

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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

<p>1a Name of plan <u>TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN</u></p> <p><u>7827 OGDEN AVENUE</u> <u>LYONS, IL 60534-1312</u></p>	<p>1c Effective date of plan <u>01/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>36-3980892</u></p> <p>2c Plan Sponsor's telephone number <u>708-777-1081</u></p> <p>2d Business code (see instructions) <u>484120</u></p>

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.	10/10/2025	JAMES GLIMCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	HENRY GARDUNIO
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4781
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)	2233
	6a(2)	2126
	6b	2996
	6c	
	6d	5122
	6e	
	6f	5122
	6g(1)	4781
6g(2)	5122	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN	D Employer Identification Number (EIN) 36-3980892	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JP MORGAN SECURITIES, LLC

13-4994650

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

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

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

MARITZA MUNIZ

36-3980892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94844	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN SECURITIES, LLC

13-4994650

(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 62	NONE	64079	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SHAHUL HAMEED ABDUL JAFFER

310 BUCKINGHAM CT
LOMBARD, IL 60148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN	D Employer Identification Number (EIN) 36-3980892

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	369332	437150
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7177	2176
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	100444	263993
(2) U.S. Government securities	1c(2)	131257	152168
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	117343	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2210695	1935677
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3612135	4775153
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6548383	7566317
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	43627	57046
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	43627	57046
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6504756	7509271

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)	1039459	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1039459
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10169	
(B) U.S. Government securities.....	2b(1)(B)	3730	
(C) Corporate debt instruments.....	2b(1)(C)	1496	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15395
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	38255	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	163874	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		202129
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1326335	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1056720	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		269615
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-71980	
(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)		153467
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1608085

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	339291	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		339291
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)	104778	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13000	
(5) Investment advisory and investment management fees	2i(5)	64079	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4720	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19287	
(11) Other expenses.....	2i(11)	58415	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		264279
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		603570

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1004515
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN	D Employer Identification Number (EIN) 36-3980892	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	85

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	1039459	
b Enter the amount contributed by the employer to the plan for this plan year	6b	1039459	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



LOCAL 777 SEVERANCE AND RETIREMENT PLAN

FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)

DECEMBER 31, 2024






LOCAL 777 SEVERANCE AND RETIREMENT PLAN

FINANCIAL STATEMENTS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 777 Severance and Retirement Plan
Lyons, Illinois

Opinion

We have audited the accompanying financial statements of Local 777 Severance and Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting described in Note 1.

Basis for Opinion

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

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to that matter.





Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances.

Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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


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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- 
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
 - Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
 - Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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

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

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

Calibre CPA Group, PLLC

Chicago, IL
October 2, 2025



LOCAL 777 SEVERANCE AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value		
Common stock	\$ 1,935,677	\$ 2,210,695
U.S. Government securities	152,168	131,257
Corporate obligations	-	117,343
Mutual funds	4,775,153	3,612,135
Money market funds	<u>263,993</u>	<u>100,444</u>
Total investments	<u>7,126,991</u>	<u>6,171,874</u>
Accrued investment income receivable	<u>1,034</u>	<u>1,642</u>
Tax overpayment	<u>1,142</u>	<u>5,535</u>
Cash (non-interest bearing)	<u>437,150</u>	<u>369,332</u>
Total assets	<u>7,566,317</u>	<u>6,548,383</u>
Liabilities		
Due to affiliated fund	21,382	7,963
Employer overpayment due	<u>35,664</u>	<u>35,664</u>
Total liabilities	<u>57,046</u>	<u>43,627</u>
Net assets available for benefits	<u>\$ 7,509,271</u>	<u>\$ 6,504,756</u>

See accompanying notes to financial statements.

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 351,102	\$ 544,590
Interest and dividend income	<u>217,524</u>	<u>173,193</u>
	568,626	717,783
Less: investment expenses	<u>(64,079)</u>	<u>(63,153)</u>
Investment income - net	504,547	654,630
Employer contributions	<u>1,039,459</u>	<u>958,469</u>
Total additions	<u>1,544,006</u>	<u>1,613,099</u>
Deductions		
Severance and retirement benefits	<u>339,291</u>	<u>461,003</u>
Administrative expenses		
Administration fees	-	27,000
Conference and meeting expense	19,287	3,559
Professional fees	17,720	17,854
Insurance expense	8,723	6,254
Office expense	29,052	1,791
Rent expense	7,440	-
Reimbursed occupancy and office expenses	13,200	-
Reimbursement to affiliated fund for administrative expenses	<u>104,778</u>	<u>91,758</u>
Total administrative expenses	<u>200,200</u>	<u>148,216</u>
Total deductions	<u>539,491</u>	<u>609,219</u>
Net change	1,004,515	1,003,880
Net assets available for benefits		
Beginning of year	<u>6,504,756</u>	<u>5,500,876</u>
End of year	<u>\$ 7,509,271</u>	<u>\$ 6,504,756</u>

See accompanying notes to financial statements.



LOCAL 777 SEVERANCE AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - Local 777 Severance and Retirement Plan (the Plan) maintains its financial records on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. That basis differs from U.S. generally accepted accounting principles in that except for accrued investment income, accrued tax withholdings and due to affiliated fund and employer overpayment, and for the recognition of appreciation in fair value of investments, revenue is recognized when received rather than when earned and expenses are recognized when paid rather than when incurred. The modified cash basis of accounting is used to be consistent with the method in which contributions, investment income, and expenses are allocated to participant accounts.

Investment Valuation and Income Recognition - The Plan's investments are carried 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. Money market accounts are carried at cost which approximates fair value.

Purchases and sales of investments are recognized on a trade-date basis. Interest income on U.S. Government securities and corporate obligations is recognized on the accrual basis. Interest income on money market accounts is recognized when received. Dividends are recognized on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment income is allocated to the participants' accounts at a rate determined by the Board of Trustees (Trustees). Unallocated earnings are available for future periods.

Payments on Benefits - Benefits are recorded when paid to the participant or beneficiary.

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

Expenses - The Plan's expenses are paid by the Plan as provided by the Plan document. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits (modified cash basis).



NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1994 as a result of collective bargaining agreements between the union and various employers to provide eligible participants with benefits upon termination of employment. The Plan is financed entirely by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined contribution severance and retirement plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, each participant's share account is fully vested at all times. Upon termination, retirement from employment or death, a participant or designated beneficiary is entitled to apply for and receive the entire amount of their share account after allocation of current year income net of administrative expenses. This may, at the discretion of the Trustees, be either paid as an annuity, a lump-sum payout or paid in approximate equal monthly, quarterly or annual installments over the life expectancy of the participants.

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

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as are required by their collective bargaining agreements. All amounts credited to participants' accounts, plus any net earnings credited, represent benefits due to the participants.

NOTE 4. PRIORITIES UPON TERMINATION

In the event that this Plan shall, for any reason, terminate or be terminated, or upon complete discontinuance of contributions under this Plan, participants shall receive an amount equal to their Plan account as calculated from a valuation made as of the termination date. No such termination or discontinuance shall permit any part of the Plan to be used for or diverted to purposes other than for the exclusive benefit of the participants and their beneficiaries, except that provision may be made for the payment of necessary expenses resulting from the termination of the Plan. If on termination of the Plan the participant remains an employee of the employer, the amount of the participant's benefits shall be retained in the Trust until termination of employment with the employer and shall be paid in accordance with Plan provisions. In the event that the participant's employment with the employer is terminated coincidentally with the termination of the Plan, benefits shall be paid in a lump-sum distribution.



NOTE 5. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated December 22, 2015, that the Plan and related Trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC).

Management is required to evaluate tax positions taken by the Plan. As of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. LEASE AND RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has two related entities, Local Union No. 777 International Brotherhood of Teamsters, School Bus Drivers, Laborers, Miscellaneous and Unskilled Workers, Chicago and Vicinity, Illinois (Local Union) and Area Teamsters Insurance Benefit Plan (Insurance Fund), which are tax exempt. The financial activities of these entities are not included in the accompanying financial statements.

The Plan shares office facilities with the Local Union. Effective January 1, 2023, the Plan entered into a lease agreement with the Local Union requiring monthly payments of \$310 for office space plus allocated operating expenses through December 31, 2027.

Future minimum lease payments are as follows:

<u>Year</u>	<u>Amount</u>
2025	\$ 3,720
2026	3,720
2027	<u>3,720</u>
	<u>\$ 11,160</u>

The operating expenses of the combined facility are paid initially by the Local Union and then allocated to the Plan on a basis approved by the Trustees. Reimbursements to the Local Union for rent and operating expenses, totaled \$20,640 for the year ended December 31, 2024. No reimbursements were made for the year ended December 31, 2023.

During the years ended December 31, 2024 and 2023, the Plan reimbursed the Insurance Fund \$104,778 and \$91,758, respectively, for administrative services provided by an employee of the Insurance Fund.

As of December 31, 2024 and 2023, the Plan owed the Insurance Fund \$21,382 and \$7,963, respectively, for administrative services provided by an employee of the Insurance Fund.



NOTE 6. LEASE AND RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

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

NOTE 7. FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Common stock and mutual funds (Level 1): Valued at closing prices reported on the active market where the securities are traded.

U.S. Government securities (Level 1): U.S. Treasury securities are valued at the closing price reported in the active market in which the individual securities are traded.

U.S. Government securities and corporate obligations (Level 2): Residential mortgage-backed securities and corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Money market funds (Level 1): Valued at cost, which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 1,935,677	\$ 1,935,677	\$ -	\$ -
U.S. Government securities	152,168	94,187	57,981	-
Corporate obligations	-	-	-	-
Mutual funds	4,775,153	4,775,153	-	-
Money market funds	<u>263,993</u>	<u>263,993</u>	-	-
Total assets at fair value	<u>\$ 7,126,991</u>	<u>\$ 7,069,010</u>	<u>\$ 57,981</u>	<u>\$ -</u>

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,210,695	\$ 2,210,695	\$ -	\$ -
U.S. Government securities	131,257	116,585	14,672	-
Corporate obligations	117,343	-	117,343	-
Mutual funds	3,612,135	3,612,135	-	-
Money market funds	<u>100,444</u>	<u>100,444</u>	-	-
Total assets at fair value	<u>\$ 6,171,874</u>	<u>\$ 6,039,859</u>	<u>\$ 132,015</u>	<u>\$ -</u>

NOTE 8. NET ASSETS AVAILABLE FOR BENEFITS

The Trustees do not allocate all investment earnings of the Plan to participant accounts as certain amounts are held in reserve in the event they are needed to cover declining investment returns in the future. In addition, the first three months of employer contributions on a participant's behalf are withheld to meet administrative expenses.



NOTE 8. NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

The composition of the allocated and unallocated net assets available for benefits is as follows:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits		
Allocated to participants' accounts	\$ 7,237,878	\$ 6,179,197
Unallocated	<u>271,393</u>	<u>325,559</u>
Total	<u>\$ 7,509,271</u>	<u>\$ 6,504,756</u>

NOTE 9. MAJOR EMPLOYERS

During the years ended December 31, 2024 and 2023, two employers accounted for approximately 79% and 84%, respectively, of contributions received.

NOTE 10. 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 statements of net assets available for benefits (modified cash basis).

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

Total additions per audited financial statements	\$ 1,544,006
Add: investment management expenses	<u>64,079</u>
Total additions per Form 5500	<u>\$ 1,608,085</u>
Total deductions per audited financial statements	\$ 539,491
Add: investment management expenses	<u>64,079</u>
Total deductions per Form 5500	<u>\$ 603,570</u>



NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 2, 2025, which is the date the financial statements were available to be issued. The review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892
PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Common stock					
	ABBOTT LABORATORIES	N/A	N/A	310	\$ 26,844	\$ 35,064
	ABBVIE INC	N/A	N/A	31	3,403	5,509
	ACCENTURE PLC IRELAND	N/A	N/A	53	11,623	18,645
	ADOBE INC	N/A	N/A	33	16,879	14,674
	ADVANCED ENERG	N/A	N/A	35	3,778	4,047
	ADYEN N V	N/A	N/A	311	4,719	4,559
	AGIOS PHARMACEUTICALS INC	N/A	N/A	55	1,289	1,807
	AGREE REALTY CORP	N/A	N/A	60	3,862	4,227
	AIA GROUP LTD	N/A	N/A	145	5,358	4,179
	AIR LIQUIDE-ADR	N/A	N/A	97	1,837	3,128
	AIRBNB INC	N/A	N/A	92	14,457	12,090
	ALCON INC	N/A	N/A	61	3,892	5,178
	ALFA LAVAL AB	N/A	N/A	119	2,253	4,942
	ALLEGRO MICROSYSTEMS INC	N/A	N/A	120	3,537	2,623
	ALLIANZ SE	N/A	N/A	822	16,567	25,104
	ALLSTATE CORP	N/A	N/A	20	2,059	3,856
	ALPHABET INC	N/A	N/A	131	7,335	24,948
	AMAZON.COM INC	N/A	N/A	271	27,902	59,455
	AMBEV S A	N/A	N/A	1,591	5,028	2,943
	AMERICAN INTERNATIONAL	N/A	N/A	341	15,116	24,825
	AMERIS BANCORP	N/A	N/A	95	3,279	5,944
	AON PLC	N/A	N/A	34	11,791	12,211
	APPFOLIO INC	N/A	N/A	22	2,713	5,428
	APPLE INC	N/A	N/A	74	16,858	18,531
	ARCUTIS BIOTHERAPEUTICS	N/A	N/A	185	3,292	2,577
	ARTIVION INC	N/A	N/A	140	3,253	4,003
	ASBURY AUTOMOTIVE GROUP	N/A	N/A	18	3,840	4,375
	ASSA ABLOY AB	N/A	N/A	257	2,819	3,765
	ATLAS COPCO AB	N/A	N/A	347	2,771	5,250
	ATRICURE INC	N/A	N/A	115	3,576	3,514
	AVIENT CORPORATION	N/A	N/A	130	4,355	5,312
	AZENTA INC	N/A	N/A	50	3,750	2,500
	BALCHEM CORP	N/A	N/A	31	2,545	5,053
	BALDWIN INSURANCE GROUP	N/A	N/A	95	3,185	3,682
	BANCO BILBAO VIZCAYA	N/A	N/A	732	4,707	7,115
	BANCO SANTANDER S A	N/A	N/A	2,631	9,029	11,997
	BANK OF AMERICA CORP	N/A	N/A	452	13,880	19,865
	BECTON DICKINSON & CO	N/A	N/A	49	11,626	11,117
	BERKSHIRE HATHAWAY INC	N/A	N/A	44	16,392	19,944
	BHP GROUP LIMITED	N/A	N/A	98	7,572	4,785
	BIOCRIST PHARMACEUTICALS	N/A	N/A	345	3,316	2,594
	BOOT BARN HOLDINGS INC	N/A	N/A	35	2,687	5,314
	BOUYGUES SA	N/A	N/A	1,333	8,730	7,811
	BP P L C SPONSORED ADR	N/A	N/A	293	10,838	8,661
	BRITISH AMERICAN TOBACCO	N/A	N/A	193	7,168	7,010
	BUILDERS FIRSTSOURCE INC	N/A	N/A	46	7,447	6,575
	CADRE HOLDINGS INC	N/A	N/A	100	3,585	3,230
	CANADIAN NATIONAL	N/A	N/A	24	1,627	2,436

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892

PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	CARMAX INC	N/A	N/A	157	\$ 10,376	\$ 12,836
	CATERPILLAR INC	N/A	N/A	27	5,977	9,795
	CATHAY GENERAL BANCORP	N/A	N/A	95	3,374	4,523
	CBIZ INC	N/A	N/A	75	3,745	6,137
	CENTRAL GARDEN & PET CO	N/A	N/A	175	4,801	5,784
	CHAMPION HOMES INC	N/A	N/A	70	1,837	6,167
	CHAMPIONX CORPORATION	N/A	N/A	95	2,433	2,583
	CHART INDUSTRIES INC	N/A	N/A	22	3,417	4,198
	CHORD ENERGY CORPORATION	N/A	N/A	34	5,022	3,975
	CHUGAI PHARMACEUTICAL LTD	N/A	N/A	422	5,590	9,271
	CK HUTCHISON HOLDINGS LTD	N/A	N/A	1,405	12,902	7,461
	COHEN & STEERS INC	N/A	N/A	45	2,458	4,155
	COLGATE PALMOLIVE COMPANY	N/A	N/A	111	10,363	10,091
	COLOPLAST A S	N/A	N/A	253	3,214	2,748
	CONOCOPHILLIPS	N/A	N/A	185	19,461	18,346
	CONTINENTAL AG	N/A	N/A	691	8,256	4,568
	COSTAR GROUP INC	N/A	N/A	77	5,522	5,512
	CREDICORP LTD	N/A	N/A	20	2,797	3,666
	CRINETICS	N/A	N/A	45	2,292	2,301
	DAIFUKU CO LTD	N/A	N/A	258	2,501	2,655
	DASSAULT SYSTEMS S A	N/A	N/A	239	7,810	8,231
	DBS GROUP HOLDINGS LTD	N/A	N/A	115	6,985	14,725
	DEERE & CO	N/A	N/A	19	7,354	8,050
	DESCARTES SYSTEMS GROUP	N/A	N/A	60	2,718	6,816
	DEUTSCHE POST AG	N/A	N/A	303	12,868	10,575
	DIAMONDBACK ENERGY INC	N/A	N/A	72	11,455	11,796
	DISCO CORP	N/A	N/A	144	3,795	3,826
	DOMINION ENERGY INC	N/A	N/A	123	6,090	6,625
	DUCOMMUN INC	N/A	N/A	50	2,665	3,183
	ELI LILLY & CO	N/A	N/A	16	11,285	12,352
	ENDAVA PLC	N/A	N/A	100	5,421	3,090
	ENEL SOCIETA PER AZIONI	N/A	N/A	1,858	10,985	13,155
	ENERPAC TOOL GROUP CORP	N/A	N/A	65	2,859	2,671
	ENN ENERGY HOLDINGS LTD	N/A	N/A	167	7,959	4,750
	EPIROC AKTIEBOLAG	N/A	N/A	252	2,714	4,375
	EXTRA SPACE STORAGE	N/A	N/A	56	7,370	8,378
	FERGUSON PLC	N/A	N/A	49	7,857	8,505
	FIRST WATCH RESTAURANT	N/A	N/A	245	4,409	4,559
	FLYWIRE CORPORATION	N/A	N/A	270	5,829	5,567
	FOMENTO ECONOMICO	N/A	N/A	82	6,451	7,010
	FREEPORT MCMORAN INC	N/A	N/A	197	6,980	7,502
	FUJIFILM HOLDINGS	N/A	N/A	899	7,348	9,287
	FUJITSU LTD-ADR NEW	N/A	N/A	652	9,228	11,449
	GARTNER INC	N/A	N/A	11	1,353	5,329
	GATES INDUSTRIAL	N/A	N/A	155	3,057	3,188
	GENERAL MOTORS COMPANY	N/A	N/A	308	11,951	16,407
	GENMAB A S	N/A	N/A	120	4,518	2,504
	GLACIER BANCORP INC	N/A	N/A	55	2,088	2,762
	GLOBUS MEDICAL INC	N/A	N/A	85	3,244	7,030
	GRAND CANYON EDUCATION	N/A	N/A	34	3,129	5,569

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892

PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	GRUPO FINANCIERO BANORTE	N/A	N/A	83	\$ 3,240	\$ 2,664
	GSK PLC	N/A	N/A	358	14,934	12,108
	HAIER SMART HOME CO LTD	N/A	N/A	338	4,139	4,732
	HALEON PLC	N/A	N/A	947	7,856	9,034
	HALOZYME THERAPEUTICS INC	N/A	N/A	80	3,270	3,825
	HARTFORD FINANCIAL	N/A	N/A	77	4,121	8,424
	HCA HEALTHCARE INC	N/A	N/A	35	6,398	10,505
	HDFC BK LTD	N/A	N/A	158	8,973	10,090
	HEALTH EQUITY INC	N/A	N/A	60	3,074	5,757
	HILLMAN SOLUTIONS CORP	N/A	N/A	360	3,464	3,506
	HITACHI LTD	N/A	N/A	195	4,244	9,645
	HOME DEPOT INC	N/A	N/A	16	5,249	6,224
	HONDA MOTOR CO LTD	N/A	N/A	252	7,478	7,195
	HORACE MANN EDUCATORS	N/A	N/A	135	5,543	5,296
	HOULIHAN LOKEY INC	N/A	N/A	40	1,856	6,946
	ICF INTL INC	N/A	N/A	12	2,569	1,862
	ICU MEDICAL INC	N/A	N/A	31	1,983	3,696
	IDACORP INC	N/A	N/A	39	3,074	4,262
	IMPERIAL BRANDS PLC	N/A	N/A	359	8,064	11,506
	INDEPENDENCE REALTY	N/A	N/A	200	4,076	3,968
	INDEPENDENT BANK	N/A	N/A	54	3,636	3,466
	INFINEON TECHNOLOGIES AG	N/A	N/A	285	6,077	9,243
	INSMED INC	N/A	N/A	70	1,353	4,833
	INTAPP INC	N/A	N/A	165	5,996	10,575
	INTERNATIONAL PAPER CO	N/A	N/A	111	4,677	5,974
	INTRA CELLULAR THERAPIES	N/A	N/A	65	3,178	5,429
	ITT INC	N/A	N/A	35	2,492	5,001
	KAO CORPORATION	N/A	N/A	790	5,957	6,383
	KDDI CORPORATION	N/A	N/A	498	8,109	7,913
	KERING	N/A	N/A	240	9,682	5,911
	KEYCORP	N/A	N/A	536	7,554	9,187
	KOMATSU LTD	N/A	N/A	137	2,748	3,743
	KONINKLIJKE AHOLD	N/A	N/A	196	6,177	6,388
	KONINKLIJKE PHILIPS N V	N/A	N/A	420	6,872	10,634
	L OREAL CO-ADR	N/A	N/A	104	6,304	7,323
	L3HARRIS TECHNOLOGIES INC	N/A	N/A	34	6,518	7,150
	LA Z BOY INC	N/A	N/A	65	2,474	2,832
	LABCORP HOLDINGS INC	N/A	N/A	50	10,436	11,466
	LINDE PLC	N/A	N/A	11	2,188	4,605
	LLOYDS BANKING GROUP PLC	N/A	N/A	4,214	12,630	11,462
	LUKOILPJSC	N/A	N/A	58	4,931	-
	LULULEMON ATHLETICA INC	N/A	N/A	24	6,537	9,178
	MACOM TECHNOLOGY	N/A	N/A	70	1,953	9,094
	MAGNOLIA OIL & GAS	N/A	N/A	245	3,198	5,728
	MANULIFE FINANCIAL CORP	N/A	N/A	310	5,386	9,520
	MARTIN MARIETTA	N/A	N/A	14	5,539	7,231
	MASTERCARD INCORPORATED	N/A	N/A	38	11,689	20,010
	MATADOR RESOURCES COMPANY	N/A	N/A	105	3,622	5,907
	MEDPACE HOLDINGS INC	N/A	N/A	15	2,674	4,983
	MEDTRONIC PLC	N/A	N/A	112	10,407	8,947

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892

PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	MERCADOLIBRE INC	N/A	N/A	3	\$ 4,896	\$ 5,101
	MICROSOFT CORP	N/A	N/A	70	20,594	29,505
	MINERALS TECHNOLOGIES INC	N/A	N/A	55	3,426	4,192
	MITSUBISHI ELECTRIC CORP	N/A	N/A	289	7,589	9,793
	MONDI PLC	N/A	N/A	146	7,988	4,297
	MSCI INC	N/A	N/A	23	12,167	13,800
	NASDAQ INC	N/A	N/A	127	7,821	9,818
	NATIONAL HEALTH	N/A	N/A	50	2,588	3,465
	NESTLE SA-SPONSORED ADR	N/A	N/A	134	13,032	10,948
	NETFLIX INC	N/A	N/A	20	5,298	17,826
	NORTHWESTERN ENERGY	N/A	N/A	95	4,582	5,079
	NOVANTA INC	N/A	N/A	41	4,273	6,264
	NOVARTIS AG	N/A	N/A	59	4,912	5,741
	NOVO NORDISK A/S-ADR	N/A	N/A	65	6,028	5,591
	NOVONESIS NOVOZYMES B	N/A	N/A	40	2,055	2,262
	NVR INC	N/A	N/A	1	5,047	8,179
	OCEANFIRST FINANCIAL CORP	N/A	N/A	205	3,525	3,711
	ORACLE CORPORATION	N/A	N/A	120	18,220	19,997
	OXFORD INDUSTRIES INC	N/A	N/A	45	2,945	3,545
	P T TELEKOMUNIKASI	N/A	N/A	198	4,364	3,257
	PACIFIC PREMIER BANCORP	N/A	N/A	160	5,606	3,987
	PARAGON 28 INC	N/A	N/A	195	1,958	2,014
	PARKER HANNIFIN CORP	N/A	N/A	8	2,056	5,088
	PATRICK INDUSTRIES INC	N/A	N/A	60	2,106	4,985
	PAYCOR HCM INC	N/A	N/A	34	6,238	6,969
	PERELLA WEINBERG PARTNERS	N/A	N/A	140	1,925	3,338
	PFIZER INC	N/A	N/A	513	15,695	13,610
	PHREESIA INC	N/A	N/A	175	5,722	4,403
	PING AN INSURANCE GROUP	N/A	N/A	193	4,266	2,247
	PRIMORIS SERVICES	N/A	N/A	80	1,901	6,112
	RBC BEARINGS INCORPORATED	N/A	N/A	26	3,037	7,778
	REGAL REXNORD CORPORATION	N/A	N/A	57	7,166	8,842
	REVOLVE GROUP INC	N/A	N/A	70	2,505	2,344
	RIO TINTO PLC	N/A	N/A	86	4,532	5,058
	ROCHE HOLDING LTD	N/A	N/A	320	11,232	11,162
	RYMAN HOSPITALITY PPT YS	N/A	N/A	45	3,763	4,695
	SANOFI	N/A	N/A	202	8,985	9,742
	SAP SE	N/A	N/A	40	5,122	9,848
	SBA COMMUNICATIONS CORP	N/A	N/A	44	9,184	8,967
	SCHNEIDER ELECTRIC SE	N/A	N/A	175	3,583	8,687
	SCHNEIDER NATIONAL IN	N/A	N/A	80	2,033	2,342
	SEACOAST BANKING	N/A	N/A	155	3,917	4,267
	SECOM CO LTD-ADR	N/A	N/A	762	6,494	6,386
	SERVICENOW INC	N/A	N/A	18	7,896	19,082
	SHELL PLC	N/A	N/A	304	14,582	19,046
	SHIMANO INC	N/A	N/A	147	2,329	1,967
	SHIONOGI & CO LTD	N/A	N/A	456	4,141	3,174
	SHOPIFY INC	N/A	N/A	178	12,137	18,927
	SILGAN HOLDINGS INC	N/A	N/A	120	4,609	6,246
	SILICON LABORATORIES INC	N/A	N/A	31	2,668	3,851

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892

PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	SINGAPORE	N/A	N/A	262	\$ 6,040	\$ 5,903
	SNAM S P A	N/A	N/A	1,280	13,826	11,290
	SONOVA HOLDING AG	N/A	N/A	53	1,793	3,447
	SONY GROUP CORPORATION	N/A	N/A	1,015	16,864	21,477
	SPRINGWORKS THERAPEUTICS	N/A	N/A	70	2,907	2,529
	SPX TECHNOLOGIES INC	N/A	N/A	51	2,736	7,422
	SS&C TECHNOLOGIES	N/A	N/A	143	8,881	10,837
	SSE PLC	N/A	N/A	531	10,111	10,583
	STAG INDUSTRIAL INC	N/A	N/A	175	4,612	5,919
	STARBUCKS CORP	N/A	N/A	85	6,954	7,756
	STERLING INFRASTRUCTURE	N/A	N/A	30	3,434	5,054
	STIFEL FINANCIAL CORP	N/A	N/A	60	1,763	6,365
	SUPERNUS PHARMACEUTICALS	N/A	N/A	140	3,754	5,062
	SYMRISE AG	N/A	N/A	142	2,512	3,750
	SYSCO CORP	N/A	N/A	186	14,480	14,222
	SYSMEX CORPORATION	N/A	N/A	365	6,341	6,672
	TAIWAN SEMICONDUCTOR MFG	N/A	N/A	64	4,847	12,639
	TANDEM DIABETES CARE INC	N/A	N/A	120	4,497	4,322
	TARGET CORP	N/A	N/A	75	9,712	10,139
	TECHTRONIC INDUSTRIES CO	N/A	N/A	48	3,581	3,149
	TENCENT HOLDINGS LIMITED	N/A	N/A	122	6,537	6,488
	TESCO PLC	N/A	N/A	189	1,989	2,650
	TEXAS CAPITAL BANCSHARES	N/A	N/A	40	3,271	3,128
	TEXAS INSTRUMENTS	N/A	N/A	91	14,764	17,063
	TEXAS ROADHOUSE INC	N/A	N/A	35	1,553	6,315
	THERMO FISHER SCIENTIFIC	N/A	N/A	29	16,737	15,087
	THERMON GROUP HOLDINGS	N/A	N/A	90	2,881	2,589
	TOYOTA INDUSTRIES	N/A	N/A	103	5,975	8,363
	TRI POINTE HOMES INC	N/A	N/A	125	4,470	4,533
	U S PHYSICAL THERAPY INC	N/A	N/A	35	3,290	3,105
	UFP INDUSTRIES INC	N/A	N/A	55	1,332	6,196
	UMB FINANCIAL CORP	N/A	N/A	45	3,830	5,079
	UNICHARM CORP	N/A	N/A	512	-	2,063
	UNION PACIFIC CORP	N/A	N/A	44	9,391	10,034
	UNITED OVERSEAS BANK LTD	N/A	N/A	244	8,397	13,015
	UNITEDHEALTH GROUP INC	N/A	N/A	13	4,395	6,576
	UPM KYMMENE CORPORATION	N/A	N/A	48	1,551	1,326
	UTZ BRANDS INC	N/A	N/A	195	3,338	3,054
	VERACYTE INC	N/A	N/A	130	3,399	5,148
	VIAVI SOLUTIONS INC	N/A	N/A	415	4,945	4,192
	VINCI S A	N/A	N/A	275	8,033	7,059
	VISA INC	N/A	N/A	101	19,037	31,920
	VITA COCO COMPANY INC	N/A	N/A	100	2,740	3,691
	WASTE MANAGEMENT INC DEL	N/A	N/A	54	8,475	10,897
	WELLS FARGO & CO	N/A	N/A	92	3,559	6,462
	WH GROUP LTD	N/A	N/A	471	7,738	7,249
	WORKDAY INC	N/A	N/A	44	9,867	11,353
	WPP PLC	N/A	N/A	156	10,518	8,018
	ZOETIS INC	N/A	N/A	85	12,788	13,849

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892

PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	ZTO EXPRESS CAYMAN INC	N/A	N/A	169	\$ 3,356	\$ 3,302
	Total common stock				<u>1,559,620</u>	<u>1,935,677</u>
	U.S. Government securities					
	UNITED STATES TREASURY	08/15/2027	2.25%	53,000	50,103	50,378
	UNITED STATES TREASURY	08/15/2032	2.75%	14,000	12,551	12,416
	UNITED STATES TREASURY	11/15/2032	4.13%	13,000	12,786	12,679
	UNITED STATES TREASURY	08/15/2044	3.13%	11,000	8,879	8,543
	UNITED STATES TREASURY	11/15/2046	2.88%	14,000	10,635	10,171
	FEDL HOME LOAN MTG	06/01/2052	3.00%	3,000	2,242	2,221
	FEDL HOME LOAN MTG	07/01/2052	3.00%	2,000	1,522	1,511
	FNMA GTD PASS THRU	07/01/2052	3.50%	3,000	2,387	2,370
	FNMA GTD PASS THRU	10/01/2052	4.00%	4,000	3,314	3,287
	FNMA GTD PASS THRU	02/01/2053	3.50%	23,000	18,389	18,415
	FNMA GTD PASS THRU	05/01/2053	3.50%	5,000	4,164	4,134
	FNMA GTD PASS THRU	06/01/2053	4.00%	21,000	17,753	17,761
	FNMA GTD PASS THRU	08/01/2053	3.00%	9,000	7,390	7,407
	FNMA GTD PASS THRU	12/01/2053	4.00%	1,000	897	875
	Total U.S. Government securities				<u>153,012</u>	<u>152,168</u>
	Mutual funds					
	ARBITRAGE FUND CLASS I	N/A	N/A	12,519	167,738	168,136
	BLACKROCK FDS V HGH YLD BND	N/A	N/A	8,744	67,480	62,082
	BLACKROCK FDS V STRTGC INCM OPTNS	N/A	N/A	36,741	361,030	348,304
	DOUBLELINE FDS TR	N/A	N/A	21,244	214,519	184,188
	EATON VANCE STRATEGIC	N/A	N/A	32,282	224,601	212,417
	FIRST HORIZON NATIONAL	N/A	N/A	44,465	-	9
	GATEWAY TR	N/A	N/A	7,157	273,514	331,144
	GUGGENHEIM FDS TR LIMITED DURATION	N/A	N/A	6,916	170,829	168,685
	GUGGENHEIM FDS TR MACRO OPPTYS	N/A	N/A	17,935	456,883	442,455
	ISHARES MSCI EMERGING	N/A	N/A	1,625	61,986	67,958
	ISHARES RUSSELL 1000 GROWTH ETF	N/A	N/A	710	250,022	285,122
	ISHARES RUSSELL 1000 VALUE ETF	N/A	N/A	1,380	249,821	255,479
	ISHARES RUSSELL 2000 ETF	N/A	N/A	1,659	230,932	366,573
	LAZARD EMERGING MARKETS	N/A	N/A	3,431	66,800	61,482
	LORD ABBETT BD DEB FD INC	N/A	N/A	7,075	60,000	50,165
	LORD ABBETT INVT TR	N/A	N/A	55,201	230,097	213,629
	NEUBERGER BERMAN	N/A	N/A	9,552	148,483	179,094
	NUVEEN INVT FDS INC	N/A	N/A	6,924	127,268	105,315
	PGIM GLOBAL REAL ESTATE	N/A	N/A	5,046	114,171	97,633
	PIMCO FDS COMMODITIES	N/A	N/A	21,915	191,088	145,516
	PIMCO FIXED INCOME SHARES SERIES C	N/A	N/A	8,427	74,451	74,661
	PIMCO FIXED INCOME SHARES SERIES M	N/A	N/A	8,694	74,225	74,766
	PIMCO INCOME FD	N/A	N/A	34,993	394,483	368,124
	SPDR GOLD TR	N/A	N/A	356	52,129	86,198
	TCW METROPOLITAN WEST FDS	N/A	N/A	35,228	340,960	293,098
	WILLIAM BLAIR FDS EMERGING	N/A	N/A	6,125	107,192	132,920
	Total mutual funds				<u>4,710,702</u>	<u>4,775,153</u>

LOCAL 777 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN: 36-3980892
PLAN NO.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Interest, Collateral, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Money market funds					
	Blackrock Liquidity Funds FED	N/A	N/A	11,286	\$ 11,286	\$ 11,286
	Fedfund Premier Choice	N/A	N/A	153,760	153,760	153,760
	JP Morgan Deposit Account - A	N/A	N/A	98,948	<u>98,948</u>	<u>98,947</u>
	Total money market funds				<u>263,994</u>	<u>263,993</u>
	Total assets (held at end of year)				<u>\$ 6,687,328</u>	<u>\$ 7,126,991</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

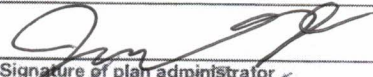

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan TEAMSTERS LOCAL 777 SEVERANCE AND RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF TEAMSTERS LOCAL 777 SEVERANCE AND RETIR 7827 OGDEN AVENUE LYONS IL 60534-1312		2b Employer Identification Number (EIN) 36-3980892
		2c Plan Sponsor's telephone number 708-777-1081
		2d Business code (see instructions) 484120

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

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

SIGN HERE		10-10-25	JAMES GLIMCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/01/25	HENRY GARDUNIO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	4,781
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,233
a (2) Total number of active participants at the end of the plan year	6a(2)	2,126
b Retired or separated participants receiving benefits	6b	2,996
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	5,122
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	5,122
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	4,781
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	5,122
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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LOCAL 777 SEVERANCE AND RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(j)

EIN 36-3980892
PLAN NO. 001

(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Fair Value at Transaction Date	(i) Net Gain or (Loss)
<u>Purchases</u>					
<u>Cash and equivalents</u>					
JP Morgan Deposit Account - A	\$ 2,328,137	\$ -	\$ 2,328,137	\$ 2,328,137	\$ -
JP Morgan Deposit Account - B	405,147	-	405,147	405,147	-
Blackrock Liquidity Funds Fed	442,850	-	442,850	442,850	-
FedFund Premier Choice	305,147	-	305,147	305,147	-
<u>Sales</u>					
<u>Cash and equivalents</u>					
JP Morgan Deposit Account - A	-	2,321,634	2,321,634	2,321,634	-
JP Morgan Deposit Account - B	-	405,147	405,147	405,147	-
Blackrock Liquidity Funds Fed	-	419,564	419,564	419,564	-
FedFund Premier Choice	-	151,387	151,387	151,387	-