amounts in column (b) and enter total	2d	72452665

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25253007
(2) To insurance carriers for the provision of benefits	2e(2)	9442756
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	34695763
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	972208
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	49150
(5) Investment advisory and investment management fees	2i(5)	516344
(6) Bank or trust company trustee/custodial fees	2i(6)	22338
(7) Actuarial fees	2i(7)	199596
(8) Legal fees	2i(8)	377146
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	88820
(11) Other expenses	2i(11)	1663709
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3889311
j Total expenses. Add all expense amounts in column (b) and enter total	2j	38585074

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	33867591
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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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		5000000
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		115048315
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 _____.



**TEAMSTERS LOCAL 639 -
EMPLOYERS HEALTH TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Teamsters Local 639 -
Employers Health Trust Fund

Opinion

We have audited the accompanying financial statements of Teamsters Local 639 - Employers Health Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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


Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

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 end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

Bethesda, MD
October 9, 2025



TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments		
Short-term investments	\$ 8,166,338	\$ 11,260,512
Corporate obligations	111,671,175	87,584,719
U.S. Government and government agency obligations	43,908,338	25,492,164
Common collective trusts	64,867,987	55,523,150
Hedge fund	28,908	34,496
Limited partnership	<u>115,019,407</u>	<u>117,180,081</u>
Total investments	<u>343,662,153</u>	<u>297,075,122</u>
Receivables		
Contributions	5,266,222	5,924,013
Interest and dividends	1,708,108	1,305,572
Due from Teamsters Local 639 - Employers Pension Trust Fund	427,659	988,616
Other accounts receivable	<u>1,697,845</u>	<u>994,637</u>
Total receivables	<u>9,099,834</u>	<u>9,212,838</u>
Cash		
	<u>6,922,898</u>	<u>18,917,482</u>
Prepaid expenses		
	<u>8,940</u>	<u>9,223</u>
Total assets	<u>359,693,825</u>	<u>325,214,665</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	540,786	409,583
Pending investment transactions	<u>1,056,400</u>	<u>105,105</u>
Total liabilities	<u>1,597,186</u>	<u>514,688</u>
Net assets available for benefits		
	<u>\$ 358,096,639</u>	<u>\$ 324,699,977</u>

See accompanying notes to financial statements.



TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Contribution income		
Employer contributions	\$ 52,807,477	\$ 52,195,242
Participant contributions	<u>194,939</u>	<u>289,928</u>
Total contribution income	<u>53,002,416</u>	<u>52,485,170</u>
Investment income		
Interest and dividends income	9,680,950	8,406,365
Net appreciation in fair value of investments	<u>9,711,051</u>	<u>8,288,098</u>
	19,392,001	16,694,463
Less: investment expenses	<u>(538,682)</u>	<u>(648,284)</u>
Net investment income (loss)	<u>18,853,319</u>	<u>16,046,179</u>
Other additions	<u>58,248</u>	<u>306,941</u>
Total additions	<u>71,913,983</u>	<u>68,838,290</u>
Deductions		
Cost of benefits		
Benefits paid		
Medical, hospital, and surgical	25,723,936	23,701,071
Prescription drugs (net of rebates)	6,349,704	6,861,543
Dental services	2,314,044	2,305,344
Life, accident, death and dismemberment insurance	518,976	487,114
Vision care	<u>260,032</u>	<u>248,754</u>
Total cost of benefits	<u>35,166,692</u>	<u>33,603,826</u>
Administrative expenses		
Benefit administration expense	1,460,415	1,278,168
Professional fees	662,825	781,533
Fund administration fees	972,208	936,764
Insurance	59,419	46,113
General and administrative expenses	<u>195,762</u>	<u>195,387</u>
Total administrative expenses	<u>3,350,629</u>	<u>3,237,965</u>
Total deductions	<u>38,517,321</u>	<u>36,841,791</u>
Net change	33,396,662	31,996,499
Net assets available for benefits		
Beginning of year	<u>324,699,977</u>	<u>292,703,478</u>
End of year	<u>\$ 358,096,639</u>	<u>\$ 324,699,977</u>

See accompanying notes to financial statements.



TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries and dependents		
Claims payable including claims incurred but not reported	\$ 2,936,970	\$ 3,407,899
Other obligations for current benefit coverage		
Accumulated eligibility credits	<u>10,638,035</u>	<u>9,890,324</u>
Total benefit obligations	<u>\$ 13,575,005</u>	<u>\$ 13,298,223</u>

See accompanying notes to financial statements.



TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents		
Balance at beginning of year	\$ 3,407,899	\$ 4,831,149
Claims reported and approved for payment	34,695,763	32,180,576
Claims paid	<u>(35,166,692)</u>	<u>(33,603,826)</u>
Balance at end of year	<u>2,936,970</u>	<u>3,407,899</u>
Other obligations for current benefit coverage		
Balance at beginning of year	9,890,324	10,301,685
Change in accumulated eligibility credits	<u>747,711</u>	<u>(411,361)</u>
Balance at end of year	<u>10,638,035</u>	<u>9,890,324</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	-	16,409
Change in postretirement benefits attributed to		
Estimated claims and expenses paid	-	(1,765)
Passage of time	-	621
Other changes	<u>-</u>	<u>(15,265)</u>
Balance at end of year	<u>-</u>	<u>-</u>
Total benefit obligations	<u>\$ 13,575,005</u>	<u>\$ 13,298,223</u>

See accompanying notes to financial statements.



TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Teamsters Local 639 - Employers Health Trust Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

General - The Plan provides coverage for hospitalization, medical benefits, mental health benefits, disability income, death benefits, prescription drugs, disease case management, dental, and vision care benefits of eligible participants and their dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits - The Plan provides health benefits (hospital, surgical, major medical, vision care, disability, prescription drugs, and dental), mental health benefits, disease case management, and death benefits covering eligible participants and their qualified dependents who are employed by contributing employers, and subject to an agreement and declaration of trust with Drivers, Chauffeurs, and Helpers Local Union No. 639 of Washington, D.C., affiliated with the International Brotherhood of Teamsters, and any union affiliated with Teamsters' Joint Council No. 55 of Washington, D.C., and participating employers, pursuant to a collective bargaining agreement between the union and the employer.

Contributions - Contributions to the Plan are made by individual contributing employers under the provisions of a collective bargaining agreement based on hours worked by the employee. The Plan accepts self-payments from those participants who would lose eligibility for benefits due to not being employed, those who are retired, and those covered under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to purchase an asset in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion of fair value measurements. Purchases and sales of securities are recognized on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Benefits Currently Payable and Incurred but not Reported - Amounts currently payable to or for participants, beneficiaries and dependents represent actual and estimated amounts paid or payable after year end for all reported claims for benefits occurring during the respective accounting periods, days lost due to disabilities that began during those periods, payment to benefit providers for benefits in those respective periods, and other miscellaneous benefits related to services performed in those respective periods.

Postretirement Benefit Obligation - Accounting and reporting by health and welfare benefit plans in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 965, requires the obligations be computed as the net cost to the Plan and should consider future contributions to be received from current participants during their remaining active service and postretirement periods.

Accumulated Eligibility - Accumulated eligibility credits represent credits earned on contributions made on a participant's behalf for future periods.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3. TAX STATUS

The Plan has been declared an exempt organization by the Internal Revenue Service (IRS) under Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan has obtained its latest determination letter dated April 15, 1993, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving its latest determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.



NOTE 3. TAX STATUS (CONTINUED)

The Plan accounts for income taxes in accordance with the ASC Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribed a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2024 and 2023, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2024, the statute of limitations for tax years 2021 through 2023 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Plan files returns.

NOTE 4. POSTRETIREMENT AND POSTEMPLOYMENT BENEFIT OBLIGATIONS

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants' service rendered to the valuation date, 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 the participating employers.

The actuarial present value of the expected postretirement benefit obligations is determined by an independent actuary and is that 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. The actuarial present value of the expected postretirement benefit obligations is net of the actuarial present value of estimated future contributions, for postretirement benefits, expected to be received from participants based on the terms of the Plan document.

The lone retired participant covered by the Plan was reported deceased. There are no longer any participants in the Plan.

NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows on the next page:

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

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 other significant observable inputs including:

- 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2024.

Description	12/31/2024	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 8,166,338	\$ 8,166,338	\$ -	\$ -
Corporate obligations	111,671,175	-	111,671,175	-
U.S. Government and government agency obligations	<u>43,908,338</u>	<u>41,148,485</u>	<u>2,759,853</u>	-
	163,745,851	<u>\$ 49,314,823</u>	<u>\$ 114,431,028</u>	<u>\$ -</u>
Investments measured at net asset value *	<u>179,916,302</u>			
Total	<u>\$ 343,662,153</u>			

*In accordance with ASC, investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2023.

Description	12/31/2023	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 11,260,512	\$ 11,260,512	\$ -	\$ -
Corporate obligations	87,584,719	-	87,584,719	-
U.S. Government and government agency obligations	<u>25,492,164</u>	<u>11,496,708</u>	<u>13,995,456</u>	<u>-</u>
	124,337,395	\$ 22,757,220	\$ 101,580,175	\$ -
Investments measured at net asset value *	<u>172,737,727</u>			
Total	<u>\$ 297,075,122</u>			

*In accordance with ASC, investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

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

U.S. Government and government agency obligations and corporate obligations are generally 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.

Short-term investments are valued at cost which approximates fair value.

Common collective trusts, hedge funds and limited partnerships are valued at the net asset value (NAV) per share. Generally, NAV is based upon the estimated value of the underlying investment as provided by the investment manager.

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis but longer lock-up periods can apply to certain investments.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024 and 2023 by investment strategy:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
a. Common collective trusts	\$ 64,867,987	\$ 55,523,150	\$ -	\$ -	quarterly	90 days
b. Hedge fund	28,908	34,496	-	-	quarterly	90 days
c. Limited partnerships	<u>115,019,407</u>	<u>117,180,081</u>	-	-	monthly	30-90 days
	<u>\$ 179,916,302</u>	<u>\$ 172,737,727</u>				

- a. The Plan's investment in common collective trusts is in a single investment which reports as direct filing entity (DFE) with the Department of Labor.
- b. The Plan's investments in hedge funds is comprised of the Entrust Capital Diversified Fund. The fund seeks capital appreciation through the allocation of its assets among a group of investment managers with diversified investment strategies. The fund may be redeemed quarterly with a written redemption notice of 90 days.
- c. The Plan is invested in four limited partnerships. One investment representing approximately 49% of the limited partnerships held by the Plan, is a limited partnership which seeks to maximize income through investing in a diverse portfolio of public and private issue debt securities that are generally rated below investment grade. This investment can be redeemed monthly with a 30-day notice. Two investments, representing approximately 34% of the limited partnerships held by the Plan, invest in a pool of real estate assets that are diversified by geography and type. The real estate held by the funds are adjusted quarterly based on appraisals and other estimates of fair value. The Plan's remaining investment in limited partnership is an open-end diversified core commingled real estate fund that invests in private real estate such as core institutional quality office, retail, industrial and multi-family properties located throughout the United States. The real estate held by the fund is valued quarterly through independent third-party appraisals, primarily using the discounted cash flow method. Requests for redemptions of units in the fund may be made at any time and are effective at the end of the calendar quarter in which the request is received. Redemptions are subject to the availability of cash flow arising from investment transactions, sales and other fund operations occurring in the normal course of business.



NOTE 6. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (Trustees) to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved to the Trustees. In the event the Plan terminates; the Trustees shall apply assets of the Plan to pay or to provide for the payment of any and all obligations of the Plan, and shall distribute and apply any remaining surplus assets in such a manner as will best effectuate the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

The Plan's Trustees, as sponsor, have the right under the Plan to modify the benefits provided. The Plan may be terminated by majority action of the Trustees.

NOTE 7. MAJOR PARTICIPATING EMPLOYER CONTRIBUTORS

During the years ended December 31, 2024 and 2023, the Plan received approximately sixty-eight percent (68%) of its employer contributions from one (1) employer.

NOTE 8. RISKS AND UNCERTAINTIES

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

Significant Uncertainties: Plan Benefits - The actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

The Plan pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.



NOTE 10. UNINSURED CASH

The Plan maintains its cash in two deposit accounts. The cash balances in the United States are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank. At December 31, 2024, the Plan had cash of approximately \$7,796,000 in excess of FDIC insurance limits.

The Plan has not experienced any losses in its cash balances and believes it is not subject to any significant credit risks.

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 358,096,639	\$ 324,699,977
Benefit obligations currently payable	<u>(2,936,970)</u>	<u>(3,407,899)</u>
Net assets available for benefits per Form 5500	<u>\$ 355,159,669</u>	<u>\$ 321,292,078</u>

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

Total additions per the financial statements	\$ 71,913,983
Plus: investment expenses	<u>538,682</u>
Total additions per Form 5500	<u>\$ 72,452,665</u>

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

Benefits paid to or for participants and dependents per the financial statements	\$ 35,166,692
Add: amounts currently payable at end of year	2,936,970
Less: amounts payable at beginning of year	<u>(3,407,899)</u>
Benefits paid to or for participants and dependents per Form 5500	<u>\$ 34,695,763</u>



NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Total deductions per the financial statements	\$ 38,517,321
Plus: investment expenses	538,682
Less: change in benefits payable	<u>(470,929)</u>
Total deductions per Form 5500	<u>\$ 38,585,074</u>

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 9, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6397805
Plan No. 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
Short-term investments								
	FEDERATE MONEY MARKET OBLIGATIONS	Money market fund	N/A	N/A	N/A	6,276	\$ 6,276	\$ 6,276
	MFB NTHN INSTL FDS GOV'T PORTFOLIO	Money market fund	N/A	N/A	N/A	8,160,062	8,160,062	8,160,062
	Total short-term investments						8,166,338	8,166,338
U.S. Government and government agency obligations								
	COLORADO HSG & FIN AUTH 4.381%	Note	N/A	11/01/2024	4.38%	310,000	310,000	309,707
	DALLAS FORT WORTH TEX INTL ARPT REV 2.256% 11-01-2026 BEO TAXABLE	Note	N/A	11/01/2026	2.26%	250,000	250,000	240,446
	FED HOME LN MTG 2.9200007629% DUE 04-25-2032	Note	N/A	06/25/2032	2.92%	355,000	319,763	311,848
	FEDERAL HOME LN MTG CORP POOL #G30290 6.5% 03-01-2026 BEC	Note	N/A	03/01/2026	6.50%	6	54	6
	FEDERAL HOME LN MTG CORP SER K733 CL A2 FLTG 08-25-2025 REG	Note	N/A	08/25/2025	3.75%	324,748	355,689	322,614
	FHLMC MULTICLASS 2059-C 28 6.7618 6 05-15-2028	Note	N/A	05/15/2028	6.00%	2,216	2,888	2,237
	FHLMC MULTICLASS PRAESSIGN 00577 6 03-15-2025	Note	N/A	03/15/2025	6.00%	713	735	721
	FHLMC MULTICLASS TRANCHE 00871 9.99% 12-25-2022	Note	N/A	12/25/2025	3.00%	315,000	309,589	310,741
	FNMA POOL #255575 5.5% 01-01-2025 BEC	Note	N/A	01/01/2025	5.50%	1	30	1
	FNMA POOL #257238 5% 06-01-2028 BEC	Note	N/A	06/01/2028	5.00%	585	530	586
	HONOLULU HAWAII CITY & CNTY WASTEWTR SYSREV 2.316% 07-01-2025 BEO TAXABL	Note	N/A	07/01/2025	2.32%	245,000	245,000	242,618
	METRO WTR RECOVERY COLO SWR REV 2.363% 04-01-2027 BEO TAXABLE	Note	N/A	04/01/2027	2.36%	260,000	260,000	249,271
	NEBRASKA PUB PWR DIST REV 2.493% 01-01-2027 BEO TAXABLE	Note	N/A	01/01/2027	2.49%	255,000	255,311	245,125
	NEW YORK ST URBAN DEV CORP REV 3.27% 03-15-2029 BEO TAXABLE	Note	N/A	03/15/2029	3.27%	350,000	346,254	337,430
	UNITED STATES OF AMER TREAS BOND 3.125% 11-15-2022	Note	N/A	11/15/2028	3.12%	2,005,000	1,923,384	1,918,299
	UNITED STATES OF AMER TREAS NOTES 3.5% 03-31-2030	Note	N/A	03/31/2030	3.63%	7,815,000	7,576,774	7,530,790
	UNITED STATES OF AMER TREAS NOTES 3.625% 05-15-2024	Note	N/A	05/15/2026	3.63%	3,475,000	3,396,790	3,444,223
	UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-2034	Note	N/A	02/15/2034	4.00%	405,000	391,459	387,803
	UNITED STATES TREAS 2.75% 02-15-2028	Note	N/A	02/15/2028	2.75%	4,505,000	4,396,926	4,301,043
	UNITED STATES TREAS NTS .5% DUE 05-31-2027 REG	Note	N/A	05/31/2027	0.50%	2,655,000	2,363,638	2,427,354
	UNITED STATES TREAS NTS 2.75% 08-15-2032	Note	N/A	08/15/2032	2.75%	4,480,000	4,026,322	3,973,025
	UNITED STATES TREAS NTS 3.0% 11-30-2030	Note	N/A	11/30/2030	4.38%	1,120,000	1,135,704	1,115,800
	UNITED STATES TREAS NTS DTD 11/15/2016 2.0% 11-15-2026 REG	Note	N/A	11/15/2026	2.00%	3,865,000	3,481,069	3,709,192
	UNITED STS TREAS NTS 1.125% DUE 02-15-2031 REG	Note	N/A	02/15/2031	1.13%	1,265,000	1,223,911	1,043,823
	US TREASURY N/B 1.25% DUE 08-15-2031 REG	Note	N/A	08/15/2031	1.25%	3,530,000	3,042,675	2,880,535
	US TREASURY N/B 2.375% 05-15-2025	Note	N/A	05/15/2029	2.38%	7,355,000	6,866,440	6,778,667
	US TREASURY N/B 3.375% 05-15-2033	Note	N/A	05/15/2033	3.38%	1,780,000	1,701,449	1,635,931
	VIRGINIA ST RES AUTH INFRASTRUCTURE REV 2.53% 11-01-2028 BEO TAXABLE	Note	N/A	11/01/2028	2.53%	200,000	200,000	186,502
	U.S. Government and government agency obligations						44,582,384	43,908,338
Corporate obligations								
	ADOBE INC FIXED 2.15% DUE 02-01-2027	Note	N/A	02/01/2027	2.15%	115,000	119,847	109,752
	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2022	Note	N/A	10/29/2028	3.00%	320,000	290,677	296,235
	AMERICAN EXPRESS CO 6.489% DUE 10-30-2031	Note	N/A	10/30/2031	6.49%	335,000	356,726	358,181
	AMPHENOL CORP NEW 4.75% DUE 03-30-2022	Note	N/A	03/30/2026	4.75%	460,000	458,228	460,241
	ANTHEM INC 4.101% 03-01-2028	Note	N/A	03/01/2028	4.10%	490,000	476,310	479,180
	BANK 2021-BNK3 2.02% DUE 05-15-2064	Note	N/A	05/15/2064	2.02%	1,120,000	1,135,081	1,115,800
	BANK AMER CORP 3.824% 01-20-2028	Note	N/A	01/20/2028	3.82%	625,000	633,808	612,345
	BANK OF AMERICA CORPORATION 5.288% 04-25-2034	Note	N/A	04/25/2034	5.29%	370,000	366,387	367,504
	BARCLAYS PLC FLTG RT 6.49% DUE 09-13-2029	Note	N/A	09/13/2029	6.49%	310,000	321,608	322,532
	BAT INTL FINANCE PLC 5.931% DUE 02-02-2029	Note	N/A	02/02/2029	5.93%	495,000	507,947	509,855
	BBCMS MTG TR 5.829% DUE 05-15-2057	Note	N/A	05/15/2057	5.83%	215,000	226,314	224,408
	BENCHMARK 2024-V 5.8053% DUE 01-10-2057	Note	N/A	01/10/2057	5.81%	450,000	460,176	461,145
	BK OF AMER CR CARD FIXED 4.98% DUE 11-15-2028	Note	N/A	11/15/2028	4.98%	1,140,000	1,39,981	1,413,348
	BOEING CO FIXED 2.196% DUE 02-04-2026	Note	N/A	02/04/2026	2.20%	345,000	324,362	334,563
	BOYD GAMING CORP 4.75% DUE 12-01-2027	Note	N/A	12/01/2027	4.75%	2,025,000	1,934,318	1,957,757
	BSTN PPTYS LTD 3.4% DUE 06-21-2029	Note	N/A	06/21/2029	3.40%	405,000	361,669	371,576
	CAPITAL ONE FINANCIAL CORP 6.312% 06-08-2029	Note	N/A	06/08/2029	6.31%	330,000	336,378	340,821
	CAPITAL ONE MULTI-ASSET EXECUTION TR SER22-A1 CL A1 2.8% 03-15-2027	Note	N/A	03/15/2027	2.80%	335,000	334,975	333,750
	CARMAX AUTO OWNER TRUST SER 24-3 CLS A3 0.0% 07-16-2021	Note	N/A	07/16/2029	4.89%	370,000	370,289	372,030
	CATERPILLAR CORP DEL SER NT 4.25% 12-15-2027	Note	N/A	12/15/2027	4.25%	1,610,000	1,506,389	1,562,023
	CHARTER 4.908% DUE 07-23-2025	Note	N/A	07/23/2025	4.91%	1,540,000	1,552,803	1,538,198
	CITIGROUP INC 3.887% 01-10-2028	Note	N/A	01/10/2028	3.89%	300,000	289,009	294,102
	CITIGROUP INC 6.27% 11-17-2033	Note	N/A	11/17/2033	6.27%	345,000	362,673	361,622
	CLEARWAY ENERGY 4.75% DUE 03-15-2022	Note	N/A	03/15/2028	4.75%	1,075,000	1,044,494	1,028,059
	CMO BANK 2019-BNK17 CL A4 3.714% 04-15-2052	Note	N/A	04/15/2052	3.71%	300,000	279,101	283,854
	CMO CITIGROUP COMML MTG TR 2019-C7 SER 19-C7 CLS A3 2.739% DUE 12-15-2072 REC	Note	N/A	12/15/2072	2.86%	185,927	166,111	169,362
	CMO MASTR ALTERNATIVE LTG TR 2024-5 CL 4-A1 7% DUE 06-25-2034 REG	Note	N/A	06/25/2034	7.00%	720,000	720,000	719,916
	CMO MERRILL LYNCH MTG INVS INC 4.631% DUE 12-25-2034 BEC	Note	N/A	12/25/2034	4.63%	645,000	645,000	645,000
	CONNECTICUT LIGHT AND POWER CO 0.75% 12-01-2025	Note	N/A	12/01/2025	0.75%	325,000	317,078	314,160
	CROWN AMERS LLC/CROWN AMERS CAP FIXED 4.75% 02-01-2021	Note	N/A	02/01/2026	4.75%	2,125,000	2,111,502	2,099,143
	CVS HEALTH CORP 5.25% 02-21-2033	Note	N/A	02/21/2033	5.25%	295,000	290,298	282,870
	DAIMLER TRUCKS RETAIL TR 2023-1 SER 23-1 CL A3 5.9% 03-15-2027	Note	N/A	03/15/2027	5.90%	380,000	379,994	383,841
	DC COMML MTG TR 6.3143% DUE 09-12-2040	Note	N/A	09/12/2040	6.31%	370,000	389,513	379,316
	DGP MIDSTREAM OPER 5.375% DUE 07-15-2025	Note	N/A	07/15/2025	5.38%	335,000	355,926	335,416
	DEUTSCHE BK AG NY FLTG RT 2.129% DUE 11-24-2026	Note	N/A	11/24/2026	2.13%	735,000	701,395	716,386
	DIAMONDBACK ENERGY INC 5.4% 04-18-2034	Note	N/A	04/18/2034	5.40%	405,000	404,637	398,592
	DR HORTON INC 5.0% 10-15-2034	Note	N/A	10/15/2034	5.00%	225,000	222,761	217,603
	EMERSON ELEC CO FIXED 1.8% DUE 10-15-2027	Note	N/A	10/15/2027	1.80%	285,000	289,306	264,773
	ENBRIDGE INC 6.2% 11-15-2030	Note	N/A	11/15/2030	6.20%	330,000	346,257	347,955
	ENERGY TRANSFER 3.75% DUE 05-15-2030	Note	N/A	05/15/2030	3.75%	330,000	303,748	307,913
	ENERGY TEX INC 4.0% 03-30-2029	Note	N/A	03/30/2029	4.00%	300,000	287,866	290,285
	EQUINIX EUROPS FINANCING CORP LLC SR NT 5.5% 06-15-2034	Note	N/A	06/15/2034	5.50%	340,000	358,617	361,089
	EXTENDED STAY AMER TR 2021-ESH MTG PASS THRU CIF CL A 144A 5.50648% 07-15-2033	Note	N/A	07/15/2038	5.59%	286,257	285,428	286,436
	FIRST CITIZNS BANCSHARES INC N C 3.375% DUE 03-15-2030	Note	N/A	03/15/2030	3.38%	335,000	332,153	333,015
	FISERV INC 4.2% 10-01-2028	Note	N/A	10/01/2028	4.20%	305,000	293,346	296,595
	FLORIDA POWER & LIGHT COMPANY 5.05% DUE 04-01-2022	Note	N/A	04/01/2028	5.05%	410,000	410,464	413,987
	FORD MOTOR CREDIT CO LLC 7.122% 11-07-2033	Note	N/A	11/07/2033	7.12%	365,000	380,528	381,067
	FORTRESS TRANSN & INFRASTRUCTURE SR NT 144A 5.5% 05-01-2022	Note	N/A	05/01/2028	5.50%	2,085,000	2,002,367	2,039,153
	GENERAL MOTORS FINANCIAL CO INC 2.4% 03-09-2027	Note	N/A	03/09/2027	2.40%	355,000	316,908	317,179
	GENERAL MTRS FINL CO INC 2.7% DUE 06-10-2031 BEO	Note	N/A	06/10/2031	2.70%	235,000	193,594	199,167
	GEORGIA PAC CORP 7.375% DUE 12-01-2021	Note	N/A	12/01/2025	7.38%	420,000	475,530	430,698
	GEORGIA PWR CO 4.65% 05-16-2022	Note	N/A	05/16/2028	4.65%	360,000	360,332	358,451
	GLP CAP LP / GLP 5.25% DUE 06-01-2025	Note	N/A	06/01/2025	5.25%	1,440,000	1,520,449	1,439,669
	GLP CAP LP / GLP 5.375% DUE 04-15-2026	Note	N/A	04/15/2026	5.38%	645,000	639,448	644,988
	GM FINANCIAL SECURITIZED TERM SER 23-1 CL A3 4.66% DUE 02-16-2022	Note	N/A	02/16/2028	4.66%	656,827	651,759	657,456
	GOLDMAN SACHS GROUP INC 1.431% 03-09-2027	Note	N/A	03/09/2027	1.43%	355,000	489,706	503,988
	HILLENBRAND INC STEP CPN 4.5% DUE 09-15-2026	Note	N/A	09/15/2026	5.00%	1,175,000	1,322,368	1,163,685
	HILTON DOMESTIC 5.375% DUE 05-01-2025	Note	N/A	05/01/2025	5.38%	435,000	445,658	432,852
	HILTON WORLDWIDE FIXED 4.875% DUE 04-01-2027	Note	N/A	04/01/2027	4.88%	1,015,000	1,048,931	1,001,093
	HOME DEPOT INC 4.95% 09-30-2026	Note	N/A	09/30/2026	4.95%	210,000	209,982	211,733
	HSBC HLDGS PLC 2.099% DUE 06-04-2026	Note	N/A	06/04/2026	2.10%	340,000	328,293	336,004
	HUNTINGTON BANCSHARES INC 5.709% 02-02-2035	Note	N/A	02/02/2035	5.71%	370,000	363,649	369,802
	ICAHN ENTERPRISES LP / ICAHNS ENTERPRISE 6.25% DUE 05-15-2026 BEO	Note	N/A	05/15/2026	6.25%	381,000	368,866	377,469
	ICAHN ENTERPRISES LP/CORP 5.25% DUE 05-15-2027	Note	N/A	05/15/2027	5.25%	1,386,000	1,292,742	1,312,231
	IL TOOL WKS INC 2.65% DUE 11-15							

TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 52-6397805
Plan No. 501

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	JOHN DEERE OWNER TR 2023-B SER 23-B CL A3 5.18% 03-15-2028	Note	N/A	03/15/2028	5.18%	80,000	\$ 80,096	\$ 80,659
	JOHN DEERE OWNER TR SR 24-A CL A3 4.96% 11-15-2025	Note	N/A	11/15/2028	4.96%	270,000	269,144	272,063
	JPMORGAN CHASE & CO NT FIXED TO FLTG RATE 1.578% 04-22-2027	Note	N/A	04/22/2027	1.58%	585,000	545,559	561,524
	KYNDRYL HLDGS INC 6.35% 02-20-2034	Note	N/A	02/20/2034	6.35%	365,000	375,630	379,769
	MAGNA INTL INC 2.45% DUE 06-15-2030	Note	N/A	06/15/2030	2.45%	450,000	390,036	395,489
	MARRIOTT INTL INC 4.65% DUE 12-01-2028	Note	N/A	12/01/2028	4.65%	335,000	328,725	332,489
	MERCEDES-BENZ AUTO LEASE TRUST SER 24-A CL A3 5.32% 01-18-2028	Note	N/A	01/18/2028	5.32%	220,000	223,533	222,603
	MORGAN STANLEY 6.342% 10-18-2032	Note	N/A	10/18/2032	6.34%	340,000	360,909	359,764
	MORGAN STANLEY VAR RT 07-22-2028	Note	N/A	07/22/2028	3.59%	590,000	540,000	568,889
	NATIONAL RURAL UTILS COOP FIN CORP 2.4% DUE 03-15-2030	Note	N/A	03/15/2030	2.40%	345,000	337,273	304,319
	OCCIDENTAL PETE CORP 5.375% 01-01-2032	Note	N/A	01/01/2032	5.38%	160,000	159,930	156,808
	ONEMAIN FIN CORP SR NT 3.5% 01-15-2027	Note	N/A	01/15/2027	3.50%	920,000	868,806	877,540
	ONEMAIN FINANCIAL CORPORATION 3.875% 09-15-2028	Note	N/A	09/15/2028	3.88%	435,000	402,772	400,870
	PACCAR FINL CORP 5.2% DUE 11-09-2026	Note	N/A	11/09/2026	5.20%	210,000	209,689	212,829
	PENNSKE AUTOMOTIVE GROUP INC 3.5% DUE 09-01-2025 REG	Note	N/A	09/01/2025	3.25%	855,000	875,076	844,185
	PS&E RECOVERY FDC LLC SR SEC'D NT CL A-1 1.46% 07-15-2033	Note	N/A	07/15/2028	1.38%	1,490,000	1,517,914	1,239,358
	PHILIP MORRIS INTL INC 5.125% 02-13-2031	Note	N/A	02/13/2031	5.13%	370,000	344,696	370,231
	PLAINS ALL AMER PIPELINE 5.7% 09-15-2034	Note	N/A	09/15/2034	5.70%	365,000	365,470	364,249
	PNC FINL SVCS FLTG RT 5.582% DUE 06-12-2029	Note	N/A	06/12/2029	5.58%	720,000	726,542	732,505
	PVTL AADVANTAGE LOYALTY LP ITD/AMERN AIRLS 5.5% DUE 04-20-2026 BEC	Note	N/A	04/20/2026	5.50%	1,472,506	1,451,767	1,469,280
	PVTL AADVANTAGE LOYALTY LP ITD/AMERN AIRLS 5.75% 04-20-2025	Note	N/A	04/20/2029	5.75%	630,000	625,462	624,763
	PVTL ALBERTSONS COS INC/SAFEWAY INC/NEWA 3.25% DUE 03-15-2026/08-31-2020 BEC	Note	N/A	03/15/2026	3.25%	2,030,000	2,031,671	1,980,424
	PVTL BRINK'S CO 06-15-2029	Note	N/A	06/15/2029	6.88%	200,000	200,000	197,860
	PVTL CLEVELAND-CUJFS INC 6.875% 11-01-2029	Note	N/A	11/01/2029	6.88%	200,000	200,000	197,860
	PVTL CMO BX TR 2021-ARIA BX 2021-ARIA AVAR RT DUE 10-15-2036 BEC	Note	N/A	10/15/2036	5.41%	470,000	465,006	468,678
	PVTL ESAB CORP 6.25% 04-15-2029	Note	N/A	04/15/2029	6.25%	1,850,000	1,864,222	1,873,013
	PVTL GENTING NEW YORK LLC / GENNY CAP 7.25% 10-01-2029	Note	N/A	10/01/2029	7.25%	750,000	753,656	772,652
	PVTL GLF ENVIRONMENTAL INC 3.75% DUE 08-01-2025 BEO	Note	N/A	08/01/2025	3.75%	620,000	592,980	613,864
	PVTL GGAM FIN LTD 8.0% 02-15-2027	Note	N/A	02/15/2027	8.00%	990,000	1,010,264	1,021,142
	PVTL GIGAM FINANCIAL INC 12-15-2028	Note	N/A	12/15/2028	7.75%	1,015,000	1,018,028	1,029,882
	PVTL HAT HLDGS I LLC/HAT HLDGS II LLC 3.375% 06-15-2026	Note	N/A	06/15/2026	3.38%	1,305,000	1,222,103	1,264,512
	PVTL HAT HLDGS I LLC/HAT HLDGS II LLC 8.0% 06-15-2027	Note	N/A	06/15/2027	8.00%	785,000	818,981	818,126
	PVTL HERC HLDGS INC 5.5% DUE 07-15-2027 BEO	Note	N/A	07/15/2027	5.50%	590,000	588,013	582,496
	PVTL HERC HLDGS INC 6.625% 06-15-2029	Note	N/A	06/15/2029	6.63%	1,410,000	1,431,971	1,427,864
	PVTL INTERNATIONAL GAME TECHNOLOGY 6.25% 01-15-2027	Note	N/A	01/15/2027	6.25%	2,040,000	2,051,668	2,052,817
	PVTL JAZZ SECS DESIGNATED ACTIVITY CO 4.375% DUE 01-15-2029 BEC	Note	N/A	01/15/2029	4.38%	2,190,000	2,036,789	2,064,868
	PVTL KINETIK HLDGS LP 6.625% 12-15-2028	Note	N/A	12/15/2028	6.63%	2,010,000	2,034,176	2,056,248
	PVTL MACQUARIE AIRFINANCE HLDGS LTD 8.375% 05-01-2028	Note	N/A	05/01/2028	8.38%	1,365,000	1,403,662	1,430,390
	PVTL PARK INTER HLDGS LLC/PK DOMESTIC PPTY 4.875% DUE 05-15-2029 BEC	Note	N/A	05/15/2029	4.88%	1,080,000	1,015,981	1,015,003
	PVTL PARK INTER HLDGS LLC/PK DOMESTIC PPTY 5.875% DUE 10-01-2028 BEC	Note	N/A	10/01/2028	5.88%	1,035,000	1,020,978	1,011,690
	PVTL PHINIA INC 6.75% 04-15-2029	Note	N/A	04/15/2029	6.75%	1,275,000	1,291,987	1,300,505
	PVTL PRIME SEC SVCS BORROWER LLC/PRIME FIN 5.75% 04-15-2024	Note	N/A	04/15/2026	5.75%	2,115,000	2,087,562	2,113,815
	PVTL SIRIUS XM RADIO INC 3.125% DUE 09-01-2026 BEC	Note	N/A	09/01/2026	3.13%	2,115,000	2,060,488	2,031,577
	PVTL STARWOOD PPTY TR INC 3.625% DUE 07-15-2026 BEC	Note	N/A	07/15/2026	3.63%	635,000	602,490	612,842
	PVTL TALLGRASS ENERGY PARTNERS LP 5.5% DUE 01-15-2028 BEO	Note	N/A	01/15/2028	5.58%	695,000	664,645	659,335
	PVTL TALLGRASS ENERGY PARTNERS LP 6% DUE 03-01-2027/02-20-2020 BEC	Note	N/A	03/01/2027	6.00%	355,000	348,131	351,699
	PVTL TALLGRASS ENERGY PARTNERS LP 7.375% 02-15-2029	Note	N/A	02/15/2029	7.38%	900,000	903,815	902,849
	PVTL TRANSDIGM INC 6.375% 03-01-2029	Note	N/A	03/01/2029	6.38%	845,000	846,516	846,877
	PVTL TRANSDIGM INC 6.75% 08-15-2028	Note	N/A	08/15/2028	6.75%	1,205,000	1,225,421	1,215,512
	PVTL VICI PPTYS /NT 4.25% DUE 12-01-2026	Note	N/A	12/01/2026	4.25%	2,020,000	2,031,048	1,986,482
	PVTL VISTRA OPERATIONS CO LLC 5.5% DUE 09-01-2026 BEO	Note	N/A	09/01/2026	5.50%	2,120,000	2,085,974	2,113,312
	PVTL WESCO DISTRIBUTION INC 6.375% 03-15-2029	Note	N/A	03/15/2029	6.38%	1,235,000	1,248,870	1,251,506
	PVTL XPO INC 6.25% 06-01-2028	Note	N/A	06/01/2028	6.25%	1,620,000	1,627,080	1,629,910
	QUANTA SVCS INC 2.9% DUE 10-01-2030	Note	N/A	10/01/2030	2.90%	330,000	291,248	294,743
	REGIONS FINANCIAL CORP 1.8% 08-12-2028	Note	N/A	08/12/2028	1.80%	575,000	497,875	512,126
	SBA COMMUNICATIONS CORP NEW SR NT 3.875% 02-15-2027	Note	N/A	02/15/2027	3.88%	2,030,000	2,074,683	1,946,110
	SLG OFFICE TR 2.5854% DUE 07-15-2041	Note	N/A	07/15/2041	2.59%	280,000	232,181	235,129
	SLM CORP FIXED 3.125% DUE 11-02-2026	Note	N/A	11/02/2026	3.13%	875,000	821,236	835,136
	SLM CORP FIXED 4.25% DUE 02-29-2022	Note	N/A	02/29/2025	4.26%	1,270,000	1,292,411	1,258,661
	SOUTHWEST AIRLS CO 5.125% DUE 06-15-2027/06-08-2020 BEC	Note	N/A	06/15/2027	5.13%	295,000	294,089	296,341
	SOUTHWESTERN ENERGY CO 5.375% 02-01-2029	Note	N/A	02/01/2029	5.38%	370,000	366,393	364,468
	SPRINGLEAF FIN 7.125% DUE 03-15-2026	Note	N/A	03/15/2026	7.13%	800,000	814,000	814,370
	STARWOOD PPTY TR INC SR NT 144A 4.375% 01-15-2027	Note	N/A	01/15/2027	4.38%	768,000	747,125	742,533
	STARWOOD PROPERTY TRUST 4.75% 03-15-2025	Note	N/A	03/15/2025	4.75%	753,000	788,964	752,606
	SUNOCO LP/SUNOCO FIXED 6% DUE 04-15-2027	Note	N/A	04/15/2027	6.00%	2,065,000	2,133,236	2,060,905
	TEFASTRY INC 5.1% 03-11-2030	Note	N/A	03/11/2030	5.10%	370,000	370,240	365,784
	TEGNA INC 4.625% DUE 03-15-2028	Note	N/A	03/15/2028	4.63%	1,795,000	1,673,013	1,696,280
	TENET HEALTHCARE FIXED 4.25% DUE 01-06-2029	Note	N/A	06/01/2029	4.25%	1,090,000	1,010,381	1,023,291
	TENET HEALTHCARE FIXED 5.125% DUE 01-11-2027	Note	N/A	11/01/2027	5.13%	1,125,000	1,108,677	1,101,716
	TEVA 3.15% DUE 10-01-2026	Note	N/A	10/01/2026	3.15%	1,250,000	1,128,382	1,201,121
	TEVA 4.75% DUE 05-09-2027	Note	N/A	05/09/2027	4.75%	585,000	567,144	570,856
	TEVA PHARMACEUTICAL FIN NETH III B 6.75% 6.75% 03-01-2026	Note	N/A	03/01/2028	6.75%	305,000	313,830	311,392
	TEXAS INSTRS INC FIXED 4.6% DUE 02-08-2027	Note	N/A	02/08/2027	4.60%	250,000	249,696	251,949
	T-MOBILE USA INC 5.05% 07-15-2033	Note	N/A	07/15/2033	5.05%	370,000	359,741	362,389
	U S BANCORP MEDIUM TERM NTS- BOOK ENTRY 4.839% 02-01-2034	Note	N/A	02/01/2034	4.84%	575,000	541,318	550,541
	UN PAC RR CO 3.227% DUE 05-14-2024	Note	N/A	05/14/2026	3.23%	426,402	432,376	418,942
	UNDER ARMOUR INC 3.25% DUE 06-15-2024	Note	N/A	06/15/2026	3.25%	1,235,000	1,287,574	1,192,141
	UNITED PARCEL SERVICE INC 4.875% DUE 03-03-2033	Note	N/A	03/03/2033	4.88%	325,000	328,476	321,675
	VERIZON MASTER TR 4.17% 08-20-2030	Note	N/A	08/20/2030	4.17%	1,030,000	1,029,733	1,019,985
	WARNER MEDIA HOLDINGS INC 6.412% 03-15-2026	Note	N/A	03/15/2026	6.41%	325,000	329,042	325,129
	WELLS FARGO & CO 3% DUE 04-22-2026	Note	N/A	04/22/2026	3.00%	560,000	529,184	547,633
	WELLS FARGO & COMPANY 5.389% 04-24-2034	Note	N/A	04/24/2034	5.39%	370,000	366,035	365,972
	WELLS FARGO COMML 5.92% DUE 11-15-2024	Note	N/A	11/15/2057	5.92%	240,000	247,190	247,233
	WESTERN DIG CORP 4.75% DUE 02-15-2024	Note	N/A	02/15/2026	4.75%	2,045,000	2,173,377	2,025,286
	WESTERN MIDSTREAM OPER LP 3.1% DUE 02-01-2025	Note	N/A	02/01/2025	3.10%	1,380,000	1,358,099	1,376,461
	WYNDHAM 6.625% DUE 07-31-2024	Note	N/A	07/31/2026	6.63%	1,520,000	1,517,188	1,536,246
	WYNDHAM WORLDWIDE FIXED 5.1% DUE 10-01-2025	Note	N/A	10/01/2025	6.35%	535,000	535,748	536,332
	Total corporate obligations						112,178,679	111,671,175
Common collective trusts								
	BNY MELLON AFL-CIO CF SL STOCK INDEX FUND	Common collective trust	N/A	N/A	N/A	3,865,177	41,152,955	64,867,987
	Total common collective trusts						41,152,955	64,867,987
Hedge funds								
	CF ENTRUST CAP DIVERSIFIED QP LTD CL X SERIES 12/31/2016	Hedge fund	N/A	N/A	N/A	6,780	677,973	28,908
	Total hedge funds						677,973	28,908
Limited partnerships								
	AMERICAN CORE REALTY FUND, LP	Limited partnership	N/A	N/A	N/A	144	14,403,299	17,224,250
	BOYD WATERSON STATE GOVERNMENT FUND, LP	Limited partnership	N/A	N/A	N/A	22,736,072	22,736,072	19,279,812
	POST TRADITIONAL HIGH YIELD FUND	Limited partnership	N/A	N/A	N/A	39,997,075	39,997,075	56,394,262
	US REAL ESTATE INVESTMENT FUND	Limited partnership	N/A	N/A	N/A	23,790,		

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/20/1952
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) JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEAL 3130 AMES PLACE NE WASHINGTON DC 20018	2b Employer Identification Number (EIN)	53-0209136
	2c Plan Sponsor's telephone number	2026368181
	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.

X	SIGN HERE			PHILIP S. GILES
		Signature of plan administrator	Date	Enter name of individual signing as plan administrator
X	SIGN HERE	<i>Raymond Howard</i>		RAY HOWARD
		Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	SIGN HERE			
		Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND		1b Three-digit plan number (PN) ►	501
		1c Effective date of plan	01/20/1952
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) JOINT BOARD OF TRUSTEES OF LOCAL 639 EMPLOYERS HEAL 3130 AMES PLACE NE WASHINGTON DC 20018		2b Employer Identification Number (EIN)	53-0209136
		2c Plan Sponsor's telephone number	2026368181
		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.

X SIGN HERE	<i>Philip S. Giles</i>		PHILIP S. GILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
X SIGN HERE			RAY HOWARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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	5,245
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,953
a (2) Total number of active participants at the end of the plan year	6a(2)	3,324
b Retired or separated participants receiving benefits	6b	1,288
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,612
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	67

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 2 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024 AND 2023

Form 5500, Schedule H, Line 4j

E.I.N. 52-6397805
Plan No. 501

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on the Transaction Date	(i) Net Gain/ or (Loss)
N/A	MFB NTHN INSTL FDS GOVT PORTFOLIO	\$ 102,709,107	N/A	N/A	N/A	\$ 102,709,107	\$ 102,709,107	N/A
N/A	MFB NTHN INSTL FDS GOVT PORTFOLIO	N/A	\$ 98,288,076	N/A	N/A	98,288,076	98,288,076	\$ -