

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
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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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 282 WELFARE TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 11/06/1950
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES LOCAL 282 WELFARE TRUST FUND 2500 MARCUS AVENUE LAKE SUCCESS, NY 11042-1018
2b	Employer Identification Number (EIN) 11-6244552
2c	Plan Sponsor's telephone number 516-488-2822
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	MICHAEL VAN SERTIMA, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 3545
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) 2643 6a(2) 2657 6b 917 6c 6d 3574 6e 6f 3574 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 771

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 4G 4L 4Q 4U

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 5
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 LOCAL 282 WELFARE TRUST FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282	D Employer Identification Number (EIN) 11-6244552

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.
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1 Coverage Information:

(a) Name of insurance carrier THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK
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(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
13-4119477	89009	756303	2426	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 77543	(b) Total amount of fees paid 9371
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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 LABOR-FIRST LLC 3000 MIDATLANTIC DR 101 MOUNT LAUREL, NJ 08054
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54736			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid JAMES R NELLIGAN & ASSOC LLC 1933 STATE ROUTE 35 STE 368 WALL, NJ 07719

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22807	9371	CONTINGENT COMPENSATION	3

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	456131	
(2) Increase (decrease) in amount due but unpaid	9a(2)	38361	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		494492
b Benefit charges (1) Claims paid	9b(1)	260000	
(2) Increase (decrease) in claim reserves	9b(2)	-67825	
(3) Incurred claims (add (1) and (2))	9b(3)		192175
(4) Claims charged	9b(4)		192175
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	86914	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	55216	
(E) Taxes	9c(1)(E)	10725	
(F) Charges for risks or other contingencies	9c(1)(F)	39559	
(G) Other retention charges	9c(1)(G)	109903	
(H) Total retention	9c(1)(H)		302317
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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)		141926
(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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 LOCAL 282 WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282	D Employer Identification Number (EIN) 11-6244552

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.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY 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
06-1050034	93629	525795-E2		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 13000779**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 ▶ **GUARANTEED GENERAL ACCOUNT****b** Balance at the end of the previous year **7b** 14553796**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 446983
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 446983**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 15000779**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)** 2000000▶ **OTHER**(5) Total deductions **7e(5)** 2000000**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 13000779

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 LOCAL 282 WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282	D Employer Identification Number (EIN) 11-6244552	

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.
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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	SL 10498	2795	06/01/2023	05/31/2024

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
	117472

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
THE SEGAL COMPANY EASTERN STATES 333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	86766	SUPPLEMENTAL COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CONTEMPORAY STRATEGIC SOLUTIONS 19 WILLOW LANE
SPRING LAKE HEIGHTS, NJ 07762

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	30706	SUPPLEMENTAL COMMISSION	3

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(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 ☐ paid in cash, or ☐ 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	1535316
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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 LOCAL 282 WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282	D Employer Identification Number (EIN) 11-6244552

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.
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1 Coverage Information:

(a) Name of insurance carrier
MEDCO CONTAINMENT 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
42-1425239	63762	NGL40631	1153	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	1229217
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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 LOCAL 282 WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282	D Employer Identification Number (EIN) 11-6244552

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.
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1 Coverage Information:

(a) Name of insurance carrier
ANTHEM BLUE CROSS BLUE SHIELD

(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
35-0781558	28207	NY041GRS	1170	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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 ☐ paid in cash, or ☐ 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	1474054
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan LOCAL 282 WELFARE TRUST FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282	D Employer Identification Number (EIN) 11-6244552

Part I	Service Provider Information (see instructions)
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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
LAZARD ASSET MANAGEMENT LLC
05-0530199

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC
23-1945930

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

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

(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

(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)

THOMAS J. ZULTKO

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	158507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAUREEN CLARKE-THOMPSON

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	69308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIN A NOVAK

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	99861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARTHA BOLANOS

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	76197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY FRANCES MARTINI

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	98826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH PUCCIO

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	82122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JILL A. LOMBARDI

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	58777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENISE DEANGELIS

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	32896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOULD, KOBRICK & SCHLAPP, P.C

11-3082707

(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	111775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

COHEN, WEISS & SIMON

13-1592323

(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	UNION ATTY	759403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITRIN COOPERMAN ADVISORS

87-2525370

(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	178762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACKAY SHIELDS

13-5582869

(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	119985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

QUAN VEST CONSULTANTS

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	15996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY EASTERN STATES

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	169417	Yes ☒ No ☐	Yes ☐ No ☒	107285	Yes ☐ No ☒

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

SELEDENT, INC

11-3310187

(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 15	NONE	87518	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

EMPIRE BLUE CROSS & BLUE SHIELD

23-7391136

(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 15 49 62	NONE	1426180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP INC.

22-2743714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	16435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 70	NONE	284100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SAROJNI DEONARINE

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	51320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAWN CARLUCCI

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	62001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THERESA HIGGINS

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	76726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THOMAS POWERS JR.

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	77997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACEY BRAUN ASSOCIATES

13-2889432

(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	135231	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

TRIVELLA & FORTE, LLP

13-4070172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	650691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TOCQUEVILLE ASSET MANAGEMENT LP

13-3547557

(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	140005	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

MARIO BULDING

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	296421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN M. TLOCZKOWSKI

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	70477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FALZARANO & CO.

20-8428954

(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	240000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M&T BANK

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	84483	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

DEBORAH DEFOSSSES

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	70863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AMANDA LAWRENCE

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	86087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVIWATTIE SINGH

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	49844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICOLE MATTERN

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	99102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HO Y HO

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	103811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STERN WONG

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	98403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JASMIN KHEMRAJ

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	85002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LYNN MACALUSO

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	50155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIEGO REMACHE

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	103016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICOLE SIVERT

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	88711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DIANNE PERDICARO

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	71407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICK SHURE

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	107039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
53	NONE		Yes ☒ No ☐	Yes ☐ No ☒	57218	Yes ☐ No ☒

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)

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(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	69340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHONY DAQUILA

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	76413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED MEDICAL CARE MANAGEMENT

13-3860528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	207777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

KIMBERLY A ERHART

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	72892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 282 PENSION TRUST FUND

11-6245313

(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	RELATED FUND	138422	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH SPOONER

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	51903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

OCTAVIA MALONE

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	107173	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OMAR BHATTI

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	79135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LABOR FIRST

06-1750191

(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?
22	NONE	222068	Yes ☒ No ☐	Yes ☒ No ☐	401717	Yes ☐ No ☒

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)

ALEXUS WARREN

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	54922	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WING MAN CHEUNG

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	92204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HONG YING LI

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	115162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GREEN LIGHT COST MANAGEMENT, LLC

45-5248276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49	NONE	138816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYER MATRIX LLC

81-3946362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	363697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMILIA ANTUNES

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	27202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JIMMY CHENG

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	96710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW HOGARTY

11-6244552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	29318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWELL DIRECT

47-5182974

(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	NONE	232530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TIMOTHY J. LYE

16 JAY COURT
ISLIP, NY 11751

(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?
17	NONE	46800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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
LABOR FIRST 06-1750191	53	54736
(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.	
THE STANDARD LIFE INSURANCE COMPANY 13-4119477	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES 46-	53	24477
(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.	
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE SEGAL COMPANY EASTERN STATES 13	53	35105
(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.	
GREEN LIGHT 17015 NORTH SCOTTSDALE ROAD STE 350 SCOTTSDALE, AZ 85255 45-5248276	INSURANCE BROKERAGE COMMISSIONS AND FEES - NETWORK COST MANGEMENT SERVICES	

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
SEGAL SELECT INSURANCE SERVICES 46-	53	14671
(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.	
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	INSURANCE BROKERAGE COMM. & FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES 46-	53	10097
(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.	
ENCORE 100 EAST STREET SUITE 204 VIENNA, VA 22180 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE SEGAL COMPANY EASTERN STATES 13	53	72180
(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.	
UNION LABOR LIFE INSURANCE COMPANY 8403 COLESVILLE RD 13TH FLOOR SILVER SPRINGS, MD 20910 13-1423090	INSURANCE BROKERAGE COMMISSIONS AND FEES - STOP LOSS	

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
SEGAL SELECT INSURANCE SERVICES 46-	53	4675

(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.
RLI INSURANCE 9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615 37-0915434	INSURANCE BROKERAGE COMM. & FEES.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES 46-	53	3299

(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.
TRAVELERS PO BOX 2950 HARTFORD, CT 06104-2950 06-0566090	INSURANCE BROKERAGE COMM. & FEES.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LABOR FIRST 06-1750191	53	346981

(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.
ELEVANCE 220 VIRGINA AVENUE INDIANAPOLIS, IN 46204 35-2145715	SERVICE FEES FROM CARRIER

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:	
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Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LOCAL 282 WELFARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 282		D Employer Identification Number (EIN) 11-6244552

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	8060560	10509501
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17709142	19274079
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1798814	9691799
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9163826	8956044
(2) U.S. Government securities	1c(2)	44181867	39949553
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3969405	4390270
(B) All other	1c(3)(B)	18050684	19510610
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	23353629	18908486
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	990000	1060000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32415316	31711132
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14553796	13000779
(15) Other.....	1c(15)	8062584	7661469

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	71654	81740
f Total assets (add all amounts in lines 1a through 1e).....	1f	182381277	184705462
Liabilities			
g Benefit claims payable	1g	18299088	24725156
h Operating payables	1h	755295	712186
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1898472	4728453
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20952855	30165795
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	161428422	154539667

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)	103004772	
(B) Participants	2a(1)(B)	154952	
(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)		103159724
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	234900	
(B) U.S. Government securities	2b(1)(B)	1678746	
(C) Corporate debt instruments	2b(1)(C)	1071021	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	704525	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3689192
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	8622	
(B) Common stock	2b(2)(B)	165065	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1382467	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1556154
(3) Rents	2b(3)		12535
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	121899409	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	120182644	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	61445	
(B) Other	2b(5)(B)	1523103	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4989455
c Other income	2c		13146120
d Total income. Add all income amounts in column (b) and enter total	2d		129854493

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22554185	
(2) To insurance carriers for the provision of benefits	2e(2)	5981698	
(3) Other	2e(3)	95995416	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		124531299
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)	5570495	
(2) Contract administrator fees	2i(2)	1968296	
(3) Recordkeeping fees	2i(3)	392752	
(4) IQPA audit fees	2i(4)	84500	
(5) Investment advisory and investment management fees	2i(5)	480557	
(6) Bank or trust company trustee/custodial fees	2i(6)	84483	
(7) Actuarial fees	2i(7)	169417	
(8) Legal fees	2i(8)	1405141	
(9) Valuation/appraisal fees	2i(9)	1000	
(10) Other trustee fees and expenses	2i(10)	30372	
(11) Other expenses	2i(11)	2024936	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		12211949
j Total expenses. Add all expense amounts in column (b) and enter total	2j		136743248

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6888755
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: **GOULD, KOBRICK & SCHLAPP, P.C**

(2) EIN: **13-3082707**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

LOCAL 282 WELFARE TRUST FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

LOCAL 282 WELFARE TRUST FUND

**FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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D. ROBERT GOULD, C.P.A. (1933-2015)
STUART L. KOBRICK, C.P.A. (RETIRED)
STEVEN T. SCHLAPP, C.P.A.
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.
RONDELL E. MARSHALL, C.P.A.

TEL: 212-564-9451
FAX: 212-268-6562

EMAIL: GKS@GKSPC.COM
WWW.GKSPC.COM

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Local 282 Welfare Trust Fund

Opinion

We have audited the financial statements of Local 282 Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of Local 282 Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in benefit obligations and in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Local 282 Welfare Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 282 Welfare Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITORS' REPORT (continued)

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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 Local 282 Welfare Trust Fund 's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 282 Welfare Trust Fund 's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its form and content, is 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 schedule 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.

Audit, Kohnstien & Adolph, P.C.

New York, NY
September 18, 2025

LOCAL 282 WELFARE TRUST FUND

**STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Claims payable and incurred but not reported	\$ 12,699,600	\$ 9,531,700
Vacation benefits payable	12,300,087	8,742,488
Employee drug and medical testing payable	24,505	24,900
Insurance premiums (prepaid)	(299,036)	0
Accumulated eligibility credits	38,484,219	33,685,600
Postretirement benefits	362,398,043	346,442,833
Total Benefit Obligations	<u>425,607,418</u>	<u>398,427,521</u>
ASSETS		
Investments, at fair value	132,147,564	140,187,311
Investment, at contract value	13,000,779	14,553,796
Total Investments	<u>145,148,343</u>	<u>154,741,107</u>
Receivables:		
Employer contributions	19,274,079	17,709,142
Stop loss reimbursements	5,725,610	53,331
Drug rebates	2,646,097	843,427
Accrued investment income	486,453	506,868
Due from related organizations	461,592	33,460
COBRA subsidy	158,959	158,959
Other	7,513	12,421
Total Receivables	<u>28,760,303</u>	<u>19,317,608</u>
Other assets:		
Cash, operating accounts	10,509,501	8,060,560
Prepaid expenses	205,575	190,348
Fixed assets, net of accumulated depreciation	81,740	71,654
Total Other Assets	<u>10,796,816</u>	<u>8,322,562</u>
Total Assets	<u>184,705,462</u>	<u>182,381,277</u>
LIABILITIES		
Employer contribution exchanges	4,051,448	1,261,537
Accrued expenses	712,186	755,295
Deposit payable - surety bonds	361,630	361,630
Severance	212,826	197,475
Due to broker for securities purchased	102,549	56,482
Deferred COBRA contributions	0	21,348
Total Liabilities	<u>5,440,639</u>	<u>2,653,767</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>179,264,823</u>	<u>179,727,510</u>
EXCESS OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ (246,342,595)</u>	<u>\$ (218,700,011)</u>

The accompanying notes are an integral part of the financial statements.

LOCAL 282 WELFARE TRUST FUND

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

	2024	2023
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS		
Claims payable and incurred but not reported	\$ 3,167,900	\$ 399,700
Vacation benefits payable	3,557,599	(114,516)
Employee drug and medical testing payable	(395)	(6,480)
Insurance premiums (prepaid)	(299,036)	217,846
Accumulated eligibility credits	4,798,619	492,622
Postretirement benefits	15,955,210	(50,536,991)
Net Increase (Decrease) in Benefit Obligations	<u>27,179,897</u>	<u>(49,547,819)</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Employer contributions	103,004,772	96,144,497
COBRA contributions	154,952	242,371
Total Contributions	<u>103,159,724</u>	<u>96,386,868</u>
Investment income:		
Net appreciation in fair value of investments	8,290,768	7,102,783
Interest, dividends and other	5,244,892	4,899,582
Net rental income - Job Training Trust Fund	12,535	4,524
	<u>13,548,195</u>	<u>12,006,889</u>
Less - Investment fees	565,040	524,213
Net Investment Income	<u>12,983,155</u>	<u>11,482,676</u>
Other income:		
Stop loss reimbursements	8,267,408	87,908
Interest - employers	298,202	525,493
Other	36,956	7,650
Association administration income	10,080	9,915
COBRA subsidy	0	158,959
Liquidated damages	0	8,808
Total Other Income	<u>8,612,646</u>	<u>798,733</u>
Total Additions	<u>124,755,525</u>	<u>108,668,277</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid	118,105,231	87,432,989
Administrative expenses	7,112,981	7,028,428
Total Deductions	<u>125,218,212</u>	<u>94,461,417</u>
Net increase (decrease) in net assets available for benefits	<u>(462,687)</u>	<u>14,206,860</u>
Net (increase) decrease in excess of benefit obligations over net assets available for benefits	<u>(27,642,584)</u>	<u>63,754,679</u>
Excess of benefit obligations over net assets available for benefits:		
Beginning	<u>(218,700,011)</u>	<u>(282,454,690)</u>
Ending	<u><u>\$ (246,342,595)</u></u>	<u><u>\$ (218,700,011)</u></u>

The accompanying notes are an integral part of the financial statements.

LOCAL 282 WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following brief description is provided for general information purposes only. Participants should refer to the Plan Document and Summary Plan Description for more complete information.

General: Local 282 Welfare Trust Fund (the “Plan”) was established for the purpose of providing health care and other benefits to eligible employees under the collective bargaining agreements between certain employers and Local 282 of the International Brotherhood of Teamsters (the “Union”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended to change the Plan year to a calendar year-end effective January 1, 2023.

Plan Administration: The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment managers and maintained by separate Plan custodians.

Benefits: The Plan provides benefits as enumerated in Note 17 to active participants of the Plan and to their beneficiaries and covered dependents. The benefit that a participant is entitled to is based upon the provisions of the Plan.

The Plan provides most actives’ benefits to retirees (including dependents) who retire under the provisions of the Local 282 Pension Trust Fund for certain industries and employers, including Local 282 I.B.T. and Local 282 Trust Funds. The Plan will be secondary to Medicare for a retired participant or the dependent of a retired participant, who is age 65 or older.

During the year, the following insured benefits were in effect:

Insurer	Benefits
The Standard Life Insurance Company of New York	Life and accidental death and dismemberment, short-term disability, paid family leave, and state disability.
Medco Containment Life Insurance Company / Express Scripts Medicare	Medicare prescription drug – Part D
Anthem Blue Cross Blue Shield	Medicare supplement – Parts A & B
Union Life Labor Insurance Company	Stop loss

During the year, the following administrative benefit contracts were in effect:

Administrator	Benefits
Empire Blue Cross and Blue Shield	Hospital benefits
Sele-Dent Inc.	Dental
Carelon Rx / Anthem Rx	Prescription benefits
Payer Matrix, LLC	Prescription benefits

Effective July 1, 2019, the Plan provides for the payment of vacation benefits to eligible participants. The benefit to which participants are entitled is the sum of contributions received on their behalf. The benefit year is July 1 to June 30 and benefits are paid in November of each year for contributions received through September 30. The Plan also pays benefits in March of the following year for contributions that were due by September 30, but were received between October 1 and February 28 (February 29 in leap years).

LOCAL 282 WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (continued)

Plan Termination: The Plan document provides that upon the termination of the Plan, any monies remaining after the payment of all expenses and obligations shall be paid or used for the continuance of one or more benefits in accordance with the provisions of the Plan document until the Plan is exhausted.

Funding: The contribution rates are determined by the collective bargaining agreements in effect at the time. The collective bargaining agreements require contributions to the Plan at an hourly rate.

Other: Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be terminated at any time by the unanimous vote of all the trustees with the consent of the Employers and the Union, subject to the provisions set forth in ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements were prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

Fixed Assets and Depreciation: Fixed assets are stated at cost less depreciation accumulated since their acquisition and do not purport to represent replacement or realizable value. All assets are depreciated over estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Other Plan Benefits: Plan obligations at the end of the fiscal year for health claims incurred by active participants but not reported at that date, for accumulated eligibility of participants, and for future death and disability payments are estimated by the Plan's actuary in accordance with accepted actuarial principles and are reported in the accompanying statement of the Plan's benefit obligations at present value.

The Plan provides for the payment of benefits for a period of time subsequent to the financial statement date for those participants who have accumulated a sufficient number of eligibility credits or hours. Such rules permit eligible participants benefits during periods of unemployment or inactivity, when employer contributions to the Plan would otherwise not provide coverage or benefits. At the financial statement date, such accumulated eligibility credits represent a liability of the Plan arising from prior employee service for which employer contributions have been received. The liability is determined by applying the average cost of benefits per eligible participant over the eligibility period.

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Vacation Benefits Payable: Vacation benefits payable is based on an estimate of six months of employer contributions.

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

Assumptions	December 31, 2024	December 31, 2023
Discount Rate	5.50%	4.80%
Health Trend Rates:		
Pre-Medicare Medical and Hospital	7.50% in 2025 graded to 4.5% over 12 years	7.50% in 2024 graded to 4.5% over 12 years
Medicare Medical and Hospital	7.50% in 2025 graded to 4.5% over 12 years	7.00% in 2024 graded to 4.5% over 10 years
Pre-Medicare Prescription Drugs	10.00% in 2025 graded to 4.5% over 22 years	8.00% in 2024 graded to 4.5% over 14 years
Medicare Prescription Drugs	1.50% in 2025, then 7.00% in 2026 graded to 4.5% over 10 years	7.00% in 2024 graded to 4.5% over 10 years
Medicare Part B Premium	2.00%	0.00%
Vision	3.00%	3.00%
Administrative expense increase rate	3.00%	3.00%
Postretirement mortality rates:		
Healthy	110% of the Headcount-Weighted RP-2014 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP-2018	110% of the Headcount-Weighted RP-2014 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP-2018
Disabled	Headcount-Weighted RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2018	Headcount-Weighted RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2018

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

Employer Contributions: The amounts of employer contributions receivable and employer contribution income do not include any estimates of amounts due from employers where employer remittance reports were not received by the Plan office, or any amounts due but unpaid as a result of disputed payroll audits, or for any contributions held in the clearance account that have not been identified by the Plan.

Reclassification: Certain amounts in the December 31, 2023, financial statements have been reclassified for comparative purposes to conform to the presentation in the December 31, 2024, financial statements.

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Current Expected Credit Losses: The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the “ASU”) significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financial assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan’s financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

NOTE 3 – BENEFIT OBLIGATIONS

The Plan’s deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements.

The weighted-average health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased or decreased, it would significantly affect the total of benefit obligations. The impact of a 1% increase in the health care cost trend assumptions would increase the Plan’s accumulated postretirement benefit obligation to \$413,148,028 as of December 31, 2024, an increase of \$50,749,985 over the reported number.

The Plan’s postretirement benefit obligation and changes therein are summarized as follows:

	2024	2023
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees, beneficiaries and dependents	\$ 181,623,342	\$ 165,302,211
Other participants fully eligible for benefits	72,396,641	73,581,080
Participants not yet fully eligible for benefits	108,378,060	107,559,542
Total Postretirement Benefit Obligations	<u>\$ 362,398,043</u>	<u>\$ 346,442,833</u>
NET CHANGE IN BENEFIT OBLIGATIONS		
Increase (decrease) in postretirement benefits attributable to:		
Benefits earned net of benefits paid	\$ 7,564,470	\$ 10,161,518
Actuarial experience (gain) loss	(1,367,906)	5,697,925
Changes in actuarial assumptions	9,758,646	(66,396,434)
Net Change in Postretirement Benefit Obligations	15,955,210	(50,536,991)
Postretirement Benefit Obligations:		
Beginning	346,442,833	396,979,824
Ending	<u>\$ 362,398,043</u>	<u>\$ 346,442,833</u>

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 4 – TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), as amended and, accordingly, the trust's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan's management believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5 – RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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 6 – RESTRICTED CASH

The Plan maintains a surety bond interest-bearing bank account for bond deposits that are received from various employers. The face amount of the bond must comply with the requirements of the collective bargaining agreement with the Union. The restricted bank account balance, which is included in investments, as of December 31, 2024 and 2023, was \$460,933 and \$445,479, respectively.

The Plan's clearance account, which is offset by a corresponding liability, collects employer contribution income on behalf of all related plans whose breakdown is not initially available. The employer contribution income plus interest is then transferred from the clearance account to the respective plan's bank account once the information becomes available (see Note 10). The clearance cash account balance as of December 31, 2024 and 2023 was \$4,051,448 and \$1,261,536, respectively.

NOTE 7 – INVESTMENT CONTRACT

The Plan has a group annuity contract with the Empower Annuity Insurance Company (was previously Prudential Retirement Insurance and Annuity Company, which was purchased by Empower). This contract has been deemed to be fully benefit responsive and, as such, is reported at contract value in the financial statements in accordance with FASB ASC 965, Plan Accounting – Health and Welfare Benefit Plans. There are no reserves against contract value for credit risk of the issuer.

A Guaranteed Interest Rate is an effective annual rate of interest credited at its equivalent daily rate to amounts in the Guaranteed Interest Account as of the close of business daily. The establishment of the Guaranteed Interest Rate requires estimation of the future earnings rates, the rate at which existing investments mature, and future cash flows.

The investment contract does not contain a maturity date. Should the contract be terminated by the Plan, the proceeds upon termination and the period over which the proceeds are paid to the Plan, will be determined based upon the option selected by the Plan.

LOCAL 282 WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Interest bearing cash: Interest bearing cash is reported at cost, which approximates fair value.

U.S. government securities: US government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

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

Common stocks: Common stocks are valued at the closing price reported on the New York Stock Exchange and other exchanges.

Registered investment companies: Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end.

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 8 – FAIR VALUE MEASUREMENTS (continued)

Real estate: Real estate directly owned by the Plan was valued by an appraiser on December 31, 2024, using the sales comparison approach. The real estate is appraised every two years.

Other: Valued at net asset value (NAV) of units held (or their equivalent, such as member units or an ownership interest in partners' capital). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV or its equivalent.

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

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

December 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 8,956,522	\$ 0	\$ 0	\$ 8,956,522
U.S. government securities	0	39,949,553	0	39,949,553
Corporate debt instruments	0	23,900,402	0	23,900,402
Common stocks	18,908,486	0	0	18,908,486
Real estate	0	0	1,060,000	1,060,000
Registered investment companies	31,711,132	0	0	31,711,132
	<u>\$ 59,576,140</u>	<u>\$ 63,849,955</u>	<u>\$ 1,060,000</u>	<u>124,486,095</u>
Investments measured at NAV				<u>7,661,469</u>
Total Investments at Fair Value				<u>\$ 132,147,564</u>

December 31, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 9,163,826	\$ 0	\$ 0	\$ 9,163,826
U.S. government securities	0	44,181,867	0	44,181,867
Corporate debt instruments	0	22,020,089	0	22,020,089
Common stocks	23,353,629	0	0	23,353,629
Real estate	0	0	990,000	990,000
Registered investment companies	32,415,316	0	0	32,415,316
	<u>\$ 64,932,771</u>	<u>\$ 66,201,956</u>	<u>\$ 990,000</u>	<u>132,124,727</u>
Investments measured at NAV				<u>8,062,584</u>
Total Investments at Fair Value				<u>\$ 140,187,311</u>

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 8 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

	Real estate
Balance, beginning of year	\$ 990,000
Purchases	8,555
Unrealized gains	61,445
Balance, end of year	<u>\$ 1,060,000</u>

The following table summarizes investments measured at fair value based on NAV per share (or its equivalent) as of December 31, 2024 and 2023:

Description	Fair Market Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Other:					
U.S Real Estate Investment Fund, LLC	<u>\$ 7,661,469</u>	<u>\$ 8,062,584</u>	None	see below	see below

U.S Real Estate Investment Fund, LLC

U.S. Real Estate Investment Fund, LLC (the "Fund") is a limited liability company organized under the laws of the State of Delaware on July 31, 2006, pursuant to the Delaware Limited Liability Company Act. The Fund's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments. The Fund is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The Fund is managed by Intercontinental Real Estate Corporation.

The Fund is organized for the objective and purpose of enabling its operating subsidiaries, U.S. Real Estate Investment REIT Fund, Inc. (U.S. REIT), Bay State REIT, LLC (Bay State REIT) and U.S. Real Estate Investment Fund Non-REIT, LLC, to make investments in real estate assets; owning, managing, supervising, and disposing of such investments through its subsidiaries; sharing the profits and losses therefrom and engaging in such activities necessary, incidental, or ancillary thereto; and engaging in any other lawful act or activity for which limited liability companies may be organized under the Act in furtherance of the foregoing; provided, however, that the Fund shall make all qualifying investments only through one or more subsidiaries.

Each Member may request redemption of its interests at any time after the later of (i) the first anniversary of the Initial Closing, and (ii) the date upon which the net asset value first exceeds \$200 million by providing written notice to the Manager, provided in any case that such Member has fully funded the amount it has agreed to contribute to the Fund pursuant to its subscription. Each notice of redemption to the manager will be effective as of the last day of the quarter following the quarter during which the Fund receives the notice of redemption.

NOTE 9 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 10 – TRANSACTIONS WITH PARTIES IN INTEREST

The Local 282 Pension, Welfare, Annuity, Job Training, and Legal Services Trust Funds (the "Plans") share office space, personnel, and certain professional services. The Plan pays most of the common general and administrative expenses except those directly incurred by the respective Plans. These amounts are then allocated based upon various methods as described below.

Salaries, payroll taxes, employee benefits and other administrative expenses are allocated based on total personnel hours attributed to each of the related funds and are as follows:

	2024	2023
Welfare Trust Fund	47.21%	48.88%
Pension Trust Fund	24.33%	23.42%
Annuity Trust Fund	21.83%	21.77%
Job Training Trust Fund	6.63%	5.93%
Total	100.00%	100.00%

Payroll audit program costs and legal collection fees are allocated using percentages based on the prior year's audited employer contributions of each plan and are as follows:

	2024	2023
Welfare Trust Fund	45.62%	44.99%
Pension Trust Fund	24.77%	25.38%
Annuity Trust Fund	29.36%	29.37%
Job Training Trust Fund	0.25%	0.26%
Total	100.00%	100.00%

The Plans and the Local 282 Building Trust Fund (the "Building Fund"), a wholly owned subsidiary of the Union, share certain costs such as cleaning, security alarm monitoring, fire extinguisher inspection fees, and air conditioning servicing as per a written agreement which describes the allocation methodology. Expenses are initially paid by the Plan and then allocated to the Union based on the agreed-upon percentages in the written agreement. Expenses are also allocated to the other Local 282 Trust Funds based on the percentages above.

The Plans and the Union share certain costs such as telephone, shipping, website maintenance, member mobile application, legal research and the cost of the receptionist and mail room clerk as per a written agreement which describes the allocation methodology. Expenses are initially paid by the Plan and then allocated to the Union based on the agreed-upon percentages. Expenses are also allocated to the other Local 282 Trust Funds based on the percentages above.

Other expense allocations represent expenses initially paid by the Plan that are directly allocated to the related Plans based on actual costs incurred. This includes postage and shipping, which are allocated based on actual usage of the Plans and other office expenses.

The Plans are administered in a condominium unit owned by the Local 282 Pension Trust Fund (the "Pension Trust Fund"). The Pension Trust Fund allocates its occupancy costs to the Plans using workload percentages, which are based on employees' time analyses.

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 10 – TRANSACTIONS WITH PARTIES IN INTEREST (continued)

The Plan had entered into a cancelable lease agreement to rent space to the Local 282 Job Training Trust Fund. The term of the lease was April 1, 2021 through March 31, 2023 at a rent of \$63,921 inclusive of electrical charges with a 2.0% per annum escalation. The lease was extended with a term from April 1, 2023 through March 31, 2025, at a rent of \$66,156 inclusive of electrical charges with a 2.0% per annum escalation.

The Plan transfers contributions on an "as needed" basis to the Local 282 Legal Services Trust Fund (LSTF) so the LSTF could pay benefits and other expenses. Any net increase/decrease in assets of the LSTF is transferred to the Plan to ensure the LSTF shows a zero balance for net assets.

The Plan's transactions with parties in interest are summarized as follows:

	Totals	Pension Trust Fund	Annuity Trust Fund	Job Training Trust Fund	Legal Services Trust Fund	International Brotherhood of Teamsters
Beginning balances	\$ 33,460	\$ (64,751)	\$ (62,615)	\$ 158,143	\$ (8,189)	\$ 10,872
Current period activity:						
Payments/receipts	(6,395,345)	(2,916,899)	(3,681,179)	(595,834)	908,450	(109,883)
Contribution exchanges	2,971,948	1,114,853	1,847,727	9,368	0	0
Exchange - Welfare/LSTF	(909,221)	0	0	0	(909,221)	0
Expense allocations from WTF	4,533,928	2,127,602	2,015,974	390,352	0	0
Expense allocations from PTF	(138,422)	(138,422)	0	0	0	0
Other expense allocations	298,096	21,659	17,381	145,356	0	113,700
Rent	67,148	0	0	67,148	0	0
Total Current Activity	428,132	208,793	199,903	16,390	(771)	3,817
Ending balances	\$ 461,592	\$ 144,042	\$ 137,288	\$ 174,533	\$ (8,960)	\$ 14,689

Contribution exchange transactions represent contributions, employer interest, delinquency payments and reimbursed audit and legal fees from employers, which are initially deposited in the Plan's clearance bank account (e.g., single checks remitted by employers), and which are later distributed to the respective related plan.

NOTE 11 – RENTAL INCOME

	2024	2023
Gross rental income	\$ 67,148	\$ 65,917
Operating expenses:		
Real estate taxes	31,298	29,083
Condominium maintenance	14,223	14,297
Repairs and miscellaneous	9,092	18,013
Total operating expenses	54,613	61,393
Net rental income	\$ 12,535	\$ 4,524

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 12 – FIXED ASSETS

Fixed assets at December 31, 2024 and 2023 by classification are summarized as follows:

	2024	2023
Software	\$ 229,779	\$ 225,276
Computers and equipment	76,727	89,840
Furniture and fixtures	29,515	31,129
	336,021	346,245
Less - Accumulated depreciation	254,281	274,591
Net Fixed Assets	\$ 81,740	\$ 71,654

Depreciation expense amounted to \$32,894 in 2024 and \$32,662 in 2023.

NOTE 13 – RETIREMENT PLANS FOR EMPLOYEES

The Plan's eligible employees are provided pension benefits by the Local 282 Pension Trust Fund, a defined benefit multiemployer retirement plan. Contributions to this plan were \$547,930 and \$547,225 for years ended December 31, 2024 and 2023, respectively. Information about this plan is as follows:

Local 282 Pension Trust Fund		Pension Protection Act Zone Status		FIP/RP Status Pending / Implemented	Contributions			Surcharge Imposed	Expiration Date Of Collective Bargaining Agreement
E.I.N.	Plan No.	2024	2023		2024	2023	2022		Automatic renewal unless terminated
11-6245313	001	Green	Green	N/A	\$ 547,930	\$ 547,225	\$ 453,319	No	

Contributions to the defined contribution retirement plan for the years ended December 31, 2024 and 2023, were \$506,441 and \$536,040, respectively.

All contributions are paid by the Plan and subsequently allocated to the other Local 282 Trust Funds.

NOTE 14 – INSURANCE COMPANY CLAIM RESERVES

The Standard Life Insurance Company of New York held claim reserves of \$141,926 and \$209,751 under the Plan's group life insurance policy for participants at December 31, 2024 and 2023, respectively. These reserves have not been recorded as an asset of the Plan.

NOTE 15 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 18, 2025, the date the financial statements were available to be issued.

LOCAL 282 WELFARE TRUST FUND**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023****NOTE 16 – ADMINISTRATIVE EXPENSES**

	2024	2023
Professional fees:		
Benefit administrators	\$ 1,968,296	\$ 1,939,512
Legal and collection	1,410,094	1,386,188
Less: reimbursements	(4,953)	(9,063)
Payroll audits program	424,133	431,573
Less: reimbursements	(58,656)	(118,841)
Prescription drug consultant	363,697	300,684
Medical consultants	349,164	301,893
Actuary and consultant	169,417	191,503
Auditing and accounting	111,775	105,700
Other	1,000	4,750
Payroll	5,570,495	5,572,096
Computer consultant and supplies	375,512	338,794
Insurance	313,075	298,009
Stationery, printing and office	193,533	177,162
Equipment rental, repairs and maintenance	117,304	113,869
Postage	77,709	78,087
Conferences, conventions, meetings and travel	51,987	51,289
Depreciation	32,894	32,662
Telephone	23,596	20,372
Legal research	18,415	48,682
Total Direct Administrative Expenses	11,508,487	11,264,921
Allocation of expenses from Pension Trust Fund	138,422	145,265
Allocation of expenses to Related Plans:		
Pension Trust Fund	(2,127,602)	(2,043,212)
Annuity Trust Fund	(2,015,974)	(1,982,588)
Job Training Trust Fund	(390,352)	(355,958)
Total Allocated to Related Plans	(4,533,928)	(4,381,758)
Net Administrative Expenses	\$ 7,112,981	\$ 7,028,428

LOCAL 282 WELFARE TRUST FUND

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 17 – BENEFITS PAID

	2024	2023
Insured:		
Medicare Parts A, B and D premiums	\$ 3,239,012	\$ 2,191,256
Stop loss insurance	1,585,331	1,586,302
Paid family leave and state disability	961,158	1,145,526
Life and accidental death and dismemberment, and short term disability	495,233	462,017
Total Insured Benefits Paid	6,280,734	5,385,101
Self-Insured:		
Medical, surgical and hospital	81,166,431	52,628,274
Prescription drugs, net of rebates	8,804,116	9,164,630
Dental	2,023,332	1,815,468
Medicare Part B reimbursements	1,388,987	1,392,148
Group legal benefits	918,181	917,414
Random drug testing	314,779	338,893
Optical	226,156	212,222
Member assistance program	89,541	89,162
Death	53,442	78,570
ACA fees	23,889	44,085
Hearing aid	17,796	21,096
Preventative screening	17,700	26,700
Total Self-Insured Benefits Paid	95,044,350	66,728,662
Vacation	16,780,147	15,319,226
Total Benefits Paid	\$ 118,105,231	\$ 87,432,989

LOCAL 282 WELFARE TRUST FUND

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 18 – EMPLOYER CONTRIBUTIONS

	2024	2023
Metropolitan Truckers' Association	\$ 29,836,502	\$ 26,620,080
Excavating - NYC	29,528,868	26,018,682
Ready Mix Concrete - NYC	11,269,391	11,782,892
Asphalt and Heavy Construction - Nassau & Suffolk	6,397,472	6,716,914
Plumbing Supplies	4,478,160	4,285,364
Building Material Contractors	4,142,752	4,211,191
Asphalt - NYC	2,807,607	2,468,232
Ready Mix Concrete - Nassau & Suffolk	1,584,792	1,274,121
Building Material Suppliers	1,449,263	1,475,277
Mechanical Trades	1,422,402	1,365,783
Demolition	1,195,078	1,024,610
Testing Lab	1,080,749	1,041,654
Sand and Gravel Bulk Cement - Nassau & Suffolk	1,072,072	1,035,400
High-Rise	986,184	1,111,581
Lumber	941,074	991,305
Other	932,764	816,820
Local 282 - High-Rise	582,226	560,781
Building Material Freight Suppliers	550,595	606,161
Mobile Office Trailer	426,394	434,195
Carpet Industry	372,555	374,248
Compressed Gas	358,339	391,788
Granite Cutters	347,260	353,058
Bulk Material Hauling	288,237	237,212
Precast Concrete	278,895	277,338
Tool Supply	172,823	195,120
Oversized Vehicle Escort	130,595	118,288
Sand and Gravel Hauling	116,047	128,416
110 Sand Company	115,492	74,961
Light Equipment & Non-CDL Trucking	73,768	82,320
Demolition Contractors	39,594	0
Explosive Powder	14,828	23,199
Raw Equipment	11,994	47,506
Total Employer Contributions	\$ 103,004,772	\$ 96,144,497

LOCAL 282 WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 19 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 179,264,823	\$ 179,727,510
Less: Claims payable and incurred but not reported	(12,699,600)	(9,531,700)
Vacation benefits payable	(12,300,087)	(8,742,488)
Insurance premiums prepaid	299,036	0
Employee drug & medical testing payable	(24,505)	(24,900)
	(24,725,156)	(18,299,088)
Net assets available for benefits per Form 5500	\$ 154,539,667	\$ 161,428,422

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

	2024	2023
Benefits paid per the financial statements	\$ 118,105,231	\$ 87,432,989
Less: Claims payable and incurred but not reported, beginning of year	(9,531,700)	(9,132,000)
Vacation benefits payable, beginning of year	(8,742,488)	(8,857,004)
Insurance premiums payable, beginning of year	0	217,846
Employee drug & medical testing payable, beginning of year	(24,900)	(31,380)
Add: Claims payable and incurred but not reported, end of year	12,699,600	9,531,700
Vacation benefits payable, end of year	12,300,087	8,742,488
Insurance premiums (prepaid), end of year	(299,036)	0
Employee drug & medical testing payable, end of year	24,505	24,900
Benefits paid per Form 5500	\$ 124,531,299	\$ 87,929,539

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
	CASH						
82.630	PRINCIPAL CASH	82.63	82.63	0.0			
	TOTAL CASH	82.63	82.63	0.0	0.00	0.0	0
	MONEY MARKET FUNDS						
47,130.630 3/08/12	WILMINGTON US TREASURY MMKT CL SLCT CUSIP: 97181C514	47,130.63	47,130.63 1.0000	0.7	168.82	4.2	1,983
	TOTAL MONEY MARKET FUNDS	47,130.63	47,130.63	0.7	168.82	4.2	1,983
TOTAL CASH & CASH EQUIVALENTS		47,213.26	47,213.26	0.7	168.82	4.2	1,983
EQUITIES							
	COMMON EQUITY SECURITIES						
	MATERIALS						
800.000 12/31/24	HOWMET AEROSPACE INC CUSIP: 443201108	29,013.73	87,496.00 109.3700	1.4	0.00	0.3	256
100.000 12/31/24	LINDE PLC CUSIP: G54950103	38,767.19	41,867.00 418.6700	0.7	0.00	1.3	556
320.000 12/31/24	NUCOR CORP COMMON CUSIP: 670346105	19,589.65	37,347.20 116.7100	0.6	176.00	1.9	704
965.000 12/31/24	TECK RESOURCES LTD- CL B CUSIP: 878742204	40,155.07	39,111.45 40.5300	0.6	0.00	0.9	335
	TOTAL MATERIALS	127,525.64	205,821.65	3.2	176.00	0.9	1,851
	INDUSTRIALS						
85.000 12/31/24	CATERPILLAR INC CUSIP: 149123101	30,381.61	30,834.60 362.7600	0.5	0.00	1.6	479
300.000 12/31/24	CHART INDUSTRIES INC CUSIP: 16115Q308	59,727.93	57,252.00 190.8400	0.9	0.00	0.0	0

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
260.000 12/31/24	DYCOM INDUSTRIES INC CUSIP: 267475101	50,911.79	45,255.60 174.0600	0.7	0.00	0.0	0
120.000 12/31/24	EATON CORP PLC CUSIP: G29183103	21,827.62	39,824.40 331.8700	0.6	0.00	1.1	451
550.000 12/31/24	ITRON INC COM CUSIP: 465741106	39,164.63	59,719.00 108.5800	0.9	0.00	0.0	0
405.000 12/31/24	LEIDOS HOLDINGS, INC CUSIP: 525327102	43,552.28	58,344.30 144.0600	0.9	0.00	1.1	648
490.000 12/31/24	PALO ALTO NETWORKS CUSIP: 697435105	43,882.29	89,160.40 181.9600	1.4	0.00	0.0	0
240.000 12/31/24	QUANTA SERVICES INC COM CUSIP: 74762E102	25,715.35	75,852.00 316.0500	1.2	0.00	0.1	96
105.000 12/31/24	SERVICENOW INC CUSIP: 81762P102	49,800.51	111,312.60 1060.1200	1.7	0.00	0.0	0
2,850.000 12/31/24	VERRA MOBILITY CORP CUSIP: 92511U102	66,665.91	68,913.00 24.1800	1.1	0.00	0.0	0
375.000 12/31/24	3M CO CUSIP: 88579Y101	39,027.53	48,408.75 129.0900	0.8	0.00	2.2	1,050
TOTAL INDUSTRIALS		470,657.45	684,876.65	10.7	0.00	0.4	2,724
COMMUNICATION SERVICES							
1,110.000 12/31/24	ALPHABET INC CL A CUSIP: 02079K305	31,596.21	210,123.00 189.3000	3.3	0.00	0.4	888
365.000 12/31/24	ALPHABET INC CL C CUSIP: 02079K107	42,642.36	69,510.60 190.4400	1.1	0.00	0.4	292
825.000 12/31/24	LIBERTY MEDIA CORP-FORMULA ONE CL C CUSIP: 531229755	57,338.19	76,444.50 92.6600	1.2	0.00	0.0	0
2,550.000 12/31/24	LIFE TIME GROUP HOLDINGS INC CUSIP: 53190C102	47,377.72	56,406.00 22.1200	0.9	0.00	0.0	0
270.000 12/31/24	META PLATFORMS, INC-A CUSIP: 30303M102	68,608.71	158,087.70 585.5100	2.5	0.00	0.3	540

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
665.000 12/31/24	NEW YORK TIMES CO CL A CUSIP: 650111107	35,112.53	34,613.25 52.0500	0.5	0.00	1.0	345
300.000 12/31/24	T-MOBILE US INC CUSIP: 872590104	43,785.58	66,219.00 220.7300	1.0	0.00	1.4	918
	TOTAL COMMUNICATION SERVICES	326,461.30	671,404.05	10.5	0.00	0.4	2,983
	CONSUMER DISCRETIONARY						
1,205.000 12/31/24	AMAZON.COM INC CUSIP: 023135106	90,695.72	264,364.95 219.3900	4.1	0.00	0.0	0
20.000 12/31/24	AUTOZONE INC COM CUSIP: 053332102	46,205.08	64,040.00 3202.0000	1.0	0.00	0.0	0
1,375.000 12/31/24	DRAFTKINGS INC CL A CUSIP: 26142V105	57,438.59	51,150.00 37.2000	0.8	0.00	0.0	0
115.000 12/31/24	HOME DEPOT INC COM CUSIP: 437076102	19,984.47	44,733.85 388.9900	0.7	0.00	2.3	1,035
200.000 12/31/24	MARRIOTT INTL INC CL A CUSIP: 571903202	45,540.79	55,788.00 278.9400	0.9	0.00	0.9	504
500.000 12/31/24	SHARKNINJA INC CUSIP: G8068L108	52,492.25	48,680.00 97.3600	0.8	0.00	0.0	0
350.000 12/31/24	TEXAS ROADHOUSE INC-CL A CUSIP: 882681109	32,304.75	63,150.50 180.4300	1.0	0.00	1.3	854
555.000 12/31/24	TJX COMPANIES COM CUSIP: 872540109	51,812.61	67,049.55 120.8100	1.0	0.00	1.2	832
	TOTAL CONSUMER DISCRETIONARY	396,474.26	658,956.85	10.3	0.00	0.5	3,225
	CONSUMER STAPLES						
925.000 12/31/24	BELLRING BRANDS INC CUSIP: 07831C103	53,779.41	69,689.50 75.3400	1.1	0.00	0.0	0
800.000 12/31/24	COCA COLA CO COM CUSIP: 191216100	52,795.72	49,808.00 62.2600	0.8	0.00	3.1	1,552

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
500.000 12/31/24	COLGATE PALMOLIVE CO COM CUSIP: 194162103	49,976.32	45,455.00 90.9100	0.7	0.00	2.2	1,000
75.000 12/31/24	COSTCO WHOLESALE CORP COM CUSIP: 22160K105	20,399.41	68,720.25 916.2700	1.1	0.00	0.5	348
560.000 12/31/24	POST HOLDINGS INC CUSIP: 737446104	64,265.15	64,097.60 114.4600	1.0	0.00	0.0	0
390.000 12/31/24	PROCTER & GAMBLE CO COM CUSIP: 742718109	43,669.63	65,383.50 167.6500	1.0	0.00	2.4	1,570
TOTAL CONSUMER STAPLES		284,885.64	363,153.85	5.7	0.00	1.2	4,470
ENERGY							
610.000 12/31/24	CONOCOPHILLIPS CUSIP: 20825C104	52,799.81	60,493.70 99.1700	0.9	0.00	3.1	1,903
690.000 12/31/24	EXXON MOBIL CORP CUSIP: 30231G102	52,405.92	74,223.30 107.5700	1.2	0.00	3.7	2,732
385.000 12/31/24	TARGA RESOURCES CORP CUSIP: 87612G101	59,224.28	68,722.50 178.5000	1.1	0.00	1.7	1,155
TOTAL ENERGY		164,430.01	203,439.50	3.2	0.00	2.8	5,790
FINANCIALS							
250.000 12/31/24	AMERICAN EXPRESS CO CUSIP: 025816109	44,541.75	74,197.50 296.7900	1.2	0.00	0.9	700
615.000 12/31/24	ARCH CAPITAL GROUP LTD CUSIP: G0450A105	38,251.25	56,795.25 92.3500	0.9	0.00	0.0	0
1,825.000 12/31/24	BANK AMER CORP CUSIP: 060505104	44,232.29	80,208.75 43.9500	1.3	0.00	2.4	1,898
175.000 12/31/24	BERKSHIRE HATHAWAY INC DEL CL B CUSIP: 084670702	34,474.01	79,324.00 453.2800	1.2	0.00	0.0	0
70.000 12/31/24	BLACKROCK INC CUSIP: 09290D101	20,906.18	71,757.70 1025.1100	1.1	0.00	2.0	1,428

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
265.000 12/31/24	EVERCORE INC CUSIP: 29977A105	48,831.66	73,455.35 277.1900	1.1	0.00	1.2	848
400.000 12/31/24	JPMORGAN CHASE & CO CUSIP: 46625H100	26,365.59	95,884.00 239.7100	1.5	0.00	2.1	2,000
140.000 12/31/24	MASTERCARD INC CL A CUSIP: 57636Q104	21,947.77	73,719.80 526.5700	1.1	0.00	0.6	425
275.000 12/31/24	METLIFE INC CUSIP: 59156R108	18,381.03	22,517.00 81.8800	0.3	0.00	2.7	599
1,010.000 12/31/24	NASDAQ, INC. CUSIP: 631103108	55,000.89	78,083.10 77.3100	1.2	0.00	1.2	969
325.000 12/31/24	THE TRAVELERS COMPANIES INC CUSIP: 89417E109	60,706.48	78,289.25 240.8900	1.2	0.00	1.7	1,365
1,015.000 12/31/24	VERTIV HOLDINGS LLC CL A CUSIP: 92537N108	27,780.27	115,314.15 113.6100	1.8	0.00	0.1	152
1,100.000 12/31/24	WELLS FARGO & CO CUSIP: 949746101	53,788.21	77,264.00 70.2400	1.2	0.00	2.3	1,760
TOTAL FINANCIALS		495,207.38	976,809.85	15.3	0.00	1.2	12,145
HEALTH CARE							
145.000 12/31/24	AMGEN INC COM CUSIP: 031162100	41,744.21	37,792.80 260.6400	0.6	0.00	3.6	1,380
750.000 12/31/24	BOSTON SCIENTIFIC CORP COM CUSIP: 101137107	52,251.92	66,990.00 89.3200	1.0	0.00	0.0	0
775.000 12/31/24	BRISTOL-MYERS SQUIBB CO CUSIP: 110122108	45,027.50	43,834.00 56.5600	0.7	0.00	4.4	1,922
525.000 12/31/24	CORCEPT THERAPEUTICS INC CUSIP: 218352102	28,500.66	26,454.75 50.3900	0.4	0.00	0.0	0
120.000 12/31/24	ELI LILLY & CO CUSIP: 532457108	24,753.06	92,640.00 772.0000	1.4	0.00	0.8	720
648.000 12/31/24	GE HEALTHCARE TECHNOLOGIES INC CUSIP: 36266G107	50,718.39	50,660.64 78.1800	0.8	0.00	0.2	90

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
85.000 12/31/24	MCKESSON CORPORATION COM CUSIP: 58155Q103	19,778.69	48,442.35 569.9100	0.8	71.00	0.5	241
55.000 12/31/24	REGENERON PHARMACEUTICALS CUSIP: 75886F107	34,733.65	39,178.15 712.3300	0.6	0.00	0.0	0
315.000 12/31/24	SAREPTA THERAPEUTICS INC CUSIP: 803607100	41,193.27	38,300.85 121.5900	0.6	0.00	0.0	0
1,000.000 12/31/24	TG THERAPEUTICS INC CUSIP: 88322Q108	34,580.00	30,100.00 30.1000	0.5	0.00	0.0	0
95.000 12/31/24	THERMO FISHER SCIENTIFIC INC CUSIP: 883556102	31,766.65	49,421.85 520.2300	0.8	37.05	0.3	148
100.000 12/31/24	UNITEDHEALTH GROUP INC CUSIP: 91324P102	15,219.97	50,586.00 505.8600	0.8	0.00	1.7	840
100.000 12/31/24	VERTEX PHARMACEUTICALS INC CUSIP: 92532F100	32,182.04	40,270.00 402.7000	0.6	0.00	0.0	0
TOTAL HEALTH CARE		452,450.01	614,671.39	9.6	108.05	0.9	5,342
INFORMATION TECHNOLOGY							
1,245.000 12/31/24	APPLE INC CUSIP: 037833100	20,094.23	311,772.90 250.4200	4.9	0.00	0.4	1,245
475.000 12/31/24	APPLOVIN CORP CL A CUSIP: 03831W108	25,682.58	153,819.25 323.8300	2.4	0.00	0.0	0
990.000 12/31/24	ARISTA NETWORKS INC CUSIP: 040413205	33,161.57	109,424.70 110.5300	1.7	0.00	0.0	0
605.000 12/31/24	BROADCOM INC CUSIP: 11135F101	34,889.73	140,263.20 231.8400	2.2	0.00	1.0	1,427
700.000 12/31/24	LAM RESEARCH CORPORATION CUSIP: 512807306	19,693.45	50,561.00 72.2300	0.8	161.00	1.3	644
260.000 12/31/24	MANHATTAN ASSOCS INC CUSIP: 562750109	37,769.20	70,262.40 270.2400	1.1	0.00	0.0	0
825.000 12/31/24	MARVELL TECHNOLOGY INC CUSIP: 573874104	58,796.26	91,121.25 110.4500	1.4	0.00	0.2	198

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
650.000 12/31/24	MICRON TECHNOLOGY INC COM CUSIP: 595112103	48,391.80	54,704.00 84.1600	0.9	74.75	0.5	299
710.000 12/31/24	MICROSOFT CORP CUSIP: 594918104	44,511.76	299,265.00 421.5000	4.7	0.00	0.8	2,357
2,240.000 12/31/24	NVIDIA CORP COM CUSIP: 67066G104	36,255.80	300,809.60 134.2900	4.7	0.00	0.0	89
800.000 12/31/24	THE TRADE DESK INC CL A CUSIP: 88339J105	55,271.37	94,024.00 117.5300	1.5	0.00	0.0	0
TOTAL INFORMATION TECHNOLOGY		414,517.75	1,676,027.30	26.2	235.75	0.4	6,260
UTILITIES							
525.000 12/31/24	AMEREN CORPORATION CUSIP: 023608102	32,308.13	46,798.50 89.1400	0.7	0.00	3.0	1,407
835.000 12/31/24	ENTERGY CORP COM NEW CUSIP: 29364G103	44,328.98	63,309.70 75.8200	1.0	0.00	3.2	2,004
520.000 12/31/24	WEC ENERGY GROUP INC CUSIP: 92939U106	43,237.33	48,900.80 94.0400	0.8	0.00	3.8	1,856
TOTAL UTILITIES		119,874.44	159,009.00	2.5	0.00	3.3	5,267
REAL ESTATE							
210.000 12/31/24	LAMAR ADVERTISING CO-A REIT CUSIP: 512816109	24,016.80	25,565.40 121.7400	0.4	0.00	4.6	1,176
1,475.000 12/31/24	VICI PROPERTIES INC CUSIP: 925652109	49,906.62	43,084.75 29.2100	0.7	659.56	5.9	2,551

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
520.000 12/31/24	WELLTOWER INC REIT CUSIP: 95040Q104	52,811.98	65,535.60 126.0300	1.0	0.00	2.1	1,393
	TOTAL REAL ESTATE	126,735.40	134,185.75	2.1	659.56	3.8	5,121
	TOTAL COMMON EQUITY SECURITIES	3,379,219.28	6,348,355.84	99.3	1,179.36	0.9	55,184
	TOTAL EQUITIES	3,379,219.28	6,348,355.84	99.3	1,179.36	0.9	55,184
	TOTAL INVESTMENT PORTFOLIO	3,426,432.54	6,395,569.10	100.0	1,348.18	0.9	57,168
	ENDING ACCRUAL FOR PERIOD		1,348.18				
	TOTAL VALUE		6,396,917.28				

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
54,503.030 3/08/12	WILMINGTON US TREASURY MMKT CL SLCT CUSIP: 97181C514	54,503.03	54,503.03 1.0000	0.4	211.70	4.2	2,293
TOTAL MONEY MARKET FUNDS		54,503.03	54,503.03	0.4	211.70	4.2	2,293
TOTAL CASH & CASH EQUIVALENTS		54,503.03	54,503.03	0.4	211.70	4.2	2,293
FIXED INCOME							
U.S. TREASURY OBLIGATIONS							
50,000.000 12/31/24	U.S. TREASURY BONDS 1.875% 2/15/41 CUSIP: 912810SW9	49,081.25	33,495.50 66.9910	0.2	354.11	2.8	937
200,000.000 12/31/24	U.S. TREASURY BONDS 2.250% 5/15/41 CUSIP: 912810SY5	196,568.75	141,928.00 70.9640	0.9	588.71	3.2	4,500
755,000.000 12/31/24	U.S. TREASURY BONDS 2.250% 8/15/46 CUSIP: 912810RT7	809,139.80	487,397.80 64.5560	3.2	6,416.47	3.5	16,987
150,000.000 12/31/24	U.S. TREASURY BONDS 2.500% 2/15/45 CUSIP: 912810RK6	148,728.38	104,073.00 69.3820	0.7	1,416.44	3.6	3,750
275,000.000 12/31/24	U.S. TREASURY BONDS 2.500% 2/15/46 CUSIP: 912810RQ3	276,235.35	188,056.00 68.3840	1.3	2,596.81	3.7	6,875
125,000.000 12/31/24	U.S. TREASURY BONDS 2.500% 5/15/46 CUSIP: 912810RS9	151,420.31	85,117.50 68.0940	0.6	405.73	3.7	3,125
300,000.000 12/31/24	U.S. TREASURY BONDS 2.750% 8/15/42 CUSIP: 912810QX9	290,402.78	225,384.00 75.1280	1.5	3,116.17	3.7	8,250
90,000.000 12/31/24	U.S. TREASURY BONDS 2.750% 11/15/42 CUSIP: 912810QY7	88,137.01	67,260.60 74.7340	0.4	321.34	3.7	2,475
100,000.000 12/31/24	U.S. TREASURY BONDS 2.875% 8/15/45 CUSIP: 912810RNO	98,237.50	73,757.00 73.7570	0.5	1,085.94	3.9	2,875
235,000.000 12/31/24	U.S. TREASURY BONDS 3.000% 5/15/42 CUSIP: 912810QW1	233,674.11	184,432.70 78.4820	1.2	915.33	3.8	7,050

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
50,000.000 12/31/24	U.S. TREASURY BONDS 3.000% 11/15/44 CUSIP: 912810RJ9	54,048.89	37,947.00 75.8940	0.3	194.75	3.9	1,500
100,000.000 12/31/24	U.S. TREASURY BONDS 3.000% 11/15/45 CUSIP: 912810RP5	74,393.75	75,196.00 75.1960	0.5	389.50	4.0	3,000
110,000.000 12/31/24	U.S. TREASURY BONDS 3.125% 5/15/48 CUSIP: 912810SC3	108,985.94	82,397.70 74.9070	0.5	446.31	4.2	3,437
145,000.000 12/31/24	U.S. TREASURY BONDS 3.125% 11/15/41 CUSIP: 912810QT8	149,685.38	116,680.05 80.4690	0.8	588.31	3.9	4,531
200,000.000 12/31/24	U.S. TREASURY BONDS 3.375% 11/15/48 CUSIP: 912810SE9	194,428.12	156,206.00 78.1030	1.0	876.38	4.3	6,750
210,000.000 12/31/24	U.S. TREASURY BONDS 3.500% 2/15/39 CUSIP: 912810QA9	213,298.11	184,067.10 87.6510	1.2	2,776.22	4.0	7,350
75,000.000 12/31/24	U.S. TREASURY BONDS 3.625% 2/15/44 CUSIP: 912810RE0	64,374.22	63,282.75 84.3770	0.4	1,026.92	4.3	2,718
100,000.000 12/31/24	U.S. TREASURY BONDS 3.750% 8/15/41 CUSIP: 912810QS0	99,925.00	87,968.00 87.9680	0.6	1,416.44	4.3	3,750
75,000.000 12/31/24	U.S. TREASURY BONDS 3.750% 11/15/43 CUSIP: 912810RD2	67,367.75	64,579.50 86.1060	0.4	365.16	4.4	2,812
50,000.000 12/31/24	U.S. TREASURY BONDS 3.875% 8/15/40 CUSIP: 912810QK7	67,664.22	44,993.00 89.9860	0.3	731.83	4.3	1,937
200,000.000 12/31/24	U.S. TREASURY BONDS 4.125% 7/31/28 CUSIP: 91282CHQ7	200,125.00	198,620.00 99.3100	1.3	3,452.45	4.1	8,250
100,000.000 12/31/24	U.S. TREASURY BONDS 4.375% 5/15/41 CUSIP: 912810QQ4	99,768.75	95,230.00 95.2300	0.6	568.02	4.6	4,375
75,000.000 12/31/24	U.S. TREASURY BONDS 4.375% 11/15/39 CUSIP: 912810QD3	73,737.50	71,882.25 95.8430	0.5	426.02	4.6	3,281
20,000.000 12/31/24	U.S. TREASURY BONDS 4.500% 2/15/36 CUSIP: 912810FT0	25,266.33	19,971.20 99.8560	0.1	339.95	4.5	900
715,000.000 12/31/24	U.S. TREASURY BONDS 5.375% 2/15/31 CUSIP: 912810FP8	918,086.08	749,791.90 104.8660	5.0	14,516.15	5.1	38,431

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
200,000.000 12/31/24	U.S. TREASURY NOTES 0.250% 8/31/25 CUSIP: 91282CAJ0	200,187.41	194,786.00 97.3930	1.3	169.89	0.3	500
50,000.000 12/31/24	U.S. TREASURY NOTES 0.250% 10/31/25 CUSIP: 91282CAT8	49,839.06	48,388.50 96.7770	0.3	21.41	0.3	125
200,000.000 12/31/24	U.S. TREASURY NOTES 0.500% 2/28/26 CUSIP: 91282CBQ3	198,600.00	191,614.00 95.8070	1.3	339.78	0.5	1,000
100,000.000 12/31/24	U.S. TREASURY NOTES 0.625% 5/15/30 CUSIP: 91282ZQ6	100,034.37	82,054.00 82.0540	0.5	81.15	0.8	625
150,000.000 12/31/24	U.S. TREASURY NOTES 0.750% 5/31/26 CUSIP: 91282CCF6	150,607.81	142,863.00 95.2420	0.9	98.90	0.8	1,125
250,000.000 12/31/24	U.S. TREASURY NOTES 0.750% 8/31/26 CUSIP: 91282CCW9	249,818.76	236,087.50 94.4350	1.6	637.09	0.8	1,875
100,000.000 12/31/24	U.S. TREASURY NOTES 1.000% 7/31/28 CUSIP: 91282CCR0	99,237.50	89,024.00 89.0240	0.6	418.48	1.1	1,000
50,000.000 12/31/24	U.S. TREASURY NOTES 1.125% 2/15/31 CUSIP: 91282CBL4	48,635.94	41,262.50 82.5250	0.3	212.47	1.4	562
100,000.000 12/31/24	U.S. TREASURY NOTES 1.250% 8/15/31 CUSIP: 91282CCS8	99,827.34	81,608.00 81.6080	0.5	472.15	1.5	1,250
100,000.000 12/31/24	U.S. TREASURY NOTES 1.500% 2/15/30 CUSIP: 91282Z94	105,563.67	86,832.00 86.8320	0.6	566.58	1.7	1,500
725,000.000 12/31/24	U.S. TREASURY NOTES 1.500% 8/15/26 CUSIP: 9128282A7	698,187.91	694,028.00 95.7280	4.6	4,107.68	1.6	10,875
725,000.000 12/31/24	U.S. TREASURY NOTES 1.625% 8/15/29 CUSIP: 912828YB0	727,393.94	643,466.50 88.7540	4.3	4,449.98	1.8	11,781
100,000.000 12/31/24	U.S. TREASURY NOTES 2.000% 8/15/25 CUSIP: 912828K74	97,525.77	98,612.00 98.6120	0.7	755.43	2.0	2,000
435,000.000 12/31/24	U.S. TREASURY NOTES 2.000% 11/15/26 CUSIP: 912828U24	427,591.84	417,495.60 95.9760	2.8	1,120.95	2.1	8,700
150,000.000 12/31/24	U.S. TREASURY NOTES 2.250% 2/15/27 CUSIP: 912828V98	149,227.34	143,949.00 95.9660	1.0	1,274.80	2.3	3,375

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
250,000.000 12/31/24	U.S. TREASURY NOTES 2.250% 11/15/25 CUSIP: 912828M56	248,832.62	245,722.50 98.2890	1.6	730.32	2.3	5,625
275,000.000 12/31/24	U.S. TREASURY NOTES 2.250% 11/15/27 CUSIP: 9128283F5	267,440.63	260,004.25 94.5470	1.7	803.35	2.4	6,187
325,000.000 12/31/24	U.S. TREASURY NOTES 2.375% 5/15/27 CUSIP: 912828X88	314,858.98	311,242.75 95.7670	2.1	1,566.39	2.5	7,718
225,000.000 12/31/24	U.S. TREASURY NOTES 2.625% 2/15/29 CUSIP: 9128286B1	224,865.63	210,359.25 93.4930	1.4	2,230.89	2.8	5,906
150,000.000 12/31/24	U.S. TREASURY NOTES 2.625% 7/31/29 CUSIP: 91282CFC0	149,932.81	139,161.00 92.7740	0.9	1,647.76	2.8	3,937
100,000.000 12/31/24	U.S. TREASURY NOTES 2.625% 12/31/25 CUSIP: 9128285T3	99,479.69	98,475.00 98.4750	0.6	7.25	2.7	2,625
675,000.000 12/31/24	U.S. TREASURY NOTES 2.750% 2/15/28 CUSIP: 9128283W8	670,173.64	644,523.75 95.4850	4.3	7,011.38	2.9	18,562
150,000.000 12/31/24	U.S. TREASURY NOTES 2.750% 4/30/27 CUSIP: 91282CEN7	144,237.50	145,015.50 96.6770	1.0	713.94	2.8	4,125
400,000.000 12/31/24	U.S. TREASURY NOTES 2.750% 7/31/27 CUSIP: 91282CFB2	397,250.00	385,228.00 96.3070	2.6	4,603.26	2.9	11,000
70,000.000 12/31/24	U.S. TREASURY NOTES 2.875% 5/15/28 CUSIP: 9128284N7	69,842.19	66,864.00 95.5200	0.4	261.29	3.0	2,012
1,175,000.000 12/31/24	U.S. TREASURY NOTES 2.875% 5/15/32 CUSIP: 91282CEP2	1,130,250.52	1,055,267.50 89.8100	7.0	4,385.96	3.2	33,781
175,000.000 12/31/24	U.S. TREASURY NOTES 2.875% 7/31/25 CUSIP: 912828Y79	174,743.75	173,638.50 99.2220	1.1	2,105.47	2.9	5,031
300,000.000 12/31/24	U.S. TREASURY NOTES 3.125% 8/31/27 CUSIP: 91282CFH9	297,284.38	291,360.00 97.1200	1.9	3,185.43	3.2	9,375
150,000.000 12/31/24	U.S. TREASURY NOTES 3.250% 6/30/27 CUSIP: 91282CEW7	146,515.63	146,482.50 97.6550	1.0	13.47	3.3	4,875
300,000.000 12/31/24	U.S. TREASURY NOTES 3.250% 6/30/29 CUSIP: 91282CEV9	294,807.81	286,269.00 95.4230	1.9	26.93	3.4	9,750

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
200,000.000 12/31/24	U.S. TREASURY NOTES 3.375% 5/15/33 CUSIP: 91282CHC8	195,218.75	183,796.00 91.8980	1.2	876.38	3.7	6,750
150,000.000 12/31/24	U.S. TREASURY NOTES 3.500% 1/31/28 CUSIP: 91282CGH8	149,182.81	146,562.00 97.7080	1.0	2,197.01	3.6	5,250
435,000.000 12/31/24	U.S. TREASURY NOTES 3.500% 2/15/33 CUSIP: 91282CGM7	431,488.75	404,676.15 93.0290	2.7	5,750.75	3.8	15,225
100,000.000 12/31/24	U.S. TREASURY NOTES 3.625% 3/31/30 CUSIP: 91282CGS4	99,534.38	96,375.00 96.3750	0.6	926.17	3.8	3,625
50,000.000 12/31/24	U.S. TREASURY NOTES 3.750% 12/31/28 CUSIP: 91282CJR3	49,794.14	48,877.50 97.7550	0.3	5.18	3.8	1,875
100,000.000 12/31/24	U.S. TREASURY NOTES 3.875% 8/15/33 CUSIP: 91282CHT1	97,507.03	95,172.00 95.1720	0.6	1,463.65	4.1	3,875
100,000.000 12/31/24	U.S. TREASURY NOTES 3.875% 9/30/29 CUSIP: 91282CFLO	98,753.13	97,825.00 97.8250	0.6	990.04	4.0	3,875
50,000.000 12/31/24	U.S. TREASURY NOTES 3.875% 12/31/27 CUSIP: 91282CGC9	50,065.63	49,426.00 98.8520	0.3	5.35	3.9	1,937
300,000.000 12/31/24	U.S. TREASURY NOTES 4.000% 6/30/28 CUSIP: 91282CHK0	294,750.00	296,898.00 98.9660	2.0	33.15	4.0	12,000
400,000.000 12/31/24	U.S. TREASURY NOTES 4.125% 9/30/27 CUSIP: 91282CFM8	396,312.50	398,420.00 99.6050	2.6	4,215.66	4.1	16,500
130,000.000 12/31/24	U.S. TREASURY NOTES 4.125% 10/31/27 CUSIP: 91282CFU0	128,769.92	129,486.50 99.6050	0.9	918.44	4.1	5,362
150,000.000 12/31/24	U.S. TREASURY NOTES 4.375% 8/31/28 CUSIP: 91282CHX2	148,550.00	150,120.00 100.0800	1.0	2,229.80	4.4	6,562
100,000.000 12/31/24	U.S. TREASURY NOTES 4.500% 11/15/33 CUSIP: 91282CJJ1	100,440.63	99,547.00 99.5470	0.7	584.25	4.5	4,500
141,326.400 12/31/24	U.S. TREASURY TIPS 0.125% 7/15/31 CUSIP: 91282CCM1	139,489.47	124,395.50 88.0200	0.8	81.03	0.1	176

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304,132.500 12/31/24	U.S. TREASURY TIPS 0.125% 10/15/25 CUSIP: 91282CAQ4	286,599.51	300,616.73 98.8440	2.0	79.27	0.1	380
TOTAL U.S. TREASURY OBLIGATIONS		15,452,031.37	13,913,592.03	92.4	109,707.42	3.0	414,550
U.S. GOVERNMENT AGENCIES							
2,222.390 12/31/24	GNMA II PL #004398 5.000% 3/20/39 CUSIP: 36202E3F4	2,278.31	2,214.70 99.6540	0.0	9.25	5.0	111
2,989.020 12/31/24	GNMA PL #550685 5.000% 10/15/35 CUSIP: 36213CXN5	2,939.72	2,985.16 99.8710	0.0	12.40	5.0	149
1,833.220 12/31/24	GNMA PL #574548 5.500% 4/15/34 CUSIP: 36200WHZ7	1,825.20	1,865.89 101.7820	0.0	8.41	5.4	100
2,124.130 12/31/24	GNMA PL #574671 5.000% 4/15/34 CUSIP: 36200WMU2	2,138.38	2,121.39 99.8710	0.0	9.61	5.0	106
3,075.370 12/31/24	GNMA PL #582382 6.000% 11/15/32 CUSIP: 36201F6T9	3,150.80	3,105.75 100.9880	0.0	15.25	5.9	184
1,908.690 12/31/24	GNMA PL #582413 6.000% 11/15/32 CUSIP: 36201GAN5	1,959.09	1,964.12 102.9040	0.0	9.50	5.8	114
1,056.130 12/31/24	GNMA PL #586535 6.000% 3/15/32 CUSIP: 36201LSY1	1,062.05	1,098.33 103.9960	0.0	5.27	5.8	63
737.830 12/31/24	GNMA PL #605802 5.000% 12/15/34 CUSIP: 36201XAB4	743.71	729.91 98.9260	0.0	3.06	5.1	36
1,773.600 12/31/24	GNMA PL #616832 5.000% 1/15/35 CUSIP: 36290THH5	1,781.07	1,744.97 98.3860	0.0	7.38	5.1	88
2,577.470 12/31/24	GNMA PL #618952 5.500% 4/15/34 CUSIP: 36290VTH7	2,580.69	2,633.14 102.1600	0.0	11.99	5.4	141
2,252.040 12/31/24	GNMA PL #630164 5.500% 7/15/34 CUSIP: 36291KB97	2,246.05	2,264.56 100.5560	0.0	10.29	5.5	123
8,094.000 12/31/24	GNMA PL #640915 5.000% 5/15/35 CUSIP: 36291XAQ2	8,088.93	7,953.89 98.2690	0.0	33.72	5.1	404
655.710 12/31/24	GNMA PL #641944 5.000% 5/15/35 CUSIP: 36291YER4	655.12	645.13 98.3860	0.0	2.69	5.1	32

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9,558.280 12/31/24	GNMA PL #667428 CUSIP: 36295DPM5	5.000% 11/15/39	10,025.50	9,549.87 99.9120	0.1	39.85	5.0	477
5,334.080 12/31/24	GNMA PL #677602 CUSIP: 36295QX70	5.000% 12/15/37	5,252.40	5,249.59 98.4160	0.0	22.21	5.1	266
2,711.260 12/31/24	GNMA PL #679494 CUSIP: 36295S3B0	5.000% 1/15/38	2,708.88	2,714.43 100.1170	0.0	11.25	5.0	135
3,839.720 12/31/24	GNMA PL #688091 CUSIP: 36296DNG9	5.000% 11/15/38	3,779.86	3,844.21 100.1170	0.0	16.02	5.0	191
1,970.660 12/31/24	GNMA PL #690950 CUSIP: 36296GTF8	5.000% 6/15/38	1,898.06	1,931.29 98.0020	0.0	8.17	5.1	98
6,207.440 12/31/24	GNMA PL #691777 CUSIP: 36296HQ69	5.000% 7/15/38	6,380.20	6,207.07 99.9940	0.0	25.85	5.0	310
3,632.830 12/31/24	GNMA PL #692486 CUSIP: 36296JJ71	5.000% 4/15/39	3,738.98	3,604.09 99.2090	0.0	15.14	5.0	181
2,882.750 12/31/24	GNMA PL #697452 CUSIP: 36296PZR5	5.000% 9/15/38	2,915.25	2,858.16 99.1470	0.0	12.00	5.0	144
143.010 12/31/24	GNMA PL #700950 CUSIP: 36296TWK5	5.500% 11/15/38	149.65	145.57 101.7890	0.0	0.64	5.4	7
2,970.520 12/31/24	GNMA PL #704185 CUSIP: 36296XJ62	5.500% 1/15/39	3,109.32	2,987.07 100.5570	0.0	13.60	5.5	163
9,134.240 12/31/24	GNMA PL #704187 CUSIP: 36296XJ88	5.000% 1/15/39	9,505.31	9,101.27 99.6390	0.1	38.04	5.0	456
2,393.320 12/31/24	GNMA PL #708361 CUSIP: 36297C5W5	5.000% 3/15/39	2,486.41	2,382.86 99.5630	0.0	9.95	5.0	119
5,264.930 12/31/24	GNMA PL #720202 CUSIP: 3620A6DF1	4.500% 7/15/39	5,540.50	5,094.56 96.7640	0.0	19.74	4.6	236
1,019.110 12/31/24	GNMA PL #721203 CUSIP: 3620A7GL3	5.000% 9/15/39	1,130.86	1,009.01 99.0090	0.0	4.25	5.0	50
1,274.080 12/31/24	GNMA PL #725089 CUSIP: 3620ABRJ7	4.000% 2/15/40	1,385.91	1,203.20 94.4370	0.0	4.26	4.2	50

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2,437.950 12/31/24	GNMA PL #726114 CUSIP: 3620ACVF8	5.000% 12/15/39	2,586.12	2,421.27 99.3160	0.0	10.21	5.0	121
847.300 12/31/24	GNMA PL #763539 CUSIP: 36176EBG5	4.500% 5/15/41	894.29	811.05 95.7220	0.0	3.18	4.7	38
8,302.460 12/31/24	GNMA PL #782474 CUSIP: 36241KXB9	5.500% 12/15/38	8,681.24	8,450.91 101.7880	0.1	38.04	5.4	456
1,856.140 12/31/24	GNMA POOL #510766 CUSIP: 36211EMPO	4.500% 2/15/35	1,832.08	1,791.38 96.5110	0.0	6.93	4.7	83
809.210 12/31/24	GNMA POOL #553167 CUSIP: 36213FQU0	6.000% 4/15/33	832.59	821.39 101.5050	0.0	4.04	5.9	48
1,982.510 12/31/24	GNMA POOL #569704 CUSIP: 36200Q3M4	6.000% 2/15/32	1,971.06	2,035.98 102.6970	0.0	9.90	5.8	118
960.870 12/31/24	GNMA POOL #569801 CUSIP: 36200RAA0	6.000% 5/15/32	955.47	1,000.03 104.0750	0.0	4.76	5.8	57
8,670.400 12/31/24	GNMA POOL #579204 CUSIP: 36201CNV2	6.000% 3/15/32	8,613.49	8,873.81 102.3460	0.1	43.19	5.9	520
2,256.730 12/31/24	GNMA POOL #579631 CUSIP: 36201C4Q4	6.000% 2/15/32	2,244.63	2,292.68 101.5930	0.0	11.26	5.9	135
5,567.450 12/31/24	GNMA POOL #583003 CUSIP: 36201GU45	5.000% 6/15/34	5,490.02	5,604.64 100.6680	0.0	23.20	5.0	278
1,787.660 12/31/24	GNMA POOL #584244 CUSIP: 36201JBM0	6.000% 4/15/32	1,768.11	1,808.40 101.1600	0.0	8.95	5.9	107
2,024.270 12/31/24	GNMA POOL #587069 CUSIP: 36201MFJ6	6.000% 5/15/32	2,005.30	2,036.80 100.6190	0.0	10.12	6.0	121
3,439.520 12/31/24	GNMA POOL #587111 CUSIP: 36201MGU0	6.000% 6/15/32	3,415.89	3,589.04 104.3470	0.0	17.19	5.8	206
238.720 12/31/24	GNMA POOL #604897 CUSIP: 36200M7J6	5.000% 12/15/33	230.64	238.09 99.7360	0.0	0.93	5.0	11
667.100 12/31/24	GNMA POOL #609587 CUSIP: 36202UF40	5.000% 5/15/34	643.96	671.97 100.7300	0.0	2.77	5.0	33

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
8,294.040 12/31/24	GNMA POOL #630100 5.500% 6/15/34 CUSIP: 36291J7M6	8,260.98	8,340.07 100.5550	0.1	38.00	5.5	456
1,298.950 12/31/24	GNMA POOL #630147 5.000% 7/15/34 CUSIP: 36291KBQ9	1,260.80	1,277.97 98.3850	0.0	5.36	5.1	64
4,282.000 12/31/24	GNMA POOL #640892 5.000% 4/15/35 CUSIP: 36291W7D7	4,289.34	4,212.85 98.3850	0.0	17.83	5.1	214
5,167.830 12/31/24	GNMA POOL #641779 5.000% 9/15/35 CUSIP: 36291X6Q7	5,131.51	5,115.79 98.9930	0.0	21.55	5.0	258
4,779.480 12/31/24	GNMA POOL #650712 5.000% 1/15/36 CUSIP: 36292J3V9	4,754.09	4,741.01 99.1950	0.0	19.91	5.0	238
8,496.110 12/31/24	GNMA POOL #677176 5.500% 6/15/38 CUSIP: 36295QJV3	8,436.33	8,648.11 101.7890	0.1	38.93	5.4	467
10,204.320 12/31/24	GNMA POOL #681592 5.000% 10/15/38 CUSIP: 36295VF95	10,069.11	10,241.26 100.3620	0.1	42.52	5.0	510
3,074.980 12/31/24	GNMA POOL #686678 5.000% 5/15/38 CUSIP: 36296B2K7	3,064.43	3,026.61 98.4270	0.0	12.81	5.1	153
803.440 12/31/24	GNMA POOL #696009 5.000% 7/15/38 CUSIP: 36296NGS9	802.47	804.38 100.1170	0.0	3.33	5.0	40
1,189.330 12/31/24	GNMA POOL #710182 5.000% 3/15/39 CUSIP: 36297E6T7	1,222.24	1,179.19 99.1470	0.0	4.93	5.0	59
1,166.800 12/31/24	GNMA POOL #750582 5.000% 5/15/41 CUSIP: 3620C62P9	1,273.16	1,144.16 98.0600	0.0	4.85	5.1	58
751.030 12/31/24	GNMA POOL #781485 6.000% 8/15/32 CUSIP: 36225BUJ5	756.08	768.87 102.3750	0.0	3.73	5.9	45
1,641.830 12/31/24	GNMA POOL #781766 5.000% 7/15/34 CUSIP: 36225B6B9	1,636.95	1,639.70 99.8700	0.0	6.84	5.0	82
462.960 12/31/24	GNMA POOL #782200 5.000% 10/15/37 CUSIP: 36241KNR5	459.49	463.12 100.0340	0.0	1.94	5.0	23
TOTAL U.S. GOVERNMENT AGENCIES		185,038.08	183,259.72	1.2	796.99	5.2	9,563

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CORPORATE & FOREIGN BONDS							
200,000.000 12/31/24	BORGWARNER INC 2.650% 7/01/27 CUSIP: 099724AL0	199,960.50	190,240.00 95.1200	1.3	2,650.00	2.8	5,300
150,000.000 12/31/24	BRISTOL-MYERS 3.200% 6/15/26 CUSIP: 110122CN6	149,705.00	147,339.00 98.2260	1.0	213.33	3.3	4,800
50,000.000 12/31/24	BURLINGTON SANTA FE 6.750% 3/15/29 CUSIP: 12189TAN4	61,915.50	53,594.50 107.1890	0.4	993.75	6.3	3,375
200,000.000 12/31/24	CINTAS CORP NO.2 4.000% 5/01/32 CUSIP: 17252MAQ3	202,656.50	187,156.00 93.5780	1.2	1,333.33	4.3	8,000
100,000.000 12/31/24	EOG RESOURCES INC 3.900% 4/01/35 CUSIP: 26875PAN1	91,925.00	88,905.00 88.9050	0.6	975.00	4.4	3,900
75,000.000 12/31/24	KELLOGG CO 4.500% 4/01/46 CUSIP: 487836BQ0	75,960.75	63,151.50 84.2020	0.4	843.75	5.3	3,375
75,000.000 12/31/24	MICROSOFT CORP 3.500% 2/12/35 CUSIP: 594918BC7	75,731.00	67,958.25 90.6110	0.4	1,013.54	3.9	2,625
75,000.000 12/31/24	PRUDENTIAL FIN MTN 4.600% 5/15/44 CUSIP: 74432QCA1	77,000.00	65,532.00 87.3760	0.4	440.83	5.3	3,450
50,000.000 12/31/24	UNION PACIFIC CORP 3.375% 2/01/35 CUSIP: 907818EB0	48,759.00	43,379.50 86.7590	0.3	703.13	3.9	1,687
TOTAL CORPORATE & FOREIGN BONDS		983,613.25	907,255.75	6.0	9,166.66	4.0	36,512
TOTAL FIXED INCOME		16,620,682.70	15,004,107.50	99.6	119,671.07	3.1	460,626
TOTAL INVESTMENT PORTFOLIO		16,675,185.73	15,058,610.53	100.0	119,882.77	3.1	462,920
ENDING ACCRUAL FOR PERIOD			119,882.77				
TOTAL VALUE			15,178,493.30				

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
	CASH						
525.870	PRINCIPAL CASH	525.87	525.87	0.0			
	TOTAL CASH	525.87	525.87	0.0	0.00	0.0	0
	MONEY MARKET FUNDS						
132,124.580 3/08/12	WILMINGTON US TREASURY MMKT CL SLCT CUSIP: 97181C514	132,124.58	132,124.58 1.0000	2.5	388.67	4.2	5,560
	TOTAL MONEY MARKET FUNDS	132,124.58	132,124.58	2.5	388.67	4.2	5,560
TOTAL CASH & CASH EQUIVALENTS		132,650.45	132,650.45	2.5	388.67	4.2	5,560
EQUITIES							
	COMMON EQUITY SECURITIES						
	MATERIALS						
290.000 12/31/24	AIR PRODUCTS & CHEMICALS INC CUSIP: 009158106	64,902.60	84,111.60 290.0400	1.6	0.00	2.4	2,053
785.000 12/31/24	BALL CORPORATION CUSIP: 058498106	36,911.96	43,277.05 55.1300	0.8	0.00	1.4	628
3,140.000 12/31/24	BARRICK GOLD CORP CUSIP: 067901108	57,685.03	48,670.00 15.5000	0.9	0.00	2.6	1,256
410.000 12/31/24	RPM INTERNATIONAL INC COMMON CUSIP: 749685103	32,497.01	50,454.60 123.0600	1.0	0.00	1.7	836
9,025.000 12/31/24	SILVERCREST METALS INC CUSIP: BYVY3D2	59,350.84	82,267.94 9.1156	1.6	0.00	0.0	0
1,130.000 12/31/24	SMURFIT WESTROCK PLC CUSIP: G8267P108	52,262.50	60,861.80 53.8600	1.2	0.00	2.3	1,367
	TOTAL MATERIALS	303,609.94	369,642.99	7.1	0.00	1.7	6,140

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
INDUSTRIALS							
1,741.000 12/31/24	AERCAP HOLDINGS NV CUSIP: N00985106	44,860.61	166,613.70 95.7000	3.2	0.00	1.0	1,741
720.000 12/31/24	BUILDERS FIRSTSOURCE CUSIP: 12008R107	41,454.61	102,909.60 142.9300	2.0	0.00	0.0	0
1,548.000 12/31/24	CARRIER GLOBAL CORP CUSIP: 14448C104	25,875.52	105,666.48 68.2600	2.0	368.55	1.3	1,393
297.000 12/31/24	HONEYWELL INTL INC COM CUSIP: 438516106	39,398.61	67,089.33 225.8900	1.3	0.00	2.0	1,342
1,585.000 12/31/24	NVENT ELECTRIC PLC CUSIP: G6700G107	47,160.52	108,033.60 68.1600	2.1	0.00	1.2	1,268
814.000 12/31/24	PALO ALTO NETWORKS CUSIP: 697435105	18,420.08	148,115.44 181.9600	2.8	0.00	0.0	0
270.000 12/31/24	ROCKWELL AUTOMATION INC. CUSIP: 773903109	42,988.95	77,163.30 285.7900	1.5	0.00	1.8	1,414
391.000 12/31/24	ROGERS CORP CUSIP: 775133101	43,849.30	39,729.51 101.6100	0.8	0.00	0.0	0
1,446.000 12/31/24	SKY HARBOUR GROUP CORP CL A CUSIP: 83085C107	15,936.12	17,250.78 11.9300	0.3	0.00	0.0	0
215.000 12/31/24	VERISK ANALYTICS, INC. COMMON STOCK CUSIP: 92345Y106	35,896.38	59,217.45 275.4300	1.1	0.00	0.6	335
TOTAL INDUSTRIALS		355,840.70	891,789.19	17.0	368.55	0.8	7,494
COMMUNICATION SERVICES							
870.000 12/31/24	ALPHABET INC CL C CUSIP: 02079K107	29,508.26	165,682.80 190.4400	3.2	0.00	0.4	696
TOTAL COMMUNICATION SERVICES		29,508.26	165,682.80	3.2	0.00	0.4	696
CONSUMER DISCRETIONARY							
425.000 12/31/24	AMAZON.COM INC CUSIP: 023135106	21,257.33	93,240.75 219.3900	1.8	0.00	0.0	0

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
779.000 12/31/24	NIKE INC CL B CUSIP: 654106103	66,243.99	58,946.93 75.6700	1.1	331.60	2.1	1,246
380.000 12/31/24	ROSS STORES INC COM CUSIP: 778296103	29,307.27	57,482.60 151.2700	1.1	0.00	1.0	558
	TOTAL CONSUMER DISCRETIONARY	116,808.59	209,670.28	4.0	331.60	0.9	1,804
	CONSUMER STAPLES						
268.000 12/31/24	CONSTELLATION BRANDS INC CL A CUSIP: 21036P108	33,640.99	59,228.00 221.0000	1.1	0.00	1.8	1,082
281.000 12/31/24	DIAGEO PLC SPONSORED ADR CUSIP: 25243Q205	31,606.81	35,723.53 127.1300	0.7	0.00	3.2	1,157
939.000 12/31/24	MONDELEZ INTERNATIONAL INC CUSIP: 609207105	41,780.46	56,086.47 59.7300	1.1	441.33	3.1	1,765
870.000 12/31/24	TYSON FOODS INC COM CUSIP: 902494103	42,750.84	49,972.80 57.4400	0.9	0.00	3.5	1,740
	TOTAL CONSUMER STAPLES	149,779.10	201,010.80	3.8	441.33	2.9	5,745
	ENERGY						
1,649.000 12/31/24	BAKER HUGHES COMPANY CUSIP: 05722G100	43,319.13	67,641.98 41.0200	1.3	0.00	2.0	1,385
1,124.000 12/31/24	CANADIAN NATURAL RESOURCES LTD CUSIP: 136385101	30,102.57	34,697.88 30.8700	0.7	494.66	4.9	1,708
496.000 12/31/24	EXPAND ENERGY CORPORATION CUSIP: 165167735	33,194.82	49,376.80 99.5500	0.9	0.00	2.3	1,140
738.000 12/31/24	MARATHON PETROLEUM CORPORATION CUSIP: 56585A102	35,411.61	102,951.00 139.5000	2.0	0.00	2.6	2,686
2,530.000 12/31/24	PRAIRIESKY ROYALTY LTD CUSIP: BN320L4	48,677.20	49,308.79 19.4896	0.9	0.00	3.6	1,765
	TOTAL ENERGY	190,705.33	303,976.45	5.8	494.66	2.9	8,686

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
FINANCIALS							
1,439.000 12/31/24	APOLLO GLOBAL MANAGEMENT INC CUSIP: 03769M106	49,424.70	237,665.24 165.1600	4.5	0.00	1.1	2,662
1,092.000 12/31/24	BROOKFIELD ASSET MANAGEMENT LTD CL A CUSIP: 113004105	33,051.36	59,175.48 54.1900	1.1	0.00	2.8	1,659
1,123.000 12/31/24	BROOKFIELD CORP CL A CUSIP: 11271J107	38,753.87	64,516.35 57.4500	1.2	0.00	0.6	359
180.000 12/31/24	CHUBB LTD CUSIP: H1467J104	50,952.12	49,734.00 276.3000	0.9	172.90	1.3	655
545.000 12/31/24	FISERV INC CUSIP: 337738108	58,208.07	111,953.90 205.4200	2.1	0.00	0.0	0
615.000 12/31/24	INTERCONTINENTAL EXCHANGE, INC CUSIP: 45866F104	66,194.11	91,641.15 149.0100	1.8	0.00	1.2	1,107
1,860.000 12/31/24	LANDBRIDGE CO LLC CUSIP: 514952100	53,549.96	120,156.00 64.6000	2.3	0.00	0.6	744
171.000 12/31/24	MASTERCARD INC CL A CUSIP: 57636Q104	48,818.51	90,043.47 526.5700	1.7	0.00	0.6	519
95.000 12/31/24	MSCI INC - CL A CUSIP: 55354G100	42,302.06	57,000.95 600.0100	1.1	0.00	1.1	608
115.000 12/31/24	S&P GLOBAL INC CUSIP: 78409V104	34,423.66	57,273.45 498.0300	1.1	0.00	0.7	418
2,016.000 12/31/24	SPROTT INC CUSIP: 852066208	76,097.28	85,014.72 42.1700	1.6	0.00	2.8	2,419
830.000 12/31/24	VERTIV HOLDINGS LLC CL A CUSIP: 92537N108	68,250.47	94,296.30 113.6100	1.8	0.00	0.1	124
TOTAL FINANCIALS		620,026.17	1,118,471.01	21.3	172.90	1.0	11,277
HEALTH CARE							
739.000 12/31/24	ABBOTT LABORATORIES CUSIP: 002824100	30,387.85	83,588.29 113.1100	1.6	0.00	2.1	1,744

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
360.000 12/31/24	ABBVIE INC CUSIP: 00287Y109	63,356.86	63,972.00 177.7000	1.2	0.00	3.7	2,361
120.000 12/31/24	ELEVANCE HEALTH INC CUSIP: 036752103	33,370.22	44,268.00 368.9000	0.8	0.00	1.8	782
249.000 12/31/24	JOHNSON & JOHNSON CUSIP: 478160104	14,988.55	36,010.38 144.6200	0.7	0.00	3.4	1,235
365.000 12/31/24	MEDTRONIC PLC CUSIP: G5960L103	32,390.19	29,156.20 79.8800	0.6	255.50	3.5	1,022
571.000 12/31/24	MERCK & CO INC CUSIP: 58933Y105	30,085.52	56,803.08 99.4800	1.1	486.81	3.3	1,850
4,640.000 12/31/24	TSCAN THERAPEUTICS INC CUSIP: 89854M101	30,387.49	14,105.60 3.0400	0.3	0.00	0.0	0
410.000 12/31/24	VIKING THERAPEUTICS INC CUSIP: 92686J106	26,514.61	16,498.40 40.2400	0.3	0.00	0.0	0
TOTAL HEALTH CARE		261,481.29	344,401.95	6.6	742.31	2.6	8,995
INFORMATION TECHNOLOGY							
75.000 12/31/24	ADOBE INC CUSIP: 00724F101	23,726.83	33,351.00 444.6800	0.6	0.00	0.0	0
547.000 12/31/24	APPLE INC CUSIP: 037833100	13,637.20	136,979.74 250.4200	2.6	0.00	0.4	547
161.000 12/31/24	AUTODESK COM CUSIP: 052769106	30,332.98	47,586.77 295.5700	0.9	0.00	0.0	0
1,160.000 12/31/24	BROADCOM INC CUSIP: 11135F101	35,408.78	268,934.40 231.8400	5.1	0.00	1.0	2,737
412.000 12/31/24	CYBER-ARK SOFTWARE CUSIP: M2682V108	48,829.09	137,257.80 333.1500	2.6	0.00	0.0	0
1,430.000 12/31/24	MARVELL TECHNOLOGY INC CUSIP: 573874104	78,186.91	157,943.50 110.4500	3.0	0.00	0.2	343
1,098.000 12/31/24	MICRON TECHNOLOGY INC COM CUSIP: 595112103	38,644.38	92,407.68 84.1600	1.8	126.27	0.5	505

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
299.000 12/31/24	MICROSOFT CORP CUSIP: 594918104	7,813.50	126,028.50 421.5000	2.4	0.00	0.8	992
1,490.000 12/31/24	NVIDIA CORP COM CUSIP: 67066G104	5,712.47	200,092.10 134.2900	3.8	0.00	0.0	59
1,930.000 12/31/24	PALANTIR TECHNOLOGIES INC CL A CUSIP: 69608A108	49,026.44	145,965.90 75.6300	2.8	0.00	0.0	0
3,195.000 12/31/24	SCHRODINGER INC CUSIP: 80810D103	86,378.38	61,631.55 19.2900	1.2	0.00	0.0	0
TOTAL INFORMATION TECHNOLOGY		417,696.96	1,408,178.94	26.9	126.27	0.4	5,185
UTILITIES							
605.000 12/31/24	NEXTERA ENERGY INC CUSIP: 65339F101	33,939.22	43,372.45 71.6900	0.8	0.00	2.9	1,246
TOTAL UTILITIES		33,939.22	43,372.45	0.8	0.00	2.9	1,246
REAL ESTATE							
1,762.000 12/31/24	WEYERHAEUSER CO COM CUSIP: 962166104	52,829.85	49,600.30 28.1500	0.9	0.00	2.8	1,409
TOTAL REAL ESTATE		52,829.85	49,600.30	0.9	0.00	2.8	1,409
TOTAL COMMON EQUITY SECURITIES		2,532,225.41	5,105,797.16	97.5	2,677.62	1.1	58,682
TOTAL EQUITIES		2,532,225.41	5,105,797.16	97.5	2,677.62	1.1	58,682
TOTAL INVESTMENT PORTFOLIO		2,664,875.86	5,238,447.61	100.0	3,066.29	1.2	64,243
ENDING ACCRUAL FOR PERIOD			3,066.29				
TOTAL VALUE			5,241,513.90				

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
CASH							
8,849.900	PRINCIPAL CASH	8,849.90	8,849.90	0.0			
	TOTAL CASH	8,849.90	8,849.90	0.0	0.00	0.0	0
MONEY MARKET FUNDS							
508,333.890 3/08/12	WILMINGTON US TREASURY MMKT CL SLCT CUSIP: 97181C514	508,333.89	508,333.89 1.0000	3.1	2,204.62	4.2	21,395
	TOTAL MONEY MARKET FUNDS	508,333.89	508,333.89	3.1	2,204.62	4.2	21,395
CASH EQUIVALENTS							
430,000.000 12/31/24	U.S. TREASURY BILLS 4/10/25 CUSIP: 912797NB9	420,703.64	425,132.40 98.8680	2.6	0.00	0.0	0
	TOTAL CASH EQUIVALENTS	420,703.64	425,132.40	2.6	0.00	0.0	0
TOTAL CASH & CASH EQUIVALENTS		937,887.43	942,316.19	5.7	2,204.62	2.3	21,395
FIXED INCOME							
U.S. TREASURY OBLIGATIONS							
280,000.000 12/31/24	U.S. TREASURY NOTES 3.875% 4/30/25 CUSIP: 91282CGX3	278,840.63	279,577.20 99.8490	1.7	1,858.29	3.9	10,850
225,000.000 12/31/24	U.S. TREASURY NOTES 4.250% 5/31/25 CUSIP: 91282CHD6	223,945.31	224,943.75 99.9750	1.4	840.66	4.3	9,562
	TOTAL U.S. TREASURY OBLIGATIONS	502,785.94	504,520.95	3.1	2,698.95	4.0	20,412
CORPORATE & FOREIGN BONDS							
230,000.000 12/31/24	AMERICAN AXLE & MFG 6.875% 7/01/28 CUSIP: 02406PBA7	224,537.50	228,242.80 99.2360	1.4	7,906.25	6.9	15,812
280,000.000 12/31/24	ARES CAPITAL CORP 2.875% 6/15/27 CUSIP: 04010LBD4	278,611.20	266,288.40 95.1030	1.6	357.78	3.0	8,050

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
320,000.000 12/31/24	BANK NY MELLON V-S 4.700% 12/31/99 CUSIP: 064058AH3	315,008.00	316,963.20 99.0510	1.9	4,219.56	4.8	15,040
64,000.000 12/31/24	CELANESE US HLD 6.050% 3/15/25 CUSIP: 15089QAL8	64,536.96	64,044.80 100.0700	0.4	1,140.09	6.0	3,872
460,000.000 12/31/24	CITIZENS FIN GRP V-Q 5.650% 12/31/99 CUSIP: 174610AU9	449,104.75	456,780.00 99.3000	2.8	6,136.53	5.7	25,990
230,000.000 12/31/24	CONCENTRIX CORP 6.600% 8/02/28 CUSIP: 20602DAB7	230,522.95	235,660.30 102.4610	1.4	6,282.83	6.4	15,180
240,000.000 12/31/24	ENPRO INDUSTRIES INC 5.750% 10/15/26 CUSIP: 29355XAG2	238,200.00	238,800.00 99.5000	1.4	2,913.33	5.8	13,800
465,000.000 12/31/24	EQUITABLE HLDGS V-A 4.950% 12/31/99 CUSIP: 29452EAA9	465,438.90	462,312.30 99.4220	2.8	1,023.00	5.0	23,017
90,000.000 12/31/24	HUNTINGTON BANCS V-Q 4.450% 12/31/99 CUSIP: 446150AV6	90,787.50	85,986.90 95.5410	0.5	0.00	4.7	4,005
440,000.000 12/31/24	MARKEL GROUP INC 6.000% 12/31/99 CUSIP: 570535AW4	446,393.01	439,177.20 99.8130	2.7	2,200.00	6.0	26,400
160,000.000 12/31/24	NUSTAR LOGISTICS LP 5.625% 4/28/27 CUSIP: 67059TAE5	158,240.00	158,835.20 99.2720	1.0	1,575.00	5.7	9,000
340,000.000 12/31/24	SEMPRA ENERGY V-S 4.875% 12/31/99 CUSIP: 816851BK4	338,300.00	335,576.60 98.6990	2.0	3,499.17	4.9	16,575
235,000.000 12/31/24	SM ENERGY CO 6.750% 9/15/26 CUSIP: 78454LAN0	231,203.15	234,774.40 99.9040	1.4	4,670.63	6.8	15,862
250,000.000 12/31/24	TRANSDIGM INC 5.500% 11/15/27 CUSIP: 893647BL0	245,722.50	245,657.50 98.2630	1.5	1,756.94	5.6	13,750
240,000.000 12/31/24	VORNADO REALTY LP 3.500% 1/15/25 CUSIP: 929043AJ6	236,654.40	239,733.60 99.8890	1.4	3,873.33	3.5	8,400
415,000.000 12/31/24	WARNERMEDIA HLDGS 6.412% 3/15/26 CUSIP: 55903VBG7	416,885.25	415,166.00 100.0400	2.5	7,835.11	6.4	26,609
TOTAL CORPORATE & FOREIGN BONDS		4,430,146.07	4,423,999.20	26.8	55,389.55	5.5	241,364

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
TAXABLE FIXED INCOME FUNDS							
38,077.969 12/31/24	ABSOLUTE CONVERT ARBIT-INST CUSIP: 90470L360	420,000.00	426,473.25 11.2000	2.6	0.00	3.5	15,155
20,589.318 12/31/24	ANGEL OAK ULTRASHRT BND-INST CUSIP: 03463K828	199,716.39	202,598.89 9.8400	1.2	0.00	5.4	10,974
TOTAL TAXABLE FIXED INCOME FUNDS		619,716.39	629,072.14	3.8	0.00	4.1	26,129
CLOSED-END FIXED INCOME FUNDS							
8,150.000 12/31/24	GLOBAL X US PREFERRED ETF CUSIP: 37954Y657	208,560.13	159,006.50 19.5100	1.0	0.00	6.4	10,203
6,500.000 12/31/24	ISHARES FLOATING RATE BOND ETF CUSIP: 46429B655	331,416.15	330,720.00 50.8800	2.0	0.00	5.9	19,402
3,100.000 12/31/24	ISHARES TIPS BOND ETF CUSIP: 464287176	335,526.95	330,305.00 106.5500	2.0	0.00	2.4	7,830
7,100.000 12/31/24	ISHARES 0-5 YR HY CORP BOND CUSIP: 46434V407	301,606.58	302,531.00 42.6100	1.8	0.00	6.9	20,952
20,875.000 12/31/24	VANECK J.P. MORGAN EM LOCAL CURRENCY CUSIP: 92189H300	629,527.61	482,421.25 23.1100	2.9	0.00	6.5	31,583
TOTAL CLOSED-END FIXED INCOME FUNDS		1,806,637.42	1,604,983.75	9.7	0.00	5.6	89,972
TOTAL FIXED INCOME		7,359,285.82	7,162,576.04	43.4	58,088.50	5.3	377,878
EQUITIES							
COMMON EQUITY SECURITIES							
MATERIALS							
46,950.000 12/31/24	AMCOR PLC CUSIP: G0250X107	535,296.37	441,799.50 9.4100	2.7	0.00	5.4	23,944
6,175.000 12/31/24	NEWMONT CORPORATION CUSIP: 651639106	343,528.56	229,833.50 37.2200	1.4	0.00	2.7	6,175
TOTAL MATERIALS		878,824.93	671,633.00	4.1	0.00	4.5	30,119

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
INDUSTRIALS							
1,900.000 12/31/24	UNITED PARCEL SERVICE CL B CUSIP: 911312106	270,963.28	239,590.00 126.1000	1.4	0.00	5.2	12,388
	TOTAL INDUSTRIALS	270,963.28	239,590.00	1.4	0.00	5.2	12,388
COMMUNICATION SERVICES							
7,675.000 12/31/24	VERIZON COMMUNICATIONS COM CUSIP: 92343V104	419,018.12	306,923.25 39.9900	1.9	0.00	6.8	20,799
	TOTAL COMMUNICATION SERVICES	419,018.12	306,923.25	1.9	0.00	6.8	20,799
CONSUMER STAPLES							
6,350.000 12/31/24	COCA COLA CO COM CUSIP: 191216100	325,763.34	395,351.00 62.2600	2.4	0.00	3.1	12,319
1,200.000 12/31/24	KIMBERLY CLARK CORP CUSIP: 494368103	142,866.00	157,248.00 131.0400	0.9	1,464.00	3.7	5,856
5,950.000 12/31/24	UNILEVER PLC SPONSORED ADR CUSIP: 904767704	289,467.80	337,365.00 56.7000	2.0	0.00	3.3	10,989
	TOTAL CONSUMER STAPLES	758,097.14	889,964.00	5.4	1,464.00	3.3	29,164
ENERGY							
23,450.000 12/31/24	KINDER MORGAN INC CUSIP: 49456B101	455,554.13	642,530.00 27.4000	3.9	0.00	4.2	26,967
1,875.000 12/31/24	PHILLIPS 66 CUSIP: 718546104	182,583.79	213,618.75 113.9300	1.3	0.00	4.0	8,625
4,925.000 12/31/24	TOTALENERGIES SE SPONSORED ADR CUSIP: 89151E109	315,095.20	268,412.50 54.5000	1.6	3,369.73	5.1	13,730
	TOTAL ENERGY	953,233.12	1,124,561.25	6.8	3,369.73	4.4	49,323
HEALTH CARE							
2,750.000 12/31/24	ABBVIE INC CUSIP: 00287Y109	239,406.25	488,675.00 177.7000	3.0	0.00	3.7	18,040

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
19,050.000 12/31/24	PFIZER INC CUSIP: 717081103	582,156.16	505,396.50 26.5300	3.1	0.00	6.5	32,766
35,600.000 12/31/24	VIATRIS INC CUSIP: 92556V106	499,179.02	443,220.00 12.4500	2.7	0.00	3.9	17,088
	TOTAL HEALTH CARE	1,320,741.43	1,437,291.50	8.7	0.00	4.7	67,894
	INFORMATION TECHNOLOGY						
1,700.000 12/31/24	BROADCOM INC CUSIP: 11135F101	40,336.71	394,128.00 231.8400	2.4	0.00	1.0	4,012
5,800.000 12/31/24	CISCO SYSTEMS INC CUSIP: 17275R102	272,372.24	343,360.00 59.2000	2.1	0.00	2.7	9,280
	TOTAL INFORMATION TECHNOLOGY	312,708.95	737,488.00	4.5	0.00	1.8	13,292
	UTILITIES						
10,175.000 12/31/24	FIRSTENERGY CORP CUSIP: 337932107	386,987.15	404,761.50 39.7800	2.4	0.00	4.3	17,297
2,375.000 12/31/24	NEXTERA ENERGY INC CUSIP: 65339F101	93,440.89	170,263.75 71.6900	1.0	0.00	2.9	4,892
	TOTAL UTILITIES	480,428.04	575,025.25	3.5	0.00	3.9	22,190
	REAL ESTATE						
19,984.000 12/31/24	HEALTHPEAK OP, LLC. REIT CUSIP: 42250P103	514,135.38	405,075.68 20.2700	2.5	0.00	5.9	23,980
1,950.000 12/31/24	LAMAR ADVERTISING CO-A REIT CUSIP: 512816109	241,036.58	237,393.00 121.7400	1.4	0.00	4.6	10,920
2,975.000 12/31/24	SIMON PROPERTY GRP INC (REIT) CUSIP: 828806109	282,646.90	512,324.75 172.2100	3.1	0.00	4.9	24,990

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
9,375.000 12/31/24	STAG INDUSTRIAL REIT CUSIP: 85254J102	270,733.75	317,062.50 33.8200	1.9	1,156.25	4.4	13,968
	TOTAL REAL ESTATE	1,308,552.61	1,471,855.93	8.9	1,156.25	5.0	73,859
	TOTAL COMMON EQUITY SECURITIES	6,702,567.62	7,454,332.18	45.2	5,989.98	4.3	319,030
	GLOBAL FUNDS						
25,345.246 12/31/24	MERGER FUND-INST CUSIP: 589509207	418,245.05	428,841.56 16.9200	2.6	0.00	2.3	9,707
	TOTAL GLOBAL FUNDS	418,245.05	428,841.56	2.6	0.00	2.3	9,707
	CLOSED END EQUITY MUTUAL FUNDS						
5,700.000 12/31/24	GLOBAL X MLP ETF CUSIP: 37954Y343	262,860.06	281,637.00 49.4100	1.7	0.00	7.3	20,406
13,975.000 12/31/24	VANECK BDC INCOME ETF CUSIP: 92189F411	227,983.96	232,404.25 16.6300	1.4	0.00	10.9	25,420
	TOTAL CLOSED END EQUITY MUTUAL FUNDS	490,844.02	514,041.25	3.1	0.00	8.9	45,826
	TOTAL EQUITIES	7,611,656.69	8,397,214.99	50.9	5,989.98	4.5	374,564
	TOTAL INVESTMENT PORTFOLIO	15,908,829.94	16,502,107.22	100.0	66,283.10	4.7	773,838
	ENDING ACCRUAL FOR PERIOD		66,283.10				
	TOTAL VALUE		16,568,390.32				

2024

FEDERAL STATEMENTS

PAGE 1

11-6244552

CLIENT 282WF

BOARD OF TRUSTEES LOCAL 282

PLAN NO. 501

7/09/25

12:56PM

STATEMENT 9

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LOCAL 282 WELFARE TRUST FUND 11-6244552 501

<u>PARTY IN</u> <u>INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT</u> <u>AMOUNT</u>
	SURETY BOND ACCOUNT	BOND DEPOSIT	\$ 460,933.	\$ 460,933.
	REAL ESTATE	CONDO	1,403,631.	1,060,000.
	PRUDENTIAL	INVESTMENT CONTRACT	13,000,779.	13,000,779.
	US REAL ESTATE INV	REAL ESTATE	6,991,996.	7,661,469.
	LAZARD	REGISTERED INV CO.	4,929,152.	5,259,619.
	VANGUARD INST INDEX	REGISTERED INV CO.	15,036,097.	23,274,574.
	MACKAY SHIELDS	SEE ATTACHED	46,166,181.	44,629,526.
	STACEY BRAUN (EQ)	SEE ATTACHED	3,426,433.	6,395,570.
	STACEY BRAUN (FI)	SEE ATTACHED	16,675,185.	15,058,610.
	TOCQUEVILLE	SEE ATTACHED	2,664,876.	5,238,448.
	TOCQUEVILLE ENHANCED	SEE ATTACHED	15,908,831.	16,502,109.
	M&T BANK SWEEP A/C	SWEEP ACCOUNT	6,606,706.	6,606,706.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
	CASH						
102,548.640	PENDING CASH	102,548.64-	102,548.64-	0.2-			
	TOTAL CASH	102,548.64-	102,548.64-	0.2-	0.00	0.0	0
	MONEY MARKET FUNDS						
116,000.000 1/04/10	MARGIN REQUIREMENT CUSIP: 99Q791PV3	116,000.00	116,000.00 1.0000	0.3	0.00	0.0	0
132,350.830 3/08/12	WILMINGTON US TREASURY MMKT CL SLCT CUSIP: 97181C514	132,350.83	132,350.83 1.0000	0.3	497.44	4.2	5,570
	TOTAL MONEY MARKET FUNDS	248,350.83	248,350.83	0.6	497.44	2.2	5,570
	CASH EQUIVALENTS						
465,000.000 12/31/24	U.S. TREASURY BILLS 1/23/25 CUSIP: 912797JR9	463,368.63	463,846.80 99.7520	1.0	0.00	0.0	0
	TOTAL CASH EQUIVALENTS	463,368.63	463,846.80	1.0	0.00	0.0	0
	TOTAL CASH & CASH EQUIVALENTS	609,170.82	609,648.99	1.4	497.44	0.9	5,570
FIXED INCOME							
	U.S. TREASURY OBLIGATIONS						
495,000.000 12/31/24	U.S. TREASURY BONDS 4.250% 11/15/34 CUSIP: 91282CLW9	488,334.53	482,100.30 97.3940	1.1	2,345.13	4.4	21,037
1,290,000.000 12/31/24	U.S. TREASURY BONDS 4.500% 11/15/54 CUSIP: 912810UE6	1,267,039.36	1,229,924.70 95.3430	2.8	7,536.88	4.7	58,050
1,320,000.000 12/31/24	U.S. TREASURY BONDS 4.625% 11/15/44 CUSIP: 912810UF3	1,335,758.40	1,279,885.20 96.9610	2.9	7,716.21	4.8	61,050
590,000.000 12/31/24	U.S. TREASURY NOTES 3.875% 10/15/27 CUSIP: 91282CLQ2	589,252.37	583,799.10 98.9490	1.3	4,899.11	3.9	22,862

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
4,315,000.000 12/31/24	U.S. TREASURY NOTES 4.125% 10/31/26 CUSIP: 91282CLS8	4,311,302.54	4,305,161.80 99.7720	9.7	30,485.12	4.1	177,993
930,000.000 12/31/24	U.S. TREASURY NOTES 4.125% 10/31/29 CUSIP: 91282CLR0	927,503.56	919,286.40 98.8480	2.1	6,570.37	4.2	38,362
3,275,000.000 12/31/24	U.S. TREASURY NOTES 4.125% 10/31/31 CUSIP: 91282CLU3	3,265,257.33	3,205,602.75 97.8810	7.2	23,137.60	4.2	135,093
TOTAL U.S. TREASURY OBLIGATIONS		12,184,448.09	12,005,760.25	27.0	82,690.42	4.3	514,450
U.S. GOVERNMENT AGENCIES							
520,000.000 12/31/24	FHLB 1.350% 7/08/30 CUSIP: 3130AJRV3	454,152.40	435,099.60 83.6730	1.0	3,373.50	1.6	7,020
335,000.000 12/31/24	FHLB V-A 1.500% 9/30/31 CUSIP: 3130ANZZ6	295,312.55	291,627.55 87.0530	0.7	1,270.21	1.7	5,025
23,372.100 12/31/24	FHLMC GD PL #G6172 3.500% 1/01/44 CUSIP: 31335B4D5	22,871.80	21,325.41 91.2430	0.0	68.17	3.8	818
13,047.600 12/31/24	FHLMC GD PL #G6176 4.000% 7/01/44 CUSIP: 31335B5Y8	13,186.22	12,326.98 94.4770	0.0	43.48	4.2	521
19,443.630 12/31/24	FHLMC GD PL #G6176 4.000% 10/01/48 CUSIP: 31335B6B7	19,522.62	17,922.36 92.1760	0.0	64.81	4.3	777
33,871.970 12/31/24	FHLMC GD PL #G6176 4.000% 12/01/46 CUSIP: 31335B5Z5	34,030.73	31,495.85 92.9850	0.1	112.91	4.3	1,354
185,000.000 12/31/24	FHLMC K758 CMO V-M 4.680% 10/25/31 CUSIP: 3137HHJF9	183,370.89	182,879.90 98.8540	0.4	721.50	4.7	8,658
23,348.330 12/31/24	FHLMC PL #G61726 3.500% 11/01/45 CUSIP: 31335B4K9	22,888.66	21,264.49 91.0750	0.0	68.10	3.8	817
29,330.340 12/31/24	FHLMC PL #QB1355 3.500% 7/01/50 CUSIP: 3133A7QG7	31,328.47	26,267.08 89.5560	0.1	85.55	3.9	1,026
176,665.100 12/31/24	FHLMC PL #RA7122 3.500% 4/01/52 CUSIP: 3133KN4F7	148,509.12	157,269.04 89.0210	0.3	515.27	3.9	6,183
38,302.360 12/31/24	FHLMC PL #SD1604 4.000% 9/01/52 CUSIP: 3132DNX93	36,494.95	35,158.89 91.7930	0.1	127.67	4.4	1,532

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION		COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
49,013.710 12/31/24	FHLMC PL #SD3094 CUSIP: 3132DQNK8	2.500% 5/01/52	40,352.06	40,305.93 82.2340	0.1	102.11	3.0	1,225
187,136.730 12/31/24	FHLMC PL #SD3770 CUSIP: 3132E0FK3	2.500% 3/01/52	145,030.98	153,880.66 82.2290	0.3	389.87	3.0	4,678
159,403.400 12/31/24	FHLMC PL #SD3960 CUSIP: 3132E0MH2	6.000% 10/01/53	159,428.29	161,163.21 101.1040	0.4	797.02	5.9	9,564
109,576.260 12/31/24	FHLMC PL #SD4268 CUSIP: 3132E0W57	6.000% 11/01/53	111,887.62	111,238.53 101.5170	0.3	547.88	5.9	6,574
151,044.110 12/31/24	FHLMC PL #SD4958 CUSIP: 3132DSQK1	2.000% 6/01/52	119,466.44	117,906.54 78.0610	0.3	251.74	2.6	3,020
131,809.750 12/31/24	FHLMC PL #SD5040 CUSIP: 3132DSS52	5.500% 3/01/54	128,535.11	130,510.11 99.0140	0.3	604.13	5.6	7,249
528,207.850 12/31/24	FHLMC PL #SD6766 CUSIP: 3132DUQT7	5.500% 11/01/54	530,548.34	521,996.13 98.8240	1.2	2,420.95	5.6	29,051
184,776.290 12/31/24	FHLMC PL #SD6871 CUSIP: 3132DUT49	5.500% 11/01/54	183,159.50	182,863.86 98.9650	0.4	846.89	5.6	10,162
179,189.210 12/31/24	FHLMC PL #SD8146 CUSIP: 3132DWBP7	2.000% 5/01/51	139,305.62	140,457.46 78.3850	0.3	298.65	2.5	3,583
111,760.470 12/31/24	FHLMC PL #SD8215 CUSIP: 3132DWDU4	4.000% 5/01/52	113,375.75	102,421.77 91.6440	0.2	372.53	4.4	4,470
77,595.820 12/31/24	FHLMC PL #SD8257 CUSIP: 3132DWE66	4.500% 10/01/52	74,958.78	73,133.28 94.2490	0.2	290.98	4.8	3,491
254,132.180 12/31/24	FHLMC PL #SD8325 CUSIP: 3132DWH44	6.000% 5/01/53	256,474.96	255,463.83 100.5240	0.6	1,270.66	6.0	15,247
190,747.170 12/31/24	FHLMC PL #SD8363 CUSIP: 3132DWJG9	6.000% 9/01/53	188,161.90	191,786.74 100.5450	0.4	953.74	6.0	11,444
70,814.540 12/31/24	FHLMC PL #SD8407 CUSIP: 3132DWKU6	5.000% 3/01/54	68,905.87	68,370.73 96.5490	0.1	295.06	5.2	3,540
98,127.160 12/31/24	FHLMC SER 5019 CMO CUSIP: 3137FXJT6	1.000% 10/25/50	94,646.71	71,170.65 72.5290	0.2	81.77	1.4	981

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
176,575.040 12/31/24	FHLMC SER 5034 CMO 1.250% 11/25/50 CUSIP: 3137F6K89	128,292.82	127,095.18 71.9780	0.3	183.93	1.7	2,207
144,638.010 12/31/24	FHLMC SER 5041 CMO 1.250% 3/25/49 CUSIP: 3137F6XW2	124,614.72	113,692.71 78.6050	0.3	150.66	1.6	1,807
72,279.340 12/31/24	FHLMC SER 5070 CMO 1.000% 8/25/50 CUSIP: 3137F9WS6	70,020.64	51,977.52 71.9120	0.1	60.24	1.4	722
77,968.180 12/31/24	FHLMC SER 5092 CMO 1.000% 1/15/41 CUSIP: 3137FYEX0	63,717.69	65,318.62 83.7760	0.1	64.97	1.2	779
71,814.880 12/31/24	FHLMC SER 5304 CMO 4.000% 2/25/52 CUSIP: 3137H9YM5	68,695.33	65,465.01 91.1580	0.1	242.26	4.4	2,872
137,010.410 12/31/24	FHLMC SER 5328 CMO 0.250% 9/25/50 CUSIP: 3137HADW3	95,821.65	90,266.57 65.8830	0.2	28.54	0.4	342
250,032.090 12/31/24	FHLMC 5164 CMO V-M 4.000% 11/25/51 CUSIP: 3137H3PY2	218,778.09	217,397.90 86.9480	0.5	166.69	4.6	10,001
180,607.530 12/31/24	FHLMC 5181 CMO V-M 3.500% 1/15/52 CUSIP: 3137H4TM2	168,868.03	169,559.77 93.8830	0.4	280.95	3.7	6,321
15,735.850 12/31/24	FNMA PL #BK4772 4.000% 8/01/48 CUSIP: 3140HJJS1	16,960.33	14,584.46 92.6830	0.0	52.45	4.3	629
21,137.940 12/31/24	FNMA PL #BM4482 4.000% 1/01/43 CUSIP: 3140J86U2	21,517.78	19,813.01 93.7320	0.0	70.45	4.3	845
18,210.920 12/31/24	FNMA PL #BM4819 3.500% 12/01/44 CUSIP: 3140J9K91	17,969.06	16,567.38 90.9750	0.0	53.11	3.8	637
10,509.860 12/31/24	FNMA PL #BN5890 4.000% 2/01/49 CUSIP: 3140JNRL6	10,756.20	9,727.40 92.5550	0.0	35.03	4.3	420
149,185.120 12/31/24	FNMA PL #CB3155 2.000% 3/01/52 CUSIP: 3140QNH8	118,170.92	116,373.34 78.0060	0.3	248.64	2.6	2,983
47,119.230 12/31/24	FNMA PL #FM5299 3.500% 11/01/50 CUSIP: 3140X83H8	39,734.76	41,939.41 89.0070	0.1	130.53	3.9	1,649
32,677.880 12/31/24	FNMA PL #FP0087 2.000% 10/01/50 CUSIP: 3140XTCZ2	25,463.22	25,584.17 78.2920	0.1	54.46	2.6	653

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
77,782.300 12/31/24	FNMA PL #FS0931 CUSIP: 3140XGA90	3.000% 3/01/52 76,257.05	66,251.85 85.1760	0.1	194.46	3.5	2,333
99,659.480 12/31/24	FNMA PL #FS1098 CUSIP: 3140XGGG8	3.000% 3/01/52 97,705.24	84,885.96 85.1760	0.2	249.15	3.5	2,989
146,073.020 12/31/24	FNMA PL #FS2521 CUSIP: 3140XHYT8	4.500% 8/01/52 146,101.54	138,049.23 94.5070	0.3	547.77	4.8	6,573
80,267.230 12/31/24	FNMA PL #FS4723 CUSIP: 3140XLG93	2.500% 11/01/51 65,844.21	66,062.34 82.3030	0.1	167.22	3.0	2,006
145,039.730 12/31/24	FNMA PL #FS5641 CUSIP: 3140XMHT6	6.000% 8/01/53 144,813.10	146,735.24 101.1690	0.3	725.20	5.9	8,702
189,614.950 12/31/24	FNMA PL #FS5758 CUSIP: 3140XMMG8	6.000% 9/01/53 190,059.36	192,007.89 101.2620	0.4	948.07	5.9	11,376
100,306.010 12/31/24	FNMA PL #FS6211 CUSIP: 3140XM3V6	6.000% 11/01/53 102,343.48	101,792.55 101.4820	0.2	501.53	5.9	6,018
179,762.480 12/31/24	FNMA PL #FS6542 CUSIP: 3140XNHU1	6.500% 12/01/53 185,071.08	184,195.42 102.4660	0.4	973.71	6.3	11,684
56,854.550 12/31/24	FNMA PL #FS7543 CUSIP: 3140XPLZ0	2.000% 3/01/52 47,988.80	44,605.24 78.4550	0.1	94.76	2.5	1,137
131,578.820 12/31/24	FNMA PL #FS7587 CUSIP: 3140XPND7	5.500% 4/01/54 128,309.90	130,248.56 98.9890	0.3	603.07	5.6	7,236
436,083.790 12/31/24	FNMA PL #FS7783 CUSIP: 3140XPUH0	5.500% 3/01/54 430,769.01	430,562.97 98.7340	1.0	1,998.72	5.6	23,984
210,762.450 12/31/24	FNMA PL #FS7951 CUSIP: 3140XPZR3	4.000% 2/01/54 194,230.77	192,858.18 91.5050	0.4	702.54	4.4	8,430
541,596.110 12/31/24	FNMA PL #FS8139 CUSIP: 3140XQBH9	2.000% 4/01/47 438,191.73	431,365.05 79.6470	1.0	902.66	2.5	10,831
286,150.020 12/31/24	FNMA PL #FS8275 CUSIP: 3140XQFR3	5.500% 6/01/54 287,536.06	282,475.85 98.7160	0.6	1,311.52	5.6	15,738
62,898.860 12/31/24	FNMA PL #FS8310 CUSIP: 3140XQGU5	2.500% 10/01/52 52,215.89	51,642.48 82.1040	0.1	131.04	3.0	1,572

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION		COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
340,523.910 12/31/24	FNMA PL #MA4562 CUSIP: 31418EB82	2.000% 3/01/52	269,758.77	265,356.66 77.9260	0.6	567.54	2.6	6,810
245,384.930 12/31/24	FNMA PL #MA4626 CUSIP: 31418ED80	4.000% 6/01/52	244,593.74	224,809.40 91.6150	0.5	817.95	4.4	9,815
374,931.180 12/31/24	FNMA PL #MA4806 CUSIP: 31418EKU3	5.000% 11/01/52	362,602.74	362,993.37 96.8160	0.8	1,562.21	5.2	18,746
116,103.370 12/31/24	FNMA PL #MA4919 CUSIP: 31418EPD6	5.500% 2/01/53	116,564.27	114,689.23 98.7820	0.3	532.14	5.6	6,385
179,683.320 12/31/24	FNMA PL #MA4940 CUSIP: 31418EP20	5.000% 3/01/53	178,993.62	173,755.57 96.7010	0.4	748.68	5.2	8,984
580,513.310 12/31/24	FNMA PL #MA5108 CUSIP: 31418EVA5	6.000% 8/01/53	590,944.41	583,793.21 100.5650	1.3	2,902.57	6.0	34,830
356,158.600 12/31/24	FNMA PL #MA5139 CUSIP: 31418EV98	6.000% 9/01/53	354,427.94	358,060.49 100.5340	0.8	1,780.79	6.0	21,369
110,938.960 12/31/24	FNMA PL #MA5353 CUSIP: 31418E5P1	5.500% 5/01/54	110,011.58	109,514.50 98.7160	0.3	508.47	5.6	6,101
25,317.900 12/31/24	FNMA SER 6 CMO CUSIP: 3136BD2T4	3.500% 6/25/50	22,343.04	22,510.90 88.9130	0.0	73.84	3.9	886
120,017.880 12/31/24	FNMA SER 74 CMO CUSIP: 3136BCBJ8	1.000% 10/25/50	89,713.35	83,870.89 69.8820	0.2	100.01	1.4	1,200
34,442.220 12/31/24	FNMA SER 77 CMO CUSIP: 3136B7L58	3.000% 1/25/50	29,405.05	29,330.99 85.1600	0.1	86.11	3.5	1,033
113,702.060 12/31/24	FNMA SER 78 CMO CUSIP: 3136BTSF1	5.500% 10/25/35	115,154.38	111,615.63 98.1650	0.3	515.21	5.6	6,253
95,381.870 12/31/24	GNMA SER 1 CMO CUSIP: 38383VFN3	3.500% 1/20/52	88,049.39	84,259.39 88.3390	0.2	278.19	4.0	3,338
160,444.030 12/31/24	GNMA SER 122 CMO CUSIP: 38382HNV8	1.000% 8/20/50	131,764.67	134,822.72 84.0310	0.3	133.70	1.2	1,604
101,035.270 12/31/24	GNMA SER 128 CMO V-M CUSIP: 38382AEQ4	3.500% 10/20/49	89,256.07	89,274.76 88.3600	0.2	108.05	4.0	3,536

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
53,792.090 12/31/24	GNMA SER 128 CMO V-M 3.500% 10/20/49 CUSIP: 38382AGG4	47,942.20	47,426.87 88.1670	0.1	57.53	4.0	1,882
93,128.190 12/31/24	GNMA SER 140 CMO V-M 2.500% 8/20/51 CUSIP: 38382XTS4	76,772.54	75,811.00 81.4050	0.2	71.15	3.1	2,328
109,703.640 12/31/24	GNMA SER 159 CMO 2.500% 9/20/49 CUSIP: 38382BJL8	97,186.31	93,332.57 85.0770	0.2	228.55	2.9	2,742
329,591.380 12/31/24	GNMA SER 164 CMO 2.200% 8/16/62 CUSIP: 38381E8M3	304,460.04	304,400.71 92.3570	0.7	604.25	2.4	7,251
126,635.800 12/31/24	GNMA SER 165 CMO 1.250% 11/20/50 CUSIP: 38382K4S9	96,005.76	93,241.94 73.6300	0.2	131.91	1.7	1,582
195,244.360 12/31/24	GNMA SER 182 CMO 2.500% 12/20/43 CUSIP: 38378PFE3	171,631.99	170,329.23 87.2390	0.4	406.76	2.9	4,881
254,588.810 12/31/24	GNMA SER 215 CMO 1.750% 12/20/51 CUSIP: 38383DZ92	202,278.77	219,012.57 86.0260	0.5	371.29	2.0	4,455
55,575.130 12/31/24	GNMA SER 23 CMO 3.500% 10/20/48 CUSIP: 38381RTD1	52,676.97	50,811.79 91.4290	0.1	162.09	3.8	1,945
130,000.000 12/31/24	GNMA SER 26 CMO V-M 3.800% 4/16/65 CUSIP: 38381JBN6	98,307.42	95,084.60 73.1420	0.2	411.67	5.2	4,940
177,597.440 12/31/24	GNMA SER 38 CMO V- 6.586% 12/20/51 CUSIP: 38383WJT4	192,859.72	183,708.57 103.4410	0.4	1,011.17	6.4	11,696
228,458.360 12/31/24	GNMA SER 49 CMO 1.650% 3/20/51 CUSIP: 38382PX56	174,342.28	171,926.34 75.2550	0.4	314.13	2.2	3,769
133,896.170 12/31/24	GNMA SER 5 CMO V-M 3.500% 1/20/50 CUSIP: 38382CGQ8	117,786.78	117,827.29 87.9990	0.3	143.19	4.0	4,686
118,521.370 12/31/24	GNMA SER 52 CMO 1.500% 7/16/62 CUSIP: 38380RF88	88,136.38	87,319.43 73.6740	0.2	148.15	2.0	1,777
96,842.310 12/31/24	GNMA SER 55 CMO V- 7.689% 7/20/51 CUSIP: 38383X4E1	111,348.45	106,209.87 109.6730	0.2	605.32	7.0	7,446
92,561.700 12/31/24	GNMA SER 55 CMO V- 7.785% 11/20/51 CUSIP: 38383X4D3	106,594.86	103,374.76 111.6820	0.2	624.91	7.0	7,205

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139,282.150 12/31/24	GNMA SER 59 CMO V- 6.974% 9/20/51 CUSIP: 38383XXB5	154,739.22	147,478.90 105.8850	0.3	799.80	6.6	9,713
90,060.130 12/31/24	GNMA SER 60 CMO V- 3.500% 4/20/50 CUSIP: 38382D3S6	85,141.25	81,006.39 89.9470	0.2	96.31	3.9	3,152
96,691.060 12/31/24	GNMA SER 63 CMO 3.500% 5/20/50 CUSIP: 38384ABU6	90,183.75	86,440.84 89.3990	0.2	282.02	3.9	3,384
48,576.230 12/31/24	GNMA SER 69 CMO V-M 4.500% 4/20/52 CUSIP: 38383PV40	42,397.94	45,346.40 93.3510	0.1	66.79	4.8	2,185
57,166.070 12/31/24	GNMA SER 81 CMO 5.000% 6/20/52 CUSIP: 38384BBR1	55,308.16	56,462.36 98.7690	0.1	238.19	5.1	2,858
63,860.590 12/31/24	GNMA SER 92 CMO V-M 3.500% 7/20/49 CUSIP: 38381WS33	56,758.05	56,153.26 87.9310	0.1	68.31	4.0	2,235
166,950.520 12/31/24	GNMA SER 96 CMO V- 3.500% 6/20/51 CUSIP: 38382UG62	143,681.79	147,125.15 88.1250	0.3	178.54	4.0	5,843
264,344.390 12/31/24	GNMA SER 97 CMO V- 3.000% 6/20/51 CUSIP: 38382VER6	229,029.64	224,412.53 84.8940	0.5	242.32	3.5	7,930
122,372.100 12/31/24	GNMA SER 97 CMO V-M 3.500% 8/20/49 CUSIP: 38381YHP2	109,064.13	107,792.69 88.0860	0.2	130.87	4.0	4,283
230,000.000 12/31/24	GNMA SER 99 CMO 4.000% 6/20/52 CUSIP: 38383R7V3	208,617.19	207,409.40 90.1780	0.5	766.67	4.4	9,200
130,000.000 12/31/24	GNMA 29 CMO V-M 2.500% 8/16/64 CUSIP: 38381KAF1	96,712.89	93,598.70 71.9990	0.2	270.83	3.5	3,250
215,603.600 12/31/24	GNMA 83 CMO V-M 2.500% 5/20/51 CUSIP: 38382QWD8	192,486.50	176,309.84 81.7750	0.4	164.93	3.1	5,390
TOTAL U.S. GOVERNMENT AGENCIES		13,588,758.80	13,342,419.55	30.0	47,162.59	4.2	560,427
CORPORATE & FOREIGN BONDS							
150,000.000 12/31/24	AERCAP IRELAND CAP 2.450% 10/29/26 CUSIP: 00774MAV7	149,748.00	143,593.50 95.7290	0.3	632.92	2.6	3,675
60,000.000 12/31/24	AIR LEASE CORP 3.250% 3/01/25 CUSIP: 00912XBA1	59,408.95	59,828.40 99.7140	0.1	650.00	3.3	1,950

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120,000.000 12/31/24	ALABAMA POWER CO 3.000% 3/15/52 CUSIP: 010392FW3	119,788.80	77,026.80 64.1890	0.2	1,060.00	4.7	3,600
80,000.000 12/31/24	ALEXANDRIA REAL ESTA 5.625% 5/15/54 CUSIP: 015271BD0	79,954.40	76,584.00 95.7300	0.2	575.00	5.9	4,500
90,000.000 12/31/24	ALLY FINANCIAL INC 8.000% 11/01/31 CUSIP: 36186CBY8	123,732.70	99,506.70 110.5630	0.2	1,200.00	7.2	7,200
95,000.000 12/31/24	ALTRIA GROUP INC 2.450% 2/04/32 CUSIP: 02209SBL6	94,900.25	78,173.60 82.2880	0.2	950.40	3.0	2,327
19,000.000 12/31/24	ALTRIA GROUP INC 4.800% 2/14/29 CUSIP: 02209SBD4	19,073.50	18,773.52 98.8080	0.0	347.07	4.9	912
34,622.500 12/31/24	AMER AIRLINES ABS 3.650% 12/15/29 CUSIP: 023764AA1	33,367.44	32,385.19 93.5380	0.1	56.17	3.9	1,263
52,909.840 12/31/24	AMERICAN AIRLINE ABS 3.150% 8/15/33 CUSIP: 02377LAA2	52,909.84	47,856.95 90.4500	0.1	629.64	3.5	1,666
92,901.040 12/31/24	AMERICAN AIRLINE ABS 4.100% 7/15/29 CUSIP: 02376WAA9	91,855.90	88,681.47 95.4580	0.2	1,634.60	4.3	3,808
65,000.000 12/31/24	AMERICAN HOMES 4 RNT 2.375% 7/15/31 CUSIP: 02666TAC1	64,218.25	54,382.90 83.6660	0.1	711.84	2.8	1,543
130,000.000 12/31/24	AMERICAN TOWER 2.950% 1/15/25 CUSIP: 03027XAV2	129,264.80	129,916.80 99.9360	0.3	1,768.36	2.9	3,835
39,173.950 12/31/24	AMERICREDIT ABS 4.380% 4/18/28 CUSIP: 03065WAD7	38,972.41	39,129.68 99.8870	0.1	61.96	4.4	1,715
97,321.610 12/31/24	AMSR TRUST ABS 1.355% 11/17/37 CUSIP: 66981FAA8	95,166.09	95,000.49 97.6150	0.2	109.89	1.4	1,318
54,782.200 12/31/24	AMSR TRUST ABS 1.632% 7/17/37 CUSIP: 00178UAA7	52,348.04	54,027.85 98.6230	0.1	74.50	1.7	894
70,000.000 12/31/24	ANHEUSER-BUSCH 6.500% 5/01/42 CUSIP: 035229CM3	90,667.50	75,780.60 108.2580	0.2	758.33	6.0	4,550
85,000.000 12/31/24	ARIZONA PUB SVC CO 3.350% 5/15/50 CUSIP: 040555DB7	84,601.35	57,420.90 67.5540	0.1	363.85	5.0	2,847

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75,000.000 12/31/24	ARIZONA PUBLIC SERVI 5.700% 8/15/34 CUSIP: 040555DH4	74,794.50	75,833.25 101.1110	0.2	1,615.00	5.6	4,275
120,000.000 12/31/24	ARIZONA PUBLIC SVC 2.200% 12/15/31 CUSIP: 040555DD3	120,134.70	98,295.60 81.9130	0.2	117.33	2.7	2,640
48,000.000 12/31/24	AT&T INC 3.500% 9/15/53 CUSIP: 00206RKJ0	40,954.99	32,320.32 67.3340	0.1	494.67	5.2	1,680
81,000.000 12/31/24	AT&T INC 3.800% 12/01/57 CUSIP: 00206RMN9	71,522.89	55,881.90 68.9900	0.1	256.50	5.5	3,078
115,000.000 12/31/24	ATHENE GLOBAL FU 5.583% 1/09/29 CUSIP: 04685A3Q2	114,901.10	116,309.85 101.1390	0.3	3,067.55	5.5	6,420
59,000.000 12/31/24	AUTONATION INC 4.750% 6/01/30 CUSIP: 05329WAQ5	69,740.36	56,962.73 96.5470	0.1	233.54	4.9	2,802
62,500.010 12/31/24	AVIS BUDGET REN ABS 2.360% 3/20/26 CUSIP: 05377RDQ4	63,229.99	62,303.13 99.6850	0.1	44.82	2.4	1,475
95,000.000 12/31/24	AVOLON HLDGS FDG LTD 4.950% 1/15/28 CUSIP: 05401AAW1	94,615.25	94,137.40 99.0920	0.2	248.19	5.0	4,702
145,000.000 12/31/24	AVOLON HOLDINGS 2.875% 2/15/25 CUSIP: 05401AAH4	144,827.45	144,524.40 99.6720	0.3	1,574.86	2.9	4,168
51,000.000 12/31/24	AXA EQUITABLE HLDGS 5.000% 4/20/48 CUSIP: 054561AM7	51,083.88	45,423.15 89.0650	0.1	502.92	5.6	2,550
50,000.000 12/31/24	BANK OF AMER CRP 2.687% 4/22/32 CUSIP: 06051GJT7	50,000.00	42,979.50 85.9590	0.1	257.50	3.1	1,343
120,000.000 12/31/24	BANK OF AMER CRP MTN VAR-CPN 4/02/2 CUSIP: 06051GKM0	120,000.00	119,535.60 99.6130	0.3	2,019.12	3.4	4,060
170,000.000 12/31/24	BANK OF AMER MTN V-Q 2.496% 2/13/31 CUSIP: 06051GHZ5	171,125.00	149,479.30 87.9290	0.3	1,626.56	2.8	4,243
175,000.000 12/31/24	BANK OF AMERICA ABS 4.930% 5/15/29 CUSIP: 05522RDJ4	174,990.18	176,690.50 100.9660	0.4	383.44	4.9	8,627
65,000.000 12/31/24	BANK OF AMERICA V-Q 2.572% 10/20/32 CUSIP: 06051GKD0	65,000.00	54,845.05 84.3770	0.1	747.67	3.0	1,671

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
140,000.000 12/31/24	BANK OF MONTREAL MTN 1.850% 5/01/25 CUSIP: 06367WB85	140,506.80	138,693.80 99.0670	0.3	431.67	1.9	2,590
100,000.000 12/31/24	BARCLAYS CMO V-M 5.31701% 3/15/37 CUSIP: 05548WAA5	95,625.00	94,625.00 94.6250	0.2	195.13	5.6	5,317
65,000.000 12/31/24	BARCLAYS PLC V-D 6.692% 9/13/34 CUSIP: 06738ECL7	63,004.50	68,805.75 105.8550	0.2	1,304.94	6.3	4,349
20,000.000 12/31/24	BAT CAPITAL CORP 5.834% 2/20/31 CUSIP: 05526DBY0	20,000.00	20,445.20 102.2260	0.0	424.59	5.7	1,166
70,000.000 12/31/24	BAT INTL FINANCE 4.448% 3/16/28 CUSIP: 05530QAP5	70,000.00	68,872.30 98.3890	0.2	908.13	4.5	3,113
110,000.000 12/31/24	BEACON FDG TR 6.266% 8/15/54 CUSIP: 073952AB9	110,082.50	108,631.60 98.7560	0.2	1,072.18	6.3	6,892
65,000.000 12/31/24	BENCHMARK MORT CMO 2.701% 8/15/57 CUSIP: 08162DAD0	69,996.87	58,655.35 90.2390	0.1	146.30	3.0	1,755
95,000.000 12/31/24	BENCHMARK MTG CMO 3.5421% 5/15/52 CUSIP: 08162BBE1	88,598.63	87,879.75 92.5050	0.2	280.42	3.8	3,364
116,639.220 12/31/24	BENCHMARK MTGE CMO 1.691% 9/15/53 CUSIP: 08162WAZ9	120,133.66	114,070.82 97.7980	0.3	149.43	1.7	1,972
155,000.000 12/31/24	BENCHMARK MTGE CMO 4.025% 4/10/51 CUSIP: 08161BAY9	146,335.74	148,968.95 96.1090	0.3	519.90	4.2	6,238
90,000.000 12/31/24	BLACK HILLS CORP 6.000% 1/15/35 CUSIP: 092113AX7	89,808.30	92,804.40 103.1160	0.2	3,375.00	5.8	5,400
195,000.000 12/31/24	BMO MORTGAGE TR CMO 6.160% 12/15/56 CUSIP: 05593FAD0	206,182.03	206,462.10 105.8780	0.5	1,001.00	5.8	12,012
240,000.000 12/31/24	BMO MTGE TRUST CMO 5.7592% 7/15/57 CUSIP: 05593MAD5	249,768.75	248,234.40 103.4310	0.6	1,151.84	5.6	13,822
75,000.000 12/31/24	BOEING CO/THE 6.388% 5/01/31 CUSIP: 097023DR3	75,000.00	78,414.00 104.5520	0.2	173.01	6.1	4,791
95,000.000 12/31/24	BOEING CO/THE 6.528% 5/01/34 CUSIP: 097023DS1	95,000.00	99,522.95 104.7610	0.2	223.95	6.2	6,201

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
95,000.000 12/31/24	BRISTOL-MYERS 5.650% 2/22/64 CUSIP: 110122EL8	94,596.25	91,426.10 96.2380	0.2	1,923.35	5.9	5,367
103,571.380 12/31/24	BRITISH AIRWAYS ABS 2.900% 9/15/36 CUSIP: 11042CAA8	104,149.57	91,353.06 88.2030	0.2	133.49	3.3	3,003
135,000.000 12/31/24	BROADRIDGE FINANCIAL 2.900% 12/01/29 CUSIP: 11133TAD5	134,617.95	122,048.10 90.4060	0.3	326.25	3.2	3,915
105,000.000 12/31/24	BX TRUST CMO 5.0453% 2/15/28 CUSIP: 05609DAA3	105,000.00	102,421.20 97.5440	0.2	441.46	5.2	5,297
185,000.000 12/31/24	BX TRUST CMO V-M 7.26146% 10/15/41 CUSIP: 05613NAA5	184,075.00	186,139.60 100.6160	0.4	619.31	7.2	13,433
120,000.000 12/31/24	BXHPP CMO V-M 5.16148% 8/15/36 CUSIP: 05609JAA0	115,612.50	116,214.00 96.8450	0.3	248.99	5.3	6,193
145,000.000 12/31/24	CAN IMPERIAL BK CONV 3.300% 4/07/25 CUSIP: 13607HR46	144,921.70	144,450.45 99.6210	0.3	1,116.50	3.3	4,785
95,000.000 12/31/24	CAPITAL ONE FINL V-D 7.624% 10/30/31 CUSIP: 14040HDC6	95,000.00	104,890.45 110.4110	0.2	3,800.35	6.9	7,242
130,000.000 12/31/24	CARMAX AUTO OWN ABS 1.700% 8/16/27 CUSIP: 14317CAD4	129,971.26	125,751.60 96.7320	0.3	98.22	1.8	2,210
145,000.000 12/31/24	CENTERPOINT ENERGY 5.400% 6/01/29 CUSIP: 15189TBG1	144,695.50	146,661.70 101.1460	0.3	652.50	5.3	7,830
90,000.000 12/31/24	CHENIERE CORP CHRIST 2.742% 12/31/39 CUSIP: 16412XAL9	89,578.00	71,708.40 79.6760	0.2	6.86	3.4	2,467
50,000.000 12/31/24	CHEVRON PHILLIPS 3.400% 12/01/26 CUSIP: 166754AP6	49,869.00	48,797.50 97.5950	0.1	141.67	3.5	1,700
175,000.000 12/31/24	CITIBANK CREDIT ABS 6.150% 6/15/39 CUSIP: 17305EDT9	191,871.09	188,994.75 107.9970	0.4	478.33	5.7	10,762
30,000.000 12/31/24	CITIGROUP COMM CMO 3.778% 9/10/58 CUSIP: 29425AAD5	28,483.55	29,676.60 98.9220	0.1	94.45	3.8	1,133
105,000.000 12/31/24	CITIGROUP INC V-D 4.542% 9/19/30 CUSIP: 17327CAT0	105,000.00	102,028.50 97.1700	0.2	1,351.25	4.7	4,769

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
70,000.000 12/31/24	CITIGROUP INC V-D 5.610% 9/29/26 CUSIP: 172967NX5	70,000.00	70,377.30 100.5390	0.2	1,985.32	5.6	3,927
80,000.000 12/31/24	CITIGROUP INC V-Q 2.520% 11/03/32 CUSIP: 172967NE7	68,154.80	66,707.20 83.3840	0.1	324.80	3.0	2,016
70,000.000 12/31/24	CITIZENS FINL GROUP 2.638% 9/30/32 CUSIP: 174610AW5	70,244.30	56,254.10 80.3630	0.1	466.78	3.3	1,846
130,000.000 12/31/24	CITIZENS FINL V-D 5.841% 1/23/30 CUSIP: 174610BF1	130,000.00	131,914.90 101.4730	0.3	3,332.62	5.8	7,593
71,250.730 12/31/24	CNH EQUIPMENT ABS 2.940% 7/15/27 CUSIP: 12660DAC1	71,245.46	70,601.64 99.0890	0.2	93.10	3.0	2,094
115,000.000 12/31/24	CNO GLOBAL FUND MTN 4.875% 12/10/27 CUSIP: 18977W2G4	114,962.05	114,476.75 99.5450	0.3	295.89	4.9	5,606
90,000.000 12/31/24	COLUMBIA PIPELINES 6.544% 11/15/53 CUSIP: 19828TACO	89,119.80	94,317.30 104.7970	0.2	752.56	6.3	5,889
115,000.000 12/31/24	COMERICA INC V-D 5.982% 1/30/30 CUSIP: 200340AW7	112,998.65	116,289.15 101.1210	0.3	2,885.48	5.9	6,879
55,000.000 12/31/24	COMM MORTGAGE CMO 3.696% 8/10/48 CUSIP: 12593JBF2	52,260.74	54,594.10 99.2620	0.1	169.40	3.7	2,032
68,359.440 12/31/24	COMM MTGE CMO 3.902% 7/10/50 CUSIP: 12593GAF9	65,057.82	68,129.07 99.6630	0.1	222.28	3.9	2,667
60,000.000 12/31/24	COMMONWEALTH EDISON 5.650% 6/01/54 CUSIP: 202795KA7	59,611.20	59,158.80 98.5980	0.1	282.50	5.7	3,390
60,000.000 12/31/24	CONN LIGHT & PWR 4.300% 4/15/44 CUSIP: 207597EG6	65,849.40	50,149.80 83.5830	0.1	544.67	5.1	2,580
80,000.000 12/31/24	COTERRA ENERGY INC 4.375% 3/15/29 CUSIP: 127097AK9	77,982.40	77,360.80 96.7010	0.2	1,030.56	4.5	3,500
215,000.000 12/31/24	CSAIL COMM MTG CMO 3.718% 8/17/48 CUSIP: 12635FAT1	237,548.44	213,260.65 99.1910	0.5	666.18	3.8	7,994
30,715.710 12/31/24	DAIMLER TRUCKS ABS 5.230% 2/17/26 CUSIP: 233869ACO	30,713.67	30,752.57 100.1200	0.1	71.40	5.2	1,606

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
120,000.000 12/31/24	DELL INT / EMC 3.375% 12/15/41 CUSIP: 24703DBF7	119,601.60	88,287.60 73.5730	0.2	0.00	4.6	4,050
52,000.000 12/31/24	DELL INTL LLC / EMC 8.100% 7/15/36 CUSIP: 24703TAJ5	65,311.62	61,636.64 118.5320	0.1	1,942.20	6.8	4,212
155,000.000 12/31/24	DELTA/SKYMILES 4.750% 10/20/28 CUSIP: 830867AB3	165,568.80	152,882.70 98.6340	0.3	1,452.05	4.8	7,362
21,467.480 12/31/24	DELTA/SKYMILES V-Q 4.500% 10/20/25 CUSIP: 830867AA5	21,611.98	21,332.66 99.3720	0.0	190.52	4.5	966
110,000.000 12/31/24	DEUTSCHE BK CONV V-Q 3.729% 1/14/32 CUSIP: 251526CF4	93,385.60	96,021.20 87.2920	0.2	1,902.83	4.3	4,101
75,000.000 12/31/24	DOW CHEMICAL CO 5.600% 2/15/54 CUSIP: 260543DK6	74,739.75	70,841.25 94.4550	0.2	1,586.67	5.9	4,200
130,000.000 12/31/24	DROP MTGE CMO V-M 5.66148% 4/15/26 CUSIP: 26210YAA4	119,937.50	123,337.50 94.8750	0.3	304.70	6.0	7,359
115,000.000 12/31/24	DT MIDSTREAM INC 4.300% 4/15/32 CUSIP: 23345MAC1	110,985.30	104,947.85 91.2590	0.2	1,043.94	4.7	4,945
125,000.000 12/31/24	DTE ENERGY CO 4.950% 7/01/27 CUSIP: 233331BM8	124,851.25	125,468.75 100.3750	0.3	2,560.94	4.9	6,187
80,000.000 12/31/24	ENBRIDGE INC 5.300% 4/05/29 CUSIP: 29250NCB9	79,982.40	80,813.60 101.0170	0.2	1,012.89	5.3	4,240
95,000.000 12/31/24	ENTERGY ARKANSAS 5.750% 6/01/54 CUSIP: 29366MAG3	94,577.25	93,920.80 98.8640	0.2	455.21	5.8	5,462
65,000.000 12/31/24	EVERGY KANSAS 5.900% 11/15/33 CUSIP: 30036FAC5	64,927.20	67,161.25 103.3250	0.1	490.03	5.7	3,835
90,000.000 12/31/24	EVERGY METRO INC 4.950% 4/15/33 CUSIP: 30037DAB1	89,885.70	87,776.10 97.5290	0.2	940.50	5.1	4,455
75,000.000 12/31/24	EVERGY MISSOURI WEST 5.650% 6/01/34 CUSIP: 30037EAB9	74,931.75	75,814.50 101.0860	0.2	353.13	5.6	4,237
140,000.000 12/31/24	EVERSOURCE ENERGY 5.850% 4/15/31 CUSIP: 30040WBA5	139,977.60	143,602.20 102.5730	0.3	1,729.00	5.7	8,190

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
135,000.000 12/31/24	FIFTH THIRD BANC V-D 5.631% 1/29/32 CUSIP: 316773DL1	135,000.00	136,503.90 101.1140	0.3	3,209.67	5.6	7,601
105,000.000 12/31/24	FIRST HORIZON 4.000% 5/26/25 CUSIP: 320517AD7	104,599.95	104,509.65 99.5330	0.2	408.33	4.0	4,200
90,000.000 12/31/24	FIRST HORIZON BANK 5.750% 5/01/30 CUSIP: 337158AJ8	110,591.60	89,561.70 99.5130	0.2	862.50	5.8	5,175
140,000.000 12/31/24	FLORIDA GAS TRAN 2.300% 10/01/31 CUSIP: 340711BA7	139,888.00	114,541.00 81.8150	0.3	805.00	2.8	3,220
175,000.000 12/31/24	FORD MOTOR CREDIT CO 3.625% 6/17/31 CUSIP: 345397B69	149,296.00	151,350.50 86.4860	0.3	246.70	4.2	6,343
104,000.000 12/31/24	GEN MOTORS FIN 2.350% 1/08/31 CUSIP: 37045XDE3	101,817.68	86,982.48 83.6370	0.2	1,174.48	2.8	2,444
90,000.000 12/31/24	GENERAL MOTORS FINL 2.700% 6/10/31 CUSIP: 37045XDL7	89,843.40	76,256.10 84.7290	0.2	141.75	3.2	2,430
75,000.000 12/31/24	GENERAL MOTORS FINL 4.300% 4/06/29 CUSIP: 37045XDV5	74,865.75	72,427.50 96.5700	0.2	761.46	4.4	3,225
130,000.000 12/31/24	GM FINANCIAL REV ABS 1.560% 6/12/34 CUSIP: 36263HAA6	129,974.14	122,679.70 94.3690	0.3	873.17	1.6	2,028
145,000.000 12/31/24	GOLDMAN SACHS GP 3.500% 11/16/26 CUSIP: 38145GAH3	144,773.00	141,772.30 97.7740	0.3	634.38	3.6	5,075
70,000.000 12/31/24	GOLDMAN SACHS GP V-D 1.431% 3/09/27 CUSIP: 38141GYA6	70,000.00	67,201.40 96.0020	0.1	250.43	1.5	1,001
80,000.000 12/31/24	GOLDMAN SACHS GP V-Q 1.948% 10/21/27 CUSIP: 38141GYM0	80,000.00	75,902.40 94.8780	0.2	692.62	2.0	1,558
60,000.000 12/31/24	GOLDMAN SACHS V-Q 1.992% 1/27/32 CUSIP: 38141GXR0	60,000.00	49,515.60 82.5260	0.1	511.28	2.4	1,195
85,000.000 12/31/24	HONDA AUTO RECE ABS 4.570% 3/21/29 CUSIP: 43813YAC6	84,986.65	85,072.25 100.0850	0.2	3,992.40	45.7	38,845
45,000.000 12/31/24	HOST HOTELS & RESORT 3.375% 12/15/29 CUSIP: 44107TAY2	44,658.48	41,167.80 91.4840	0.1	67.50	3.7	1,518

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
35,000.000 12/31/24	HOST HOTELS & RESORT 3.500% 9/15/30 CUSIP: 44107TAZ9	35,703.50	31,697.40 90.5640	0.1	360.69	3.9	1,225
110,000.000 12/31/24	HUDSON YARDS CMO 3.228% 7/10/39 CUSIP: 44421GAA1	115,539.81	99,954.80 90.8680	0.2	295.90	3.5	3,550
70,000.000 12/31/24	HUNTINGTON BANC V-A 6.141% 11/18/39 CUSIP: 446150BF0	70,184.80	69,909.00 99.8700	0.2	513.46	6.1	4,298
165,000.000 12/31/24	HUNTINGTON BANC V-D 5.709% 2/02/35 CUSIP: 446150BD5	165,000.00	164,679.90 99.8060	0.4	3,898.77	5.7	9,419
90,000.000 12/31/24	HUNTINGTON NATIONAL 5.650% 1/10/30 CUSIP: 44644MAJ0	86,383.80	91,614.60 101.7940	0.2	2,415.38	5.5	5,085
215,000.000 12/31/24	HYUNDAI AUTO ABS 4.840% 3/15/29 CUSIP: 44934QAD3	214,967.56	216,107.25 100.5150	0.5	462.49	4.8	10,406
130,000.000 12/31/24	INVITATION HOMES 2.000% 8/15/31 CUSIP: 46188BAA0	127,914.80	105,479.40 81.1380	0.2	982.22	2.5	2,600
135,000.000 12/31/24	JACKSON NATL LIFE 1.750% 1/12/25 CUSIP: 46849LUV1	134,977.05	134,887.95 99.9170	0.3	1,109.06	1.8	2,362
55,000.000 12/31/24	JEFFERIES FIN GROUP 6.200% 4/14/34 CUSIP: 47233WEJ4	54,911.45	56,681.35 103.0570	0.1	729.36	6.0	3,410
200,000.000 12/31/24	JERSEY CENTRAL PWR 2.750% 3/01/32 CUSIP: 476556DD4	199,452.00	169,860.00 84.9300	0.4	1,833.33	3.2	5,500
72,991.920 12/31/24	JETBLUE ABS 2.750% 5/15/32 CUSIP: 477143AH4	71,897.04	63,359.91 86.8040	0.1	256.49	3.2	2,007
195,000.000 12/31/24	JP MORGAN CHASE CM 1.97397% 1/05/40 CUSIP: 46592FAA1	200,849.87	170,069.25 87.2150	0.4	321.31	2.3	3,849
62,699.530 12/31/24	JP MORGAN CMO V-M 6.000% 5/25/54 CUSIP: 465986AK3	62,856.28	62,777.28 100.1240	0.1	313.50	6.0	3,761
220,000.000 12/31/24	JPMD B COMM CMO 3.0565% 11/13/52 CUSIP: 48129RAX3	184,943.74	190,517.80 86.5990	0.4	560.36	3.5	6,724
80,000.000 12/31/24	KENTUCKY POWER CO 7.000% 11/15/33 CUSIP: 491386AP3	79,856.80	84,768.00 105.9600	0.2	715.56	6.6	5,600

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SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
90,000.000 12/31/24	KINDER MORGAN 2.000% 2/15/31 CUSIP: 49456BAR2	89,154.00	75,334.50 83.7050	0.2	680.00	2.4	1,800
200,000.000 12/31/24	LLOYDS BK CONV V-A 5.871% 3/06/29 CUSIP: 539439AX7	200,000.00	203,720.00 101.8600	0.5	3,750.92	5.8	11,742
70,000.000 12/31/24	M&T BANK CORP V-D 6.082% 3/13/32 CUSIP: 55261FAT1	70,000.00	71,757.70 102.5110	0.2	1,277.22	5.9	4,257
40,000.000 12/31/24	M&T BANK MTN V-D 5.385% 1/16/36 CUSIP: 55261FAV6	40,000.00	38,751.20 96.8780	0.1	83.77	5.6	2,154
230,000.000 12/31/24	MACQUARIE GROUP V-Q 1.340% 1/12/27 CUSIP: 55608JAR9	230,159.00	221,653.30 96.3710	0.5	1,446.83	1.4	3,082
90,000.000 12/31/24	MARATHON PETRO CORP 4.700% 5/01/25 CUSIP: 56585ABH4	89,824.50	89,896.50 99.8850	0.2	705.00	4.7	4,230
105,000.000 12/31/24	MARKEL CORP 3.450% 5/07/52 CUSIP: 570535AX2	104,405.70	69,567.75 66.2550	0.2	543.38	5.2	3,622
130,000.000 12/31/24	MERCEDES-BENZ ABS 0.730% 12/15/27 CUSIP: 58772WAD5	129,956.98	126,426.30 97.2510	0.3	42.18	0.8	949
52,500.000 12/31/24	MILEAGE PLUS HLD 6.500% 6/20/27 CUSIP: 599191AA1	52,257.15	52,830.75 100.6300	0.1	9.48	6.5	3,412
100,000.000 12/31/24	MITSUBISHI UFJ V-A 2.309% 7/20/32 CUSIP: 606822BX1	100,000.00	83,601.00 83.6010	0.2	1,032.64	2.8	2,309
34,296.090 12/31/24	MMAF EQUIPMENT ABS 0.970% 4/09/27 CUSIP: 60700MAC2	34,294.74	33,367.69 97.2930	0.1	20.34	1.0	332
50,000.000 12/31/24	MORGAN STAN MTN V-Q 2.511% 10/20/32 CUSIP: 61747YEH4	50,000.00	41,895.50 83.7910	0.1	247.61	3.0	1,255
131,292.600 12/31/24	MORGAN STANL CMO 3.727% 10/12/50 CUSIP: 61765BAA0	126,369.13	125,972.62 95.9480	0.3	407.77	3.9	4,893
100,000.000 12/31/24	MORGAN STANLEY CMO 3.809% 12/15/48 CUSIP: 61691ABL6	110,671.88	98,583.00 98.5830	0.2	317.42	3.9	3,809
179,030.800 12/31/24	MORGAN STANLEY CMO 7.291% 5/05/29 CUSIP: 61776EAA1	186,341.81	183,698.13 102.6070	0.4	1,087.76	7.1	13,053

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
95,000.000 12/31/24	MORGAN STANLEY V-D 2.484% 9/16/36 CUSIP: 61747YEF8	95,000.00	77,266.35 81.3330	0.2	688.28	3.1	2,359
15,000.000 12/31/24	MORGAN STANLEY V-D 5.516% 11/19/55 CUSIP: 61747YFV2	15,000.00	14,455.80 96.3720	0.0	94.23	5.7	827
95,000.000 12/31/24	MPLX LP 2.650% 8/15/30 CUSIP: 55336VBQ2	94,917.35	83,127.85 87.5030	0.2	951.06	3.0	2,517
30,000.000 12/31/24	MPLX LP 4.250% 12/01/27 CUSIP: 55336VBN9	29,946.60	29,528.70 98.4290	0.1	106.25	4.3	1,275
95,000.000 12/31/24	MSWF COMMERCIAL CMO 6.014% 12/15/56 CUSIP: 55361AAU8	97,849.52	100,051.15 105.3170	0.2	476.11	5.7	5,713
140,000.000 12/31/24	NATIONAL FUEL GAS CO 2.950% 3/01/31 CUSIP: 636180BR1	133,237.50	120,531.60 86.0940	0.3	1,376.67	3.4	4,130
38,903.200 12/31/24	NAVIENT STUDENT ABS 1.320% 5/15/69 CUSIP: 63942BAA2	38,897.55	35,056.84 90.1130	0.1	359.30	1.5	513
37,509.020 12/31/24	NAVIENT STUDENT ABS 1.690% 5/15/69 CUSIP: 63941TAA4	38,184.20	34,584.07 92.2020	0.1	28.20	1.8	633
45,000.000 12/31/24	NEVADA POWER CO 5.900% 5/01/53 CUSIP: 641423CF3	44,739.90	45,138.15 100.3070	0.1	442.50	5.9	2,655
75,000.000 12/31/24	NEVADA POWER CO 6.000% 3/15/54 CUSIP: 641423CG1	74,874.75	76,586.25 102.1150	0.2	1,325.00	5.9	4,500
135,000.000 12/31/24	NISSAN MOTOR ACC MTN 1.850% 9/16/26 CUSIP: 65480CAC9	134,967.60	126,887.85 93.9910	0.3	728.44	2.0	2,497
85,000.000 12/31/24	NXP BV/NXP FDG LLC 3.150% 5/01/27 CUSIP: 62954HAX6	84,830.85	81,723.25 96.1450	0.2	446.25	3.3	2,677
130,000.000 12/31/24	OGE ENERGY CORP 5.450% 5/15/29 CUSIP: 670837AD5	129,829.70	132,126.80 101.6360	0.3	905.31	5.4	7,085
175,000.000 12/31/24	ONE BRYANT PARK CM 2.51641% 9/13/49 CUSIP: 68236JAA9	176,512.50	152,824.00 87.3280	0.3	366.98	2.9	4,403
94,958.210 12/31/24	ONE MARKET CMO 3.6139% 2/10/32 CUSIP: 68245HAA2	87,745.05	88,730.85 93.4420	0.2	285.97	3.9	3,431

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
105,000.000 12/31/24	PACIFIC GAS & ELEC 3.500% 8/01/50 CUSIP: 694308JJ7	103,182.85	71,929.20 68.5040	0.2	1,531.25	5.1	3,675
130,000.000 12/31/24	PHILIP MORRIS INTL 4.750% 11/01/31 CUSIP: 718172DP1	128,017.50	127,133.50 97.7950	0.3	1,029.17	4.9	6,175
110,000.000 12/31/24	PHILIP MORRIS INTL 5.625% 9/07/33 CUSIP: 718172DE6	107,950.70	111,753.40 101.5940	0.3	1,959.38	5.5	6,187
115,000.000 12/31/24	PIEDMONT NATURAL GAS 5.400% 6/15/33 CUSIP: 720186AQ8	114,998.85	114,982.75 99.9850	0.3	276.00	5.4	6,210
145,000.000 12/31/24	PNC FINANCIAL V-D 5.492% 5/14/30 CUSIP: 693475BX2	145,000.00	147,044.50 101.4100	0.3	1,039.67	5.4	7,963
80,000.000 12/31/24	PUBLIC SERV COLORADO 3.800% 6/15/47 CUSIP: 744448CN9	79,673.60	59,330.40 74.1630	0.1	135.11	5.1	3,040
105,000.000 12/31/24	PUBLIC SVC OKLAHOMA 2.200% 8/15/31 CUSIP: 744533BM1	104,653.50	86,857.05 82.7210	0.2	872.67	2.7	2,310
80,000.000 12/31/24	PUGET ENERGY 4.224% 3/15/32 CUSIP: 745310AN2	80,000.00	73,122.40 91.4030	0.2	994.99	4.6	3,379
100,000.000 12/31/24	PUGET ENERGY INC 5.685% 6/15/54 CUSIP: 745332CN4	99,999.00	97,991.00 97.9910	0.2	252.67	5.8	5,685
215,000.000 12/31/24	ROCC TRUST CMO 5.38834% 11/13/41 CUSIP: 74970WAA8	215,000.00	214,400.15 99.7210	0.5	965.41	5.4	11,584
140,000.000 12/31/24	ROYAL BK V-S 3.073% 5/22/28 CUSIP: 780097BP5	140,000.00	133,897.40 95.6410	0.3	466.07	3.2	4,302
185,000.000 12/31/24	RYL BK CAN MTN CONV 3.375% 4/14/25 CUSIP: 78016EZ59	184,931.55	184,382.10 99.6660	0.4	1,335.47	3.4	6,243
60,000.000 12/31/24	SAN DIEGO GAS & ELEC 5.350% 4/01/53 CUSIP: 797440CD4	59,437.25	56,457.00 94.0950	0.1	802.50	5.7	3,210
100,000.000 12/31/24	SLG OFFICE TRUST CMO 2.585% 7/15/41 CUSIP: 78449RAA3	102,999.92	83,981.00 83.9810	0.2	215.45	3.1	2,585
85,000.000 12/31/24	SOUTHERN CALIF GAS 5.600% 4/01/54 CUSIP: 842434DA7	84,447.50	83,073.90 97.7340	0.2	1,190.00	5.7	4,760

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
110,000.000 12/31/24	SOUTHERN GAS 3.150% 9/30/51 CUSIP: 8426EPAE8	109,111.65	71,032.50 64.5750	0.2	875.88	4.9	3,465
200,000.000 12/31/24	SOUTHWESTERN ELEC 3.250% 11/01/51 CUSIP: 845437BT8	199,278.00	126,630.00 63.3150	0.3	1,083.33	5.1	6,500
12,500.310 12/31/24	SPRINT SPECTRUM 4.738% 9/20/29 CUSIP: 85208NAD2	12,500.31	12,493.18 99.9430	0.0	36.23	4.7	592
205,000.000 12/31/24	SUMITOMO MITSUI FINL 1.902% 9/17/28 CUSIP: 86562MCG3	205,000.00	183,686.15 89.6030	0.4	1,126.41	2.1	3,899
60,000.000 12/31/24	SUNOCO LOGISTICS 5.350% 5/15/45 CUSIP: 86765BAQ2	70,378.40	53,949.60 89.9160	0.1	410.17	5.9	3,210
135,000.000 12/31/24	SYNCHRONY CARD ABS 3.370% 4/17/28 CUSIP: 87166PAG6	134,987.76	134,489.70 99.6220	0.3	202.32	3.4	4,549
45,000.000 12/31/24	SYSCO CORP 3.750% 10/01/25 CUSIP: 871829AZ0	45,000.00	44,707.95 99.3510	0.1	421.88	3.8	1,687
50,000.000 12/31/24	TARGA RES CORP 4.200% 2/01/33 CUSIP: 87612GAA9	50,253.50	45,401.00 90.8020	0.1	875.00	4.6	2,100
100,000.000 12/31/24	TOYOTA AUTO LOAN ABS 4.930% 6/25/36 CUSIP: 89231WAA1	99,974.02	100,858.00 100.8580	0.2	82.17	4.9	4,930
130,000.000 12/31/24	TOYOTA LEASE ABS 4.250% 1/22/29 CUSIP: 891943AE2	129,996.35	129,032.80 99.2560	0.3	168.82	4.3	5,525
125,000.000 12/31/24	TRUIST FINANCIAL MTN 5.153% 8/05/32 CUSIP: 89788MAT9	125,000.00	123,537.50 98.8300	0.3	2,612.28	5.2	6,441
150,000.000 12/31/24	UBS GROUP AG V-A 1.364% 1/30/27 CUSIP: 902613AC2	150,000.00	144,265.50 96.1770	0.3	858.18	1.4	2,046
110,000.000 12/31/24	UNION ELEC CO 5.450% 3/15/53 CUSIP: 906548CW0	109,773.40	105,328.30 95.7530	0.2	1,765.19	5.7	5,995
47,767.970 12/31/24	UNITED AIR ABS 5.875% 10/15/27 CUSIP: 90931GAA7	49,496.72	48,783.52 102.1260	0.1	543.08	5.8	2,806
140,000.000 12/31/24	US BANCORP V-D 5.100% 7/23/30 CUSIP: 91159HJS0	140,000.00	139,827.80 99.8770	0.3	3,133.67	5.1	7,140

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
125,000.000 12/31/24	VERIZON MAST ABS V-M 3.670% 1/22/29 CUSIP: 92348KAZ6	124,397.22	124,436.25 99.5490	0.3	140.17	3.7	4,587
40,000.000 12/31/24	VIRGINIA ELEC & PWER 5.450% 4/01/53 CUSIP: 927804GL2	39,730.80	38,059.20 95.1480	0.1	545.00	5.7	2,180
65,000.000 12/31/24	VIRGINIA ELEC & PWR 2.950% 11/15/51 CUSIP: 927804GF5	64,858.95	40,470.95 62.2630	0.1	245.01	4.7	1,917
250,000.000 12/31/24	WB COMM MORT CMO 5.9365% 3/15/40 CUSIP: 92943PAA9	249,912.11	250,777.50 100.3110	0.6	1,236.77	5.9	14,841
85,000.000 12/31/24	WELLS FARGO CO 5.557% 7/25/34 CUSIP: 95000U3F8	85,000.00	84,886.95 99.8670	0.2	3,227.70	5.6	4,723
60,000.000 12/31/24	WELLS FARGO CO V-D 5.499% 1/23/35 CUSIP: 95000U3K7	60,000.00	59,745.00 99.5750	0.1	1,448.07	5.5	3,299
115,000.000 12/31/24	WELLS FARGO MTN V-D 3.526% 3/24/28 CUSIP: 95000U2V4	115,000.00	111,541.95 96.9930	0.3	1,238.99	3.6	4,054
120,000.000 12/31/24	WESTERN MIDSTREAM 5.250% 2/01/50 CUSIP: 958667AA5	113,845.25	102,207.60 85.1730	0.2	2,475.00	6.2	6,300
88,000.000 12/31/24	WESTPAC BKG CONV V-A 3.020% 11/18/36 CUSIP: 961214EX7	82,742.80	74,450.64 84.6030	0.2	317.44	3.6	2,657
43,926.620 12/31/24	WF-RBS COML MTGE CMO 3.891% 8/15/47 CUSIP: 92939FAW9	43,587.45	42,816.16 97.4720	0.1	142.43	4.0	1,709
100,000.000 12/31/24	WILLIAMS COMPANIES 3.500% 10/15/51 CUSIP: 88339WAA4	99,847.80	68,132.00 68.1320	0.1	738.89	5.1	3,500
105,000.000 12/31/24	3650R COMMER CMO 2.522% 11/15/54 CUSIP: 88581EAD3	85,181.25	88,352.25 84.1450	0.2	220.68	3.0	2,648
TOTAL CORPORATE & FOREIGN BONDS		19,681,253.76	18,569,147.46	41.7	165,521.81	4.6	846,278
TOTAL FIXED INCOME		45,454,460.65	43,917,327.26	98.6	295,374.82	4.4	1,921,156

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
OTHER ASSETS							
OPTIONS & FUTURES							
15.000 11/18/24	ULTRA 10-YEAR NOTE FUTURES MAR 25 CUSIP: 99Z794TB7B	0.00	0.00 0.0000	0.0	0.00	0.0	0
6.000 11/19/24	ULTRA 30-YEAR BOND FUTURES MAR 25 CUSIP: 99Z794TD3B	0.00	0.00 0.0000	0.0	0.00	0.0	0
-17.000 11/14/24	US 10 YR T-NOTES MAR 25 CUSIP: 99Z794TA9W	0.00	0.00 0.0000	0.0	0.00	0.0	0
-6.000 11/19/24	US 2YR FUTURE MAR 25 CUSIP: 99Z794TE1W	0.00	0.00 0.0000	0.0	0.00	0.0	0
6.000 11/19/24	US 30 YR FUTURE MAR 25 CUSIP: 99Z794TC5B	0.00	0.00 0.0000	0.0	0.00	0.0	0
31.000 11/21/24	US 5YR FUTURE MAR 25 CUSIP: 99Z794TF8B	0.00	0.00 0.0000	0.0	0.00	0.0	0
TOTAL OPTIONS & FUTURES		0.00	0.00	0.0	0.00	0.0	0
TOTAL OTHER ASSETS		0.00	0.00	0.0	0.00	0.0	0
TOTAL INVESTMENT PORTFOLIO		46,063,631.47	44,526,976.25	100.0	295,872.26	4.3	1,926,726
ENDING ACCRUAL FOR PERIOD			295,872.26				
TOTAL VALUE			44,822,848.51				

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.	CMB Nos. 1210-0110 1210-0089 2024 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 _____ and ending _____

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

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

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

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

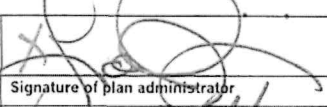
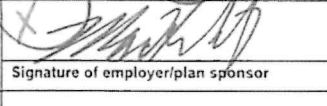
Part II Basic Plan Information — enter all requested information

1 a Name of plan LOCAL 282 WELFARE TRUST FUND	1b Three-digit plan number (PN).... ▶ 501
	1c Effective date of plan 11/06/1950
2 a 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)	2b Employer Identification Number (EIN) 11-6244552
	2c Plan Sponsor's telephone number 516-488-2822
	2d Business code (see instructions) 484110

BOARD OF TRUSTEES LOCAL 282
WELFARE TRUST FUND
2500 MARCUS AVENUE
LAKE SUCCESS, NY 11042-1018

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

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

SIGN HERE 	X 9/23/25	Louis Bisignano
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	X 9/23/2025	Marc Herbst
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