

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 666 BENEFIT TRUST FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1968
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) LOCAL 666 BENEFIT TRUST FUND 2001 CALDWELL DRIVE GOODLETTSVILLE, TN 37072
2b Employer Identification Number (EIN) 54-0848799
2c Plan Sponsor's telephone number 615-859-0131
2d Business code (see instructions) 238210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for LUTHER B. DUNN and RICHARD PADILLA.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1282
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)	1063
	6a(2)	1165
	6b	266
	6c	
	6d	1431
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	37

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

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

4A 4B 4D 4E 4F

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan LOCAL 666 BENEFIT TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 666 BENEFIT TRUST FUND</p>	<p>D Employer Identification Number (EIN) 54-0848799</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HEALTHKEEPERS, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-1356687	95169	003430	1146	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	273923
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan LOCAL 666 BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 666 BENEFIT TRUST FUND	D Employer Identification Number (EIN) 54-0848799

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

1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3294, C4560	2448	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	222724
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan LOCAL 666 BENEFIT TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 666 BENEFIT TRUST FUND		D Employer Identification Number (EIN) 54-0848799

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0357120	71835	200380	1375	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	913969
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan LOCAL 666 BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 666 BENEFIT TRUST FUND	D Employer Identification Number (EIN) 54-0848799	

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

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

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

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

SOUTHERN BENEFIT ADMINISTRATORS INC

62-1116095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	225000	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)

THE SEGAL COMPANY

13-2619259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	182802	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)

RICHMOND CAPITAL MANAGEMENT

54-1288566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	64910	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)

WITHUM SMITH BROWN

52-1044197

(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	51914	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)

SEMO LAW GROUP

47-0959287

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	40897	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)

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	25122	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16996	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)

MURPHY ANDERSON, PLLC

1401 K ST NW, 300
WASHINGTON, DC 20005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5303	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOCAL 666 BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 666 BENEFIT TRUST FUND	D Employer Identification Number (EIN) 54-0848799

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1136699	2045892
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1604802	2454911
(2) Participant contributions	1b(2)	80694	82879
(3) Other	1b(3)	280148	299352
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	221437	366262
(2) U.S. Government securities	1c(2)	12852874	14273388
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15774910	17348979
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	3738313	3756773
(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	4534	62363
f Total assets (add all amounts in lines 1a through 1e).....	1f	35694411	40690799
Liabilities			
g Benefit claims payable.....	1g	210900	39100
h Operating payables.....	1h	230067	277438
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	440967	316538
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	35253444	40374261

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)	16792305	
(B) Participants.....	2a(1)(B)	1110726	
(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)		17903031
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	18786	
(B) U.S. Government securities.....	2b(1)(B)	311844	
(C) Corporate debt instruments.....	2b(1)(C)	616694	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	17585	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		964909
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	47608	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		47608
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	27620698	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	27504590	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		116108
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	316203	
(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)		775010
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20122869

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12463746	
(2) To insurance carriers for the provision of benefits	2e(2)	1816505	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14280251
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	225000	
(3) Recordkeeping fees	2i(3)	51914	
(4) IQPA audit fees	2i(4)	25122	
(5) Investment advisory and investment management fees	2i(5)	81906	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	182802	
(8) Legal fees	2i(8)	46200	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	9012	
(11) Other expenses	2i(11)	99845	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		721801
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15002052

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5120817
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 _____.



LOCAL 666 BENEFIT TRUST FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024





LOCAL 666 BENEFIT TRUST FUND

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 666 Benefit Trust Fund

Opinion

We have audited the accompanying financial statements of the Local 666 Benefit Trust Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

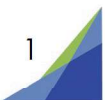
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations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

Basis for Opinion

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

Correction of Prior Period Financial Statements

As part of our audit of the 2024 financial statements, we also audited the adjustments described in Note 12 that were applied to restate the 2023 financial statements to correct the accounting for postretirement benefit obligations in accordance with Accounting Standards Codification 965. In our opinion, such adjustments are appropriate and have been properly applied.





Management's Responsibilities for the Financial Statements

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

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


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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control. Accordingly, no such opinion is expressed.

- 
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
 - Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA


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

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

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

Other Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
October 10, 2025

LOCAL 666 BENEFIT TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Assets		
Investments - at fair value		
Short-term investments	\$ 366,262	\$ 221,437
U.S. Government and government agency obligations	14,273,388	12,852,874
Corporate obligations	17,348,979	15,774,910
Registered investment company	<u>3,756,773</u>	<u>3,738,313</u>
Total investments	<u>35,745,402</u>	<u>32,587,534</u>
Accounts receivable		
Employer contributions	2,454,911	1,604,802
Employee contributions	82,879	80,694
Accrued interest	286,432	224,463
Other receivables	<u>-</u>	<u>42,829</u>
Total accounts receivable	<u>2,824,222</u>	<u>1,952,788</u>
Cash	<u>2,045,892</u>	<u>1,136,699</u>
Prepaid expenses	<u>12,920</u>	<u>12,856</u>
Right-of-use asset	<u>62,363</u>	<u>4,534</u>
Total assets	<u>40,690,799</u>	<u>35,694,411</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	65,384	156,306
Reciprocals pending	148,761	69,208
Lease liability	<u>63,293</u>	<u>4,553</u>
Total liabilities	<u>277,438</u>	<u>230,067</u>
Net assets available for benefits	<u>\$ 40,413,361</u>	<u>\$ 35,464,344</u>

See accompanying notes to financial statements.

LOCAL 666 BENEFIT TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Contributions		
Employer contributions	\$ 12,832,441	\$ 11,851,926
Reciprocal contributions	4,421,300	3,158,983
Employee/retiree contributions	1,110,726	1,093,991
Penalties, settlements and reinstatement fees	1,457	9,154
Reciprocal payments to other funds	<u>(462,893)</u>	<u>(475,320)</u>
Total net contributions	<u>17,903,031</u>	<u>15,638,734</u>
Investment income		
Net appreciation in fair value of investments	1,207,321	1,376,029
Interest	<u>1,012,517</u>	<u>812,763</u>
	2,219,838	2,188,792
Less: investment expense	<u>(81,906)</u>	<u>(75,779)</u>
Net investment income	<u>2,137,932</u>	<u>2,113,013</u>
Total additions	<u>20,040,963</u>	<u>17,751,747</u>
Deductions		
Benefits		
BlueCross/BlueShield network costs	12,857,575	12,512,040
Dental premiums	622,951	668,217
Formulary rebates	(325,951)	(334,305)
Life insurance premiums	213,395	198,850
Medicare Advantage premiums	593,272	566,851
Vision, dependent life, and loss of income claims	80,757	55,315
Self-funded diabetic reimbursements	23,165	29,323
Stop-loss premiums	542,564	580,488
Stop-loss reimbursement	(201,358)	(255,909)
Vision premiums	<u>45,681</u>	<u>51,543</u>
Total net benefits	14,452,051	14,072,413
Administrative expenses	<u>639,895</u>	<u>586,962</u>
Total deductions	<u>15,091,946</u>	<u>14,659,375</u>
Net change	4,949,017	3,092,372
Net assets available for benefits		
Beginning of year	<u>35,464,344</u>	<u>32,371,972</u>
End of year	<u>\$ 40,413,361</u>	<u>\$ 35,464,344</u>

See accompanying notes to financial statements.



LOCAL 666 BENEFIT TRUST FUND

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Estimated health claims payable	\$ 39,100	\$ 210,900
Other obligations for current benefit coverage, at present value of estimated amounts		
Estimated claims incurred but not reported	751,000	835,400
Estimated hour bank liability	5,855,000	4,636,000
Estimated eligibility lag	<u>2,823,000</u>	<u>2,210,000</u>
	9,429,000	7,681,400
Total obligations other than postretirement benefit obligations	<u>9,468,100</u>	<u>7,892,300</u>
Postretirement benefit obligations		
Current retirees	5,285,447	5,218,528
Other participants fully eligible for benefits	12,777,547	18,258,177
Other participants not yet fully eligible for benefits	<u>9,695,700</u>	<u>13,052,957</u>
Total postretirement benefit obligations	<u>27,758,694</u>	<u>36,529,662</u>
Total benefit obligations	<u>\$ 37,226,794</u>	<u>\$ 44,421,962</u>

See accompanying notes to financial statements.

LOCAL 666 BENEFIT TRUST FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 210,900	\$ 160,700
Claims reported and approved for payment	12,835,378	12,698,421
Claims paid	<u>(13,007,178)</u>	<u>(12,648,221)</u>
Balance at end of year	<u>39,100</u>	<u>210,900</u>
Other obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	7,681,400	9,562,200
Net change during year		
Estimated health claims incurred but not reported	(84,400)	(92,800)
Estimated hour bank	1,219,000	(1,701,000)
Estimated eligibility lag	<u>613,000</u>	<u>(87,000)</u>
Balance at end of year	<u>9,429,000</u>	<u>7,681,400</u>
Total obligations other than post benefit obligations	<u>9,468,100</u>	<u>7,892,300</u>
Postretirement benefit obligations		
Balance at beginning of year	36,529,662	46,170,870
Change during the year attributable to		
Actuarial experience (gains)/losses	(8,301,348)	-
Benefits earned and other charges	6,286,207	6,132,207
Plan amendments	45,657	-
Changes in assumptions	<u>(6,801,484)</u>	<u>(15,773,415)</u>
Balance at end of year	<u>27,758,694</u>	<u>36,529,662</u>
Total benefit obligations at end of year	<u>\$ 37,226,794</u>	<u>\$ 44,421,962</u>

See accompanying notes to financial statements.



LOCAL 666 BENEFIT TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE FUND

Local 666 Benefit Trust Fund (the Fund) is established under the terms of a collective bargaining agreement negotiated by and between Local Union 666, International Brotherhood of Electrical Workers, Richmond Division, Atlantic Coast Chapter, and National Electrical Contractors Association, Incorporated.

This Fund provides death, AD&D, loss of income, hospitalization, medical, dental and major medical benefits. All contributions and investment earnings are accumulated in a Trust Fund. Death benefits are insured through First Colony Life Insurance Company, AD&D through Hartford Insurance Company and hospitalization and medical benefits are provided through Anthem Blue Cross and Blue Shield of Virginia. The remainder of the benefits are paid directly from Fund assets.

In addition, under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), participants who no longer meet the eligibility requirements may make self-contributions in order to continue coverage if certain events, called "qualifying events," cause the loss of coverage.

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

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Additions are recognized when earned. Deductions are recognized when incurred except for benefit payments which are recognized when paid.

Contributions Receivable - Employer contributions due and unpaid prior to year-end are reported as contributions receivable. All receivables are fully collectible; therefore, no allowance for credit losses has been established.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments Valuation and Income Recognition - The investments of the Fund are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Purchases and sales of the investments are reflected on a trade-date basis. Appreciation or depreciation (unrealized and realized gains and losses) in value are reported on the statements of changes in net assets available for benefits in the period in which they occur. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Benefit Obligations - Claims payable and claims incurred but not reported, accumulated hour bank, and accumulated eligibility lag were estimated by the Fund consultant and actuary based on eligibility counts and claims experience. The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to participant service rendered to December 31. Postretirement benefits include future benefits expected to be paid for currently retired or terminated participants and their beneficiaries and dependents, and active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

Leases - In its statements of net assets available for benefits, the Fund records a right-of-use asset and lease liability, initially measured at the present value of total lease payments using a risk-free rate that approximates the remaining term of the lease. The Fund considers the likelihood of exercising renewal or termination clauses (if any) in measuring its right-of-use assets and lease liabilities. A single lease cost calculated so that the cost of the lease is allocated over the lease term on straight-line basis. Short-term leases (those with an initial term of twelve months or less and no purchase option) are expensed over their terms, with no corresponding right-of-use asset or lease liability recorded. The Fund does not separate non-lease components (if any) from lease components in determining the lease payments for leases of office equipment.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.



NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has advised that the Fund qualifies under Section 501(c)(9) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax laws. The Fund's exemption letter is dated September 21, 1982 in which the IRS stated that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving the exemption letter. The Fund administrator and the Fund counsel believe the Fund is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Fund was qualified, and the related trust was tax-exempt as of the financial statement date.

The Fund files Form 990, *Return of Organization Exempt from Income Tax*, and Form 5500, *Annual Return/Report of Employee Benefit Plan*. As of December 31, 2024, the statute of limitations for tax years 2021 through 2023 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Fund files returns.

NOTE 4. FUNDING POLICY

The Fund is financed by employer and retiree contributions, as specified in the collective bargaining agreements (CBAs), and members electing COBRA coverage. Required employer contribution rates are 23.5% of gross labor payroll, in accordance with the provisions of the applicable CBAs.

NOTE 5. PRIORITIES UPON TERMINATION OF THE PLAN

In the event the Fund is terminated, the Trustees shall (a) make provisions out of the Fund for the payment of any and all obligations of the Fund, including expenses incurred up to the date of termination of the Fund and the expenses incidental to such termination. (In so doing and as in their judgment they deem advisable and in the interest of the participants and beneficiaries, the Trustees [1] may continue to apply the Fund for the purposes specified in this Agreement in so far as the funds in the Fund permit, and/or [2] may transfer or apply any remaining property and funds of the Fund in such manner as in their opinion will best effectuate the purpose of the Fund; provided, however, that no part of the corpus or income of the Fund shall be used or diverted to purposes other than for the exclusive benefit of employees, their families, beneficiaries, or dependents or for the administrative and liquidation expenses of the Fund or for other payments in accordance with the provisions of this Agreement.

Under no circumstances shall any portion of the corpus or income of the Fund, directly or indirectly, inure, revert or accrue to the benefit of any employer, the Union or any private shareholder or individual. The Trustees shall continue as Trustees for the purpose of winding up the affairs of the Fund and may take any action which may be required.); (b) arrange for a final audit and report of their transactions and accounts, for the purpose of termination of their Trusteeship; and (c) give any notice and prepare and file any reports which may be required by law.



NOTE 6. ESTIMATED BENEFIT LIABILITIES

Effective with all eligibility determined for the benefit month of December 1990 and each benefit month thereafter, eligibility commences for an employee on the first day of the second month (benefit month) immediately following the month (work month) in which a total of 320 hours have been worked by an employee for a participating employer. (Prior to the December 1990 benefit month, initial eligibility required 640 hours worked.) Once an employee has become initially eligible for benefit coverage, he will continue to be eligible during each benefit month if he has accumulated a minimum of 135 hours as of the end of the corresponding work month. Beginning with the first benefit month during which an employee is eligible for benefit coverage, 135 hours shall be deducted from the total hours he has accumulated as of the end of the work month which corresponds with that benefit month. The maximum number of hours an eligible employee may accumulate for purposes of determining his future eligibility shall not exceed 900 hours.

The estimated liability for future coverage based on these accumulated hour bank hours, as determined by the Fund consultant at December 31, 2024, is \$5,855,000.

At December 31, 2024, the liability for the eligibility lag, as calculated by the consultant, was estimated to be \$2,823,000.

At December 31, 2024, the estimated liability for claims which were incurred prior to December 31, 2024, but not paid by the Fund until after that date, as determined by the Fund consultant, was \$790,100. Of this aggregate amount, \$39,100 represents amounts currently payable to or for participants, beneficiaries, and dependents.

NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered prior to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered prior to the valuation date.

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

NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS (CONTINUED)

The following were the significant assumptions in the valuation as of December 31, 2024 and 2023:

	2024	2023
Discount rate	5.75%	4.80%
Health trend rates		
Medical	6.50% graded to 4.50% by 0.25% per year.	3.00% and then 6.75% graded to 4.50% by 0.25% per year.
Medicare Advantage	5.08% and then 5.50% graded to 4.50% by 0.25% per year.	3.70%, 26.23% and then 5.50% graded to 4.50% by 0.25% per year.
Drug	8.00% graded to 4.5% by 0.25% per year.	8.00% graded to 4.5% by 0.25% per year.
Vision	0.00% for 2 years and then 3.00%.	0.00% for 2 years and then 3.00%.
Dental	3%.	3%.
Administrative expenses	An administrative expense load of \$28/ per participant increasing at 2.5% per year was added to projected incurred claim costs in developing the benefit obligations.	An administrative expense load of \$2/3 per participant increasing at 2.5% per year was added to projected incurred claim costs in developing the benefit obligations.
Postretirement mortality rates		
Healthy	95.0% of the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee/Annuitant Mortality Table, projected from 2018 with Scale MP-2018.	95.0% of the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee/Annuitant Mortality Table, projected from 2018 with Scale MP-2018.
Disabled	105.0% of the unprojected experience rates (as of 2006) for the RP-2014 Disabled Mortality Table with 4-year setback, projected from 2018 with Scale MP-2018.	105.0% of the unprojected experience rates (as of 2006) for the RP-2014 Disabled Mortality Table with 4-year setback, projected from 2018 with Scale MP-2018.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point in each year, it would increase the postemployment obligation as of December 31, 2024 and 2023 by \$4,852,193 and \$7,615,636, respectively.

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



NOTE 8. 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 Fund has the ability to access.

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

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

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

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

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

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

Level 1

U.S. Government obligations: U.S. Treasury note obligations are traded in active markets on national securities exchanges and are valued at closing prices on the last business day of each period presented.

Registered investment company: Generally, represent investments with various investment managers. Shares held in mutual funds and exchange traded funds are traded on national securities exchanges and are valued at the net asset value (NAV) as of the last business day of each period presented. The funds' underlying assets are principally marketable equity and fixed income securities.

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2

U.S. Government agency obligations: U.S. Government agency obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Corporate obligations: Corporate obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Short-term investment: Valued at cost which approximates fair value.

The following tables set forth, by level within the fair value hierarchy, the Fund's investment assets measured at fair value on a recurring basis as of December 31, 2024 and 2023.

	Total Investments at 12/31/24	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Short-term investments	\$ 366,262	\$ -	\$ 366,262	\$ -
U.S. Government and government agency obligations	14,273,388	13,852,144	421,244	-
Corporate obligations	17,348,979	-	17,348,979	-
Registered investment company	<u>3,756,773</u>	<u>3,756,773</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$ 35,745,402</u>	<u>\$ 17,608,917</u>	<u>\$ 18,136,485</u>	<u>\$ -</u>
	Total Investments at 12/31/23	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Cash equivalents	\$ 221,437	\$ -	\$ 221,437	\$ -
U.S. Government and government agency obligations	12,852,874	12,244,359	608,515	-
Corporate obligations	15,774,910	-	15,774,910	-
Registered investment company	<u>3,738,313</u>	<u>3,738,313</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$ 32,587,534</u>	<u>\$ 15,982,672</u>	<u>\$ 16,604,862</u>	<u>\$ -</u>



NOTE 9. SIGNIFICANT UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

NOTE 10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Fund has entered into a six (6) year lease with the I.B.E.W. Building Corporation, a related party, for 785 square feet of office space commencing on April 1, 2018 and expiring March 31, 2024. Effective April 1, 2024, the Fund extended the lease for 5 years through March 31, 2029. The lease calls for monthly rent of \$1,243 with a 4% increase each lease year on April 1.

Operating lease expense totaled \$19,258 and \$18,268 for the years ended December 31, 2024 and 2023, respectively. The Fund had no variable or short-term lease expense in 2024 or 2023 and does not have any finance leases.

Supplemental qualitative information related to the operating lease is as follows:

	Year ended December 31, <u>2024</u>
Weighted-average remaining lease term (in years)	4.25
Weighted-average discount rate	4.34%

The maturity of the lease liability under the Fund's operating lease as of December 31, 2024 is as follows:

Year ending December 31,	
2025	\$ 15,366
2026	15,975
2027	16,614
2028	17,280
2029	<u>4,362</u>
Undiscounted future cash flows	69,597
Less: discount to present value	<u>(6,304)</u>
Total lease liability	<u>\$ 63,293</u>



NOTE 10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Fund pays certain investment, professional fees, and administrative fees directly to service providers, including Richmond Capital Management, the investment manager and, Principal Custody Solutions, the investment custodian. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 40,413,361	\$ 35,464,344
Benefit obligations currently payable		
Estimated health claims	<u>(39,100)</u>	<u>(210,900)</u>
Net assets available for benefits per the Form 5500	<u>\$ 40,374,261</u>	<u>\$ 35,253,444</u>

The following is a reconciliation of benefits paid to and for participants per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per the financial statements	\$ 14,452,051	\$ 14,072,413
Add: amounts currently payable at end of year	39,100	210,900
Less: amounts currently payable at beginning of year	<u>(210,900)</u>	<u>(160,700)</u>
Benefits paid to and for participants per the Form 5500	<u>\$ 14,280,251</u>	<u>\$ 14,122,613</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2023 but not yet paid as of that date.

The following is a reconciliation of additions per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 20,040,963	\$ 17,751,747
Add: investment expenses netted with additions	<u>81,906</u>	<u>75,779</u>
Total additions per the Form 5500	<u>\$ 20,122,869</u>	<u>\$ 17,827,526</u>

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of deductions per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 15,091,946	\$ 14,659,375
Changes in estimated health claims presented on the Form 5500	(171,800)	50,200
Add: investment expenses netted with additions	<u>81,906</u>	<u>75,779</u>
Total deductions per the Form 5500	<u>\$ 15,002,052</u>	<u>\$ 14,785,354</u>

NOTE 12. CORRECTION OF AN ERROR

The 2023 financial statements have been restated to correct an error in the accounting for benefit obligations. Certain postretirement costs for Medicare-eligible retirees were not updated resulting in an overstatement of the postretirement benefit obligation. Accordingly, the 2023 amounts have been adjusted, with the effects of the restatement summarized in the following tables.

<u>Statement of Benefit Obligations December 31, 2023</u>	<u>As Previously Reported</u>	<u>Adjustment</u>	<u>As Restated</u>
Postretirement benefit obligations			
Current retirees	\$ 13,298,767	\$ (8,080,239)	\$ 5,218,528
Other participants fully eligible for benefits	26,114,355	(7,856,178)	18,258,177
Other participants not yet fully eligible for benefits	<u>22,732,979</u>	<u>(9,680,022)</u>	<u>13,052,957</u>
Total postretirement benefit obligations	<u>\$ 62,146,101</u>	<u>\$ (25,616,439)</u>	<u>\$ 36,529,662</u>

<u>Statement of Changes in Benefit Obligations December 31, 2023</u>	<u>As Previously Reported</u>	<u>Adjustment</u>	<u>As Restated</u>
Postretirement benefit obligations			
Balance at beginning of year	\$ 46,170,870	\$ -	\$ 46,170,870
Change during the year attributable to			
Actuarial experience (gains)/losses	-	-	-
Benefits earned and other charges	6,132,207	-	6,132,207
Changes in assumptions	<u>9,843,024</u>	<u>(25,616,439)</u>	<u>(15,773,415)</u>
Balance at end of year	<u>\$ 62,146,101</u>	<u>\$ (25,616,439)</u>	<u>\$ 36,529,662</u>

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 10, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

LOCAL 666 BENEFIT TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4i

E.I.N. 54-0848799
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares					(d) Cost	(e) Current Value
		Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares			
Short-term investments								
	PRINCIPAL DEPOSIT SWEEP PROGRAM	N/A	N/A	N/A	366,262	\$ 366,262	\$ 366,262	
U.S. Government and government agency obligations								
	FHLMC POOL #C90919	N/A	09/01/2025	5.500%	430	479	430	
	FHLMC POOL #ZK7771	N/A	10/01/2030	3.000%	285,910	293,415	275,514	
	FNMA POOL #MA1469	N/A	06/01/2028	3.000%	40,360	41,974	39,384	
	GNMA II POOL #MA0075	N/A	05/20/2027	4.000%	1,233	1,325	1,223	
	GNMA POOL #MA7025	N/A	12/20/2035	3.000%	111,717	118,996	104,693	
	US TREASURY NOTE	N/A	02/28/2025	1.125%	2,750,000	2,717,151	2,736,003	
	US TREASURY NOTE	N/A	11/15/2025	2.250%	750,000	754,282	737,168	
	US TREASURY NOTE	N/A	02/15/2026	1.625%	1,700,000	1,581,712	1,651,431	
	US TREASURY NOTE	N/A	09/15/2026	4.625%	1,800,000	1,804,912	1,810,728	
	US TREASURY NOTE	N/A	02/15/2027	2.250%	2,645,000	2,506,779	2,538,301	
	US TREASURY NOTE	N/A	02/15/2028	2.750%	2,470,000	2,333,668	2,358,480	
	US TREASURY NOTE	N/A	01/31/2029	4.000%	1,075,000	1,065,124	1,060,273	
	US TREASURY NOTE	N/A	11/15/2026	2.000%	1,000,000	923,766	959,760	
	Total U.S. Government and government agency obligations					14,143,583	14,273,388	
Corporate obligations								
	ALLSTATE CORP	N/A	06/24/2029	5.050%	250,000	250,655	251,138	
	AMERICAN EXPRESS CO	N/A	03/04/2025	2.250%	245,000	244,111	244,248	
	AMERICAN EXPRESS V-D	N/A	02/16/2028	5.098%	250,000	252,223	251,443	
	ANHEUSER-BUSCH INBEV	N/A	01/23/2029	4.750%	200,000	200,090	199,920	
	AON NORTH AMERICA	N/A	03/01/2027	5.125%	250,000	250,368	251,713	
	APPLE INC	N/A	02/23/2026	3.250%	100,000	104,113	98,794	
	ARCHER-DANIELS-MIDLA	N/A	08/11/2026	2.500%	250,000	233,951	241,653	
	AT&T INC	N/A	02/01/2028	1.650%	250,000	230,428	227,330	
	BANK OF AMERICA ABS	N/A	04/17/2028	5.000%	300,000	299,414	301,536	
	BANK OF NY MELLON CO	N/A	05/04/2026	2.800%	200,000	195,210	195,636	
	BANK5 CMO V-M	N/A	10/15/2057	4.830%	305,000	308,044	301,221	
	CAMPBELL SOUP CO	N/A	03/19/2025	3.300%	225,000	233,226	224,249	
	CAPITAL ONE ABS	N/A	05/15/2028	4.420%	330,000	325,385	330,036	
	CAPITAL ONE FINANCIA	N/A	02/05/2025	3.200%	250,000	256,120	249,950	
	CARMAX AUTO ABS	N/A	02/15/2028	4.060%	630,000	619,516	625,659	
	CHARLES SCHWAB CORP	N/A	04/01/2027	3.300%	315,000	292,027	305,950	
	CINTAS CORPORATION	N/A	04/01/2027	3.700%	200,000	196,968	196,038	
	CITIGROUP INC	N/A	10/21/2026	3.200%	200,000	212,404	194,498	
	COMMONWEALTH EDISON	N/A	08/15/2028	3.700%	150,000	145,134	144,746	
	CONSOLIDATED EDISON	N/A	12/01/2026	2.900%	150,000	152,621	144,959	
	CSX CORP	N/A	12/01/2028	6.800%	200,000	215,057	211,906	
	CSX CORP	N/A	05/01/2027	7.950%	200,000	226,024	213,128	
	DOWDUPONT INC	N/A	11/15/2025	4.493%	175,000	190,586	174,563	
	DUKE ENERGY FLORIDA	N/A	02/01/2028	6.750%	100,000	107,029	104,858	
	EATON CORP	N/A	05/18/2028	4.350%	250,000	247,448	247,893	
	ENTERPRISE PRODUCTS	N/A	02/15/2025	3.750%	200,000	203,711	199,712	
	ENTERPRISE PRODUCTS	N/A	01/11/2027	4.600%	250,000	250,528	250,063	
	EQUITABLE COS INC	N/A	04/01/2028	7.000%	200,000	217,146	211,798	
	FIFTH THIRD BANCORP	N/A	01/28/2025	2.375%	200,000	209,394	199,612	
	FISERV INC	N/A	07/01/2026	3.200%	175,000	184,853	171,147	
	GENERAL DYNAMICS COR	N/A	04/01/2027	3.500%	300,000	288,666	293,478	
	GENERAL MILLS INC	N/A	04/17/2025	4.000%	100,000	100,340	99,735	
	GENUINE PARTS CO	N/A	02/01/2025	1.750%	150,000	142,434	149,597	
	GM FINL AUTO ABS	N/A	02/22/2028	5.090%	500,000	498,184	503,120	
	GOLDMAN SACHS GROUP	N/A	01/26/2027	3.850%	185,000	180,863	181,544	
	GOVT NATL MTG ASSN	N/A	07/16/2045	1.750%	45,594	46,221	42,608	

LOCAL 666 BENEFIT TRUST FUND

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

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, PART IV, LINE 4f

E.I.N. 54-0848799
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares					(d) Cost	(e) Current Value
		Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares			
	HONEYWELL INTL INC	N/A	07/30/2027	4.650%	300,000	\$ 300,018	\$ 301,092	
	HYUNDAI AUTO REC ABS	N/A	10/15/2026	2.220%	201,137	197,805	199,630	
	KEYCORP	N/A	04/06/2027	2.250%	250,000	221,672	235,878	
	LILLY ELI & CO NT	N/A	06/01/2025	7.125%	150,000	181,622	151,317	
	LOWE'S COS INC	N/A	04/15/2025	4.000%	200,000	214,064	199,584	
	MARKEL CORP	N/A	11/01/2027	3.500%	175,000	160,673	168,921	
	MARRIOTT INTERNATIONAL	N/A	04/15/2029	4.900%	250,000	243,550	249,523	
	MCDONALD'S CORP	N/A	09/01/2025	1.450%	200,000	188,956	195,798	
	MCKESSON CORP	N/A	09/15/2029	4.250%	250,000	251,290	244,428	
	MERCEDES-BENZ ABS	N/A	01/18/2028	5.320%	305,000	304,964	308,626	
	MICROSOFT CORP	N/A	08/08/2026	2.400%	300,000	285,822	291,000	
	MONDELEZ INTERNATION	N/A	05/04/2025	1.500%	115,000	112,195	113,690	
	NIKE INC	N/A	03/27/2027	2.750%	100,000	93,110	96,401	
	ONEOK INC	N/A	03/01/2026	5.000%	225,000	220,543	225,347	
	PARKER-HANNIFIN CORP	N/A	03/01/2027	3.250%	250,000	243,140	242,830	
	PFIZER INVT ENTERPRI	N/A	05/19/2028	4.450%	250,000	246,305	247,803	
	PHILLIPS 66	N/A	02/15/2026	1.300%	150,000	137,901	144,524	
	PROGRESSIVE CORP	N/A	03/15/2027	2.500%	250,000	228,785	239,353	
	PROLOGIS LP	N/A	10/01/2026	3.250%	200,000	207,682	195,756	
	PUBLIC SERVICE ELECT	N/A	09/01/2028	3.650%	275,000	259,801	264,484	
	QUALCOMM INC	N/A	05/20/2027	3.250%	350,000	326,491	340,414	
	RPM INTERNATIONAL IN	N/A	03/15/2027	3.750%	250,000	233,018	244,348	
	RTX CORPORATION	N/A	05/04/2027	3.125%	200,000	189,382	193,048	
	SCHLUMBERGER INVST	N/A	05/15/2028	4.500%	250,000	243,873	248,023	
	SNAP-ON INC	N/A	03/01/2027	3.250%	250,000	241,203	242,868	
	SYSCO CORPORATION	N/A	07/15/2026	3.300%	200,000	195,990	195,862	
	THERMO FISHER SCIENT	N/A	01/31/2029	5.000%	200,000	204,310	201,692	
	T-MOBILE USA INC	N/A	04/15/2025	3.500%	200,000	209,062	199,096	
	TRUIST FINL MTN V-D	N/A	01/26/2029	4.873%	200,000	194,794	198,954	
	US BANCORP V-D	N/A	07/22/2028	4.548%	150,000	146,106	148,773	
	VIRGINIA ELEC & PWR	N/A	05/15/2027	3.750%	125,000	122,073	122,415	
	VR BANK OF AMERICA	N/A	04/23/2027	3.559%	300,000	299,359	295,182	
	VR JPMORGAN CHASE &	N/A	01/29/2027	3.960%	350,000	338,714	347,281	
	VR MORGAN STANLEY	N/A	05/04/2027	1.699%	350,000	311,887	335,486	
	WALT DISNEY COMPANY	N/A	10/30/2025	7.700%	200,000	223,130	204,766	
	WELLS FARGO & COMPAN	N/A	04/22/2026	3.000%	185,000	171,552	180,954	
	WELLS FARGO & COMPAN	N/A	09/29/2025	3.550%	100,000	110,491	99,194	
	WESTLAKE CHEMICAL CO	N/A	08/15/2026	3.600%	175,000	181,839	171,427	
	WILLIAMS COS INC	N/A	08/15/2028	5.300%	200,000	203,250	201,912	
	WISCONSIN ELEC PWR	N/A	06/01/2028	6.500%	250,000	262,716	262,021	
	WORLD OMNI AUTO ABS	N/A	03/15/2028	1.900%	375,000	354,668	363,799	
	Total corporate obligations					<u>17,374,298</u>	<u>17,348,979</u>	
	Registered investment company							
	SPDR S&P 500 ETF	N/A	N/A	N/A	6,410	<u>2,210,633</u>	<u>3,756,773</u>	
	Total assets (held at end of year)					<u>\$ 34,094,776</u>	<u>\$ 35,745,402</u>	

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.

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 LOCAL 666 BENEFIT TRUST FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/1968
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) LOCAL 666 BENEFIT TRUST FUND 2001 CALDWELL DRIVE GOODLETTSVILLE TN 37072	2b Employer Identification Number (EIN) 54-0848799 2c Plan Sponsor's telephone number 615-859-0131 2d Business code (see instructions) 238210

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		10/13/2025	LUTHER B. DUNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 Mr. Richard Padilla (Oct 13, 2025 10:25:21 EDT)	10/13/2025	RICHARD PADILLA
	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	1,282
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)	1,063
a(2) Total number of active participants at the end of the plan year	6a(2)	1,165
b Retired or separated participants receiving benefits	6b	266
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,431
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	37

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

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

4A 4B 4D 4E 4F

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 3 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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LOCAL 666 BENEFIT TRUST FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

FORM 5500, PART IV, SCHEDULE H, LINE 4j

E.I.N. 54-0848799
PLAN NO. 501

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Principal Deposit Sweep Program	\$ 13,237,035	\$ -	N/A	N/A	\$ 13,237,035	\$ 13,237,035	N/A
	Principal Deposit Sweep Program	-	13,092,203	N/A	N/A	13,092,203	13,092,203	\$ -
	US Treasury Note 2.5000% 5/31/24	1,984,850	-	N/A	N/A	1,984,850	1,984,850	N/A
	US Treasury Note 2.5000% 5/31/24	-	2,000,000	N/A	N/A	1,984,850	2,000,000	15,150
	US Treasury Note 4.625% 9/15/26	1,804,912	-	N/A	N/A	1,804,912	1,804,912	N/A
	US Treasury Note 2.75% 2/15/24	-	2,899,448	N/A	N/A	3,051,065	2,899,448	(151,617)
	US Treasury Note 1.875% 8/31/24	1,983,464	-	N/A	N/A	1,983,464	1,983,464	N/A
	US Treasury Note 1.875% 8/31/24	-	1,997,505	N/A	N/A	1,983,464	1,997,505	14,041