

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan MO-KAN TEAMSTERS HEALTH & WELFARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1971
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) MO-KAN TEAMSTERS HEALTH AND WELFARE FUND PO BOX 909500 KANSAS CITY, MO 64190-9500
2b Employer Identification Number (EIN) 43-6124888
2c Plan Sponsor's telephone number 816-595-3357
2d Business code (see instructions) 484200

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 JULIE FOSTER and GREG DAVEY.

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	693
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)	539
	6a(2)	501
	6b	209
	6c	
	6d	710
	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	84

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 4D 4E 4F 4L

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;">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 MO-KAN TEAMSTERS HEALTH & WELFARE 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 MO-KAN TEAMSTERS HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 43-6124888</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
SIERRA HEALTH AND LIFE INSURANCE COMPANY, 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
94-0734860	71420	H2001	210	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
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(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			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(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	571530
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 MO-KAN TEAMSTERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 43-6124888	

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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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)

WILSON-MCSHANE CORP

41-0956552

(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 12 13 50	THIRD PARTY ADMINISTRATOR	373149	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)

BLUE CROSS BLUE SHIELD

43-1257251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	PPO	179813	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)

SEGAL CONSULTING

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	PLAN CONSULTANT	135108	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)

ARNOLD, NEWBOLD, SOLLARS & HOLLINS

43-1174269

(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	FUND LEGAL COUNSEL	118184	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)

CONSTRUCTION BENEFIT AUDIT CORP

43-1244218

(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 50	NONE	80493	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)

ANDERS CPAS + ADVISORS

43-0831507

(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 50	FUND AUDITOR	42945	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)

CVS CAREMARK

750 W. JOHN CARPENTER FREEWAY
IRVING, TX 75309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	37400	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)

COMMERCE TRUST CO

44-0206815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22942	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)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	10000	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)

BURR OAK CONSULTING LLC

301 SOVEREIGN CT. SUITE 110
BALLWIN, MO 63011

(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	6500	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)

BUSINESS HEALTH COALITION

8826 SANTA FE DR SUITE 211
OVERLAND PARK, KS 66212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	5500	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 MO-KAN TEAMSTERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 43-6124888

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	313248	192583
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	746441	994599
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	381022	314248
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1469116	2402382
(2) U.S. Government securities	1c(2)	3455681	3579689
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5481162	5648005
(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)	2416019	1869878
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	255009	433962

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14517698	15435346
Liabilities			
g Benefit claims payable.....	1g	928700	776200
h Operating payables.....	1h	34730	34539
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	217016	140873
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1180446	951612
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13337252	14483734

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)	8985295	
(B) Participants.....	2a(1)(B)	778421	
(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)		9763716
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42341	
(B) U.S. Government securities.....	2b(1)(B)	80916	
(C) Corporate debt instruments.....	2b(1)(C)	200460	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	11138	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		334855
(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)	27254	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		27254
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5700798	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5658734	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		42064
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	96517	
(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)		471605
c Other income	2c		12620
d Total income. Add all income amounts in column (b) and enter total.....	2d		10748631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8040807	
(2) To insurance carriers for the provision of benefits	2e(2)	571530	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8612337
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)	368551	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	129938	
(5) Investment advisory and investment management fees	2i(5)	33888	
(6) Bank or trust company trustee/custodial fees	2i(6)	2595	
(7) Actuarial fees	2i(7)	135108	
(8) Legal fees	2i(8)	118184	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	201548	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		989812
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9602149

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1146482
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: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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 _____.

MO-KAN TEAMSTERS HEALTH & WELFARE FUND

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

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Independent Auditors' Report

Board of Trustees
MO-KAN Teamsters Health & Welfare Fund
Kansas City, MO

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional 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 GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



Chesterfield, Missouri

October 10, 2025

MO-KAN Teamsters Health & Welfare Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	<u>\$ 13,933,916</u>	<u>\$ 13,076,987</u>
Receivables		
Employer contributions	994,599	746,441
Rebates and reimbursements	203,314	288,368
Dividends and interest	82,845	64,565
Other receivables	<u>19,572</u>	<u>19,572</u>
Total Receivables	<u>1,300,330</u>	<u>1,118,946</u>
Cash - Noninterest Bearing	192,583	313,248
Prepaid Expenses	<u>8,517</u>	<u>8,517</u>
Total Assets	<u>15,435,346</u>	<u>14,517,698</u>
Liabilities		
Accounts Payable and Accrued Expenses	34,539	34,730
Due to Related Party	<u>140,873</u>	<u>217,016</u>
Total Liabilities	<u>175,412</u>	<u>251,746</u>
Net Assets Available for Benefits	<u>\$ 15,259,934</u>	<u>\$ 14,265,952</u>

MO-KAN Teamsters Health & Welfare Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 610,186	\$ 668,682
Interest and dividends	<u>362,109</u>	<u>310,823</u>
	972,295	979,505
Less: investment expense	<u>(23,888)</u>	<u>(22,671)</u>
Net Investment Income	<u>948,407</u>	<u>956,834</u>
Contribution Income		
Employer	8,985,295	9,369,051
Participant	<u>778,421</u>	<u>849,541</u>
Total Contribution Income	9,763,716	10,218,592
Other Income	<u>12,620</u>	<u>11,210</u>
Total Additions	<u>10,724,743</u>	<u>11,186,636</u>
Deductions from Net Assets:		
Benefits Paid Directly to/for Participants		
Claims paid	8,153,213	9,465,804
Disability and death	40,094	56,301
Insurance premiums	<u>571,530</u>	<u>586,447</u>
Total Benefits Paid	8,764,837	10,108,552
Administrative Expenses	<u>965,924</u>	<u>936,356</u>
Total Deductions	<u>9,730,761</u>	<u>11,044,908</u>
Net Increase	993,982	141,728
Net Assets Available for Benefits, Beginning of Year	<u>14,265,952</u>	<u>14,124,224</u>
Net Assets Available for Benefits, End of Year	<u>\$ 15,259,934</u>	<u>\$ 14,265,952</u>

MO-KAN Teamsters Health & Welfare Fund
Statements of Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Claims payable	\$ 155,200	\$ 185,700
Claims incurred but not reported ("IBNR")	<u>621,000</u>	<u>743,000</u>
Total Amounts Currently Payable	776,200	928,700
 Postemployment Benefit Obligations, at Estimated Amounts:		
Accumulated eligibility credits	<u>5,537,800</u>	<u>6,188,400</u>
Total Obligations Other than Postretirement Benefit Obligations	<u>6,314,000</u>	<u>7,117,100</u>
 Postretirement Benefit Obligations		
Retired participants, beneficiaries, and dependents	4,148,218	3,532,352
Other participants fully eligible for benefits	645,721	341,276
Other participants not yet fully eligible for benefits	<u>4,059,313</u>	<u>3,762,492</u>
Total Postretirement Benefit Obligations	<u>8,853,252</u>	<u>7,636,120</u>
 Total Benefit Obligations, End of Year	<u>\$ 15,167,252</u>	<u>\$ 14,753,220</u>

MO-KAN Teamsters Health & Welfare 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	\$ 928,700	\$ 1,086,500
Claims and premiums incurred	(8,917,337)	(10,266,352)
Claims and premiums paid	8,764,837	10,108,552
Balance at end of year	776,200	928,700
Postemployment Benefit Obligations at Estimated Amounts:		
Balance at beginning of year	6,188,400	4,751,200
Net change during year	(650,600)	1,437,200
Balance at end of year	5,537,800	6,188,400
Total Obligations Other than Postretirement Benefit Obligations	6,314,000	7,117,100
Postretirement Benefit Obligations		
Balance at beginning of year	7,636,120	5,341,424
Increase (decrease) during the year attributable to:		
Benefits earned	239,508	63,438
Actuarial experience gain	-	(57,325)
Changes in actuarial assumptions	1,013,569	2,288,583
Plan amendments	(35,945)	-
Balance at end of year	8,853,252	7,636,120
Total Benefit Obligations, End of Year	\$ 15,167,252	\$ 14,753,220

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of MO-KAN Teamsters Health & Welfare Fund (the "Plan") provides only general information. Participants of the Plan should refer to the Plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan. The Plan was established in 1971, pursuant to a collective bargaining agreement ("CBA") between the Building Material, Excavating, Heavy Haulers, Drivers, Warehousemen and Helpers, Local No. 541 (the "Union") and the participating employers (the "Employers") to provide medical, vision, pharmacy, dental, life, accidental death and dismemberment, and disability benefits to participants and eligible beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

Participants become eligible for benefits on the first day of the second calendar month following any calendar month in which the Plan receives at least 250 hours of contributions from an Employer in three or less consecutive calendar months.

Participants will be eligible for the succeeding month if the Plan has received contributions from an Employer on their behalf and meets one of the following conditions: 1) 250 hours of employment during the last three consecutive months; 2) 500 hours of employment during the last six consecutive months; or 3) 1,000 hours of employment during the last twelve consecutive months. Participants may also continue to remain eligible for certain benefits through the use of accumulated eligibility credits for times of unemployment or after termination through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Contributions

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements as approved by the Trustees.

Participant contributions are allowed to provide COBRA benefits and participants pay the full cost of such benefits. Retired participants are also required to make contributions for their benefits.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Benefits

The Plan provides medical, vision, pharmacy, dental, life, accidental death and dismemberment, and disability benefits for participants and their families, as specified in the plan document. All of these benefits are self-insured by the Plan with the exception of retiree medical. This is provided under a group insurance contract. The premiums for these insured benefits are paid from the assets of the Plan. The claims for all self-insured benefits are processed by the Plan's third-party claims processor. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan also uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Death and Accidental Death and Dismemberment Benefits

The Plan provides death benefits for eligible active participants in the amount of \$15,000 for participants and \$2,000 for spouses. Additionally, the Plan provides accidental death and dismemberment benefits for eligible active participants in the amount of \$7,500 for active eligible employees only. These benefits are paid directly from Plan assets.

Disability Benefits

All active Plan participants receive accident and sickness disability coverage. Benefits begin on the first day of disability caused by accidental bodily injury or the eighth day of disability caused by sickness. The maximum benefit for any one continuous period of disability is thirteen weeks, in the amount of \$250 per week. During partial disability, payments will be made at the daily rate of one-fifth of the weekly benefit. Coverage is provided from Plan assets.

Plan Management

Wilson-McShane Corporation, an employee benefit fund management company, has been retained by the Trustees to administer the activities and operations of the Plan on a contractual basis. Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by Wilson-McShane Corporation. The agreement expired in March 2022 and was extended for three years through March 31, 2025. The monthly fees for this agreement are \$28,700 through March 2023, \$29,850 through March 2024, and \$31,000 through March 2025. The agreement was extended for three years after March 2025 through March 31, 2028. The monthly fees for this agreement are \$32,000 through March 2026, \$33,000 through March 2027, and \$34,000 through March 2028.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, accumulated eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Employer Contributions Receivable

Employer contributions receivable represent Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not received by year end. Employer contributions receivables are reported at their outstanding balances, net of an estimate for credit losses. Management determines the allowance for credit losses by regularly evaluating individual Employer contributions receivables and considers the Employer's financial condition, payment history, current economic conditions, and management's expectation of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

Refunds and Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Rebates due at year end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded on the statements of changes in net assets as a reduction of claims paid. Pharmacy rebates totaled \$939,220 and \$1,047,255 for the years ended December 31, 2024 and 2023, respectively.

Payment of Benefits

Premiums paid are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

Plan Benefit Obligations

Plan benefit obligations for health claims incurred by active participants but not reported at year-end, and for accumulated eligibility credits of participants at year-end are estimated by the Plan's consultant. The postemployment benefit obligation of accumulated eligibility credits is calculated based on the number of months of future eligibility earned under the terms of the Plan as of year-end, multiplied by the Plan's estimated monthly benefit cost per individual. Such estimated amounts are reported in the accompanying statements of benefit obligations at present value. Postretirement benefit obligations are determined in accordance with accepted actuarial principles by the Plan's actuary.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan also pays administrative fees to third-party claims administrators. These expenses are reported on the statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 10, 2025, the date on which the financial statements were available to be issued.

3. Postretirement Benefit Obligations

The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to December 31st. Postretirement benefits are 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 Employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating Employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The obligation is net of anticipated self-payments.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's 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.

The current medical trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. The medical trend rate assumed for the years ended December 31, 2024 and 2023 was 7.75% and 8.00%, respectively, per year for the first year, then graded down each year over 10 years to an ultimate rate of 4.50%. If the assumed rates increased by one percentage point in each year, it would increase the postretirement obligation as of December 31, 2024 and 2023, to \$1,066,090 and \$955,877, respectively.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

Actuarial Cost Method:	Projected unit credit cost method in compliance with ASC 965
Discount Rates:	5.50% and 4.75% for 2024 and 2023, respectively
Mortality Rates: Healthy	2024 and 2023 - 110% of PRI-2012 Headcount-weighted Healthy Blue Collar Retiree Mortality Table, projected generationally from 2012 with Scale MP-2020
Disabled	2024 and 2023 - 110% of PRI-2012 Headcount-weighted Disabled Retiree Mortality Table, projected generationally from 2012 with Scale MP-2020
Administrative Expenses:	For 2024 and 2023, \$690 and \$670, respectively, per participant increasing at 3.0% per year added to projected incurred claims costs in developing the benefit obligations.

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

The Plan's deficiency of net assets over benefit obligations at December 31, 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBA. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates, reductions in benefits, or existing Plan assets.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

- Level 2 Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds, a registered investment company ("mutual fund"), and certificates of deposit. The money market funds are valued at the closing price reported on the active market on which the individual security is traded. The mutual fund is recorded at the closing price recorded by the fund. This is an open ended mutual fund and is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value ("NAV") and to transact at that price. The mutual fund held by the plan is deemed to be actively traded. The certificates of deposit are valued at cost plus accrued interest, which approximates fair value.

Level 2 investments consist of a U.S. government and agency securities, corporate bonds, and municipal bonds which are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 2,104,369	\$ 2,104,369	\$ -	\$ -
U.S. government and agency securities	3,579,689	-	3,579,689	-
Corporate bonds	5,648,005	-	5,648,005	-
Municipal bonds	433,962	-	433,962	-
Mutual fund	1,869,878	1,869,878	-	-
Certificates of deposit	298,013	298,013	-	-
Total assets in fair value hierarchy	<u>\$ 13,933,916</u>	<u>\$ 4,272,260</u>	<u>\$ 9,661,656</u>	<u>\$ -</u>
	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 1,176,425	\$ 1,176,425	\$ -	\$ -
U.S. government and agency securities	3,455,681	-	3,455,681	-
Corporate bonds	5,481,162	-	5,481,162	-
Municipal bonds	255,009	-	255,009	-
Mutual fund	2,416,019	2,416,019	-	-
Certificate of deposit	292,691	292,691	-	-
Total assets in fair value hierarchy	<u>\$ 13,076,987</u>	<u>\$ 3,885,135</u>	<u>\$ 9,191,852</u>	<u>\$ -</u>

5. Related Party Transactions

The Plan is related through common membership to Mo-Kan Teamsters Pension Fund (the "Pension Fund"), Teamsters Local Union No. 541 Vacation-Holiday Fund, and the Union. The Plan is the common collection entity for Employer contributions. Under this arrangement, the Plan collects all contributions from Employers and allocates and remits them monthly to the respective affiliates. As of December 31, 2024 and 2023, contributions collected and not yet remitted amounted to \$141,133 and \$217,016, respectively.

The total amount due from the Mo-Kan Teamsters Pension Fund for underpayment of premium benefits amounted to \$260 for the year ended December 31, 2024.

Health and welfare premiums for retired participants are withheld from pension benefit checks paid by the Pension Fund and paid to the Plan. Amounts received from the Pension Fund for retiree health and welfare premiums amounted to \$709,950 and \$781,177 for the years ended December 31, 2024 and 2023, respectively.

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

6. Plan Amendments

In January 2024, the Trustees approved an amendment to the Plan to require a pre-admission notification before being admitted to the hospital.

In January 2024, the Trustees approved an amendment to the Plan to provide coverage for out of network vaccines at 100%, including flu shots.

In May 2023, the Trustees approved an amendment to the Plan to provide coverage for out of network COVID vaccines at 100% of the usual and customary price.

In June 2023, the Trustees approved an amendment to the Plan to require prior authorization for certain prescription drugs.

7. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to modify the benefits provided to eligible active employees. The Plan may be terminated only by joint agreement between the Employers and the Union, subject to the provisions set forth in ERISA.

Should the Plan terminate, any assets remaining shall be used solely for purposes of providing benefits and defraying the reasonable cost of administering the Plan. No assets shall revert to the Employers.

8. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated July 24, 2007, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken, or expected to be taken, that would require the recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations prior to 2021. The Plan is also subject to routine audits by the DOL generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

MO-KAN Teamsters Health & Welfare Fund
Notes to Financial Statements
December 31, 2024 and 2023

9. Risks and Uncertainties

Investments

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

Contributions

The majority of receivables are from teamster Employers primarily located in or working in Kansas City, Missouri. The Plan generally does not require collateral, but in some cases can require a performance bond.

Actuarial Present Value

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

10. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 15,259,934	\$ 14,265,952
Less: claims payable at year end	<u>(776,200)</u>	<u>(928,700)</u>
Net assets available for benefits per the Form 5500	<u>\$ 14,483,734</u>	<u>\$ 13,337,252</u>

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

Benefits paid per the financial statements	\$ 8,764,837
Plus: claims payable current year	776,200
Less: claims payable prior year	<u>(928,700)</u>
Benefits paid per Form 5500	<u>\$ 8,612,337</u>

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	GS FINANCIAL SQUARE GOVERNMENT #465	\$ 734,364	\$ 734,364
	BANK OF LABOR - SWEEP ACCOUNT	<u>1,370,005</u>	<u>1,370,005</u>
	TOTAL MONEY MARKET FUNDS	<u>2,104,369</u>	<u>2,104,369</u>
U.S. GOVERNMENT & AGENCY SECURITIES:			
	FED FARM CR BK 4% 1/06/28	101,146	99,037
	FHLM POOL #QN4156 1.5% 11/01/35	72,154	72,438
	FHLM POOL #SB1175 5% 5/01/39	57,654	57,576
	FHLM POOL #ZS8584 2.5% 10/01/30	30,614	27,721
	FHLM REMIC 1.5% 3/25/51	65,585	54,070
	FHML REMIC 3% 9/25/49	84,180	84,221
	FNMA POOL #MA1297 3.5% 12/01/27	8,220	7,850
	FNMA REMIC 3% 1/25/45	170,723	171,785
	FNMA REMIC 1.5% 11/25/27	10,965	10,689
	FNMA REMIC TRUST 2% 5/25/41	45,872	42,778
	FNMA REMIC 2022-38 4.5% 4/25/47	107,732	101,918
	GNMA REMIC TRUST 4.5% 6/20/52	75,186	77,140
	U S TREASURY NOTE 1.5% 11/30/28	200,619	202,079
	U S TREASURY NOTE 0.75% 5/31/26	315,081	300,012
	U S TREASURY NOTE 2.25% 8/15/27	228,135	237,635
	U S TREASURY NOTE 2.25% 11/15/27	258,825	264,732
	U S TREASURY NOTE 3.25% 6/30/29	190,969	190,846
	U S TREASURY NOTE 0.375% 11/30/25	194,336	193,132
	U S TREASURY NOTE 0.625% 7/31/26	178,748	170,109
	U S TREASURY NOTE 1.625% 5/15/26	103,957	96,519
	U S TREASURY NOTE 2.375% 5/15/27	73,104	71,825
	U S TREASURY NOTE 2.625% 2/15/29	92,211	93,493
	U S TREASURY NOTE 3.875% 12/31/29	343,793	341,936
	U S TREASURY TIPS 0.125% 4/15/25	103,344	121,427
	U S TREASURY NOTE 1.75% 1/31/29	89,348	90,301
	U S TREASURY NOTE 4.125% 10/31/27	<u>407,222</u>	<u>398,420</u>
	TOTAL U.S. GOVERNMENT & AGENCY SECURITIES	<u>3,609,723</u>	<u>3,579,689</u>
CORPORATE BONDS:			
	ACE INA HLDG INC 3.35% 5/03/26	110,333	98,445
	AIR LEASE CORP 5.85% 12/15/27	49,481	51,254
	ALPHABET INC 0.45% 8/15/25	69,931	68,330
	AMAZON.COM INC 4.55% 12/01/27	89,948	90,541

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	AMGEN INC 1.9% 2/21/25	\$ 49,898	\$ 49,801
	ASTRAZENECA FINANCE 1.75% 5/28/28	90,950	95,271
	BANK MONTREAL 5.717% 9/25/28	100,000	102,541
	BERKSHIRE HATHAWAY 3.5% 2/01/25	91,916	84,863
	BHP BILLITON FIN 5.1% 9/08/28	96,172	95,874
	BK NEW YORK MELLON 3.3% 8/23/29	104,198	102,186
	BMO HARRIS BK 4.5% 5/16/28	150,000	149,748
	CAMDEN PPTY TR 3.15% 7/01/29	100,432	102,172
	CAPITAL ONE FINL CORP 3.75% 7/28/26	64,061	58,885
	CATERPILLAR FINL SVCS 4.85% 2/27/29	99,864	100,531
	COLGATE PALMOLIVE 3.1% 8/15/27	99,880	96,753
	CUMMINS INC 0.75% 9/01/25	94,827	92,609
	DAIMLER TRUCKS TR 5.23% 2/17/26	30,714	30,753
	DUKE ENERGY CAROLINAS 3.95% 11/15/28	90,222	92,247
	ELI LILLY 4.2% 8/14/29	99,781	97,906
	EMORY UNIVERSITY 1.566% 9/01/25	75,000	73,447
	ENERGY TRANSFER L P 5.25% 7/01/29	44,909	45,214
	ENTERGY TEXAS INC 1.5% 9/01/26	49,882	47,321
	EQUIFAX INC 5.1% 6/01/28	49,852	50,187
	EXXON MOBIL 2.992% 3/19/25	104,527	94,704
	FACTSET RESEARCH SYS 2.9% 3/01/27	49,915	48,020
	FLORIDA PWR & LT CO 4.4% 5/15/28	84,944	84,152
	GATX CORP 5.4% 3/15/27	49,957	50,560
	GENERAL DYNAMICS CORP 1.15% 6/01/26	93,336	90,772
	GENERAL MTRS CO INC 2.35% 2/26/27	49,951	47,378
	GOLDMAN SACHS BK 5.414% 5/21/27	101,264	100,780
	HOLLYFRONTIER CORP 5.875% 4/01/26	45,952	40,252
	HONEYWELL INTL INC 4.65% 7/30/27	99,997	100,364
	HORACE MANN EDUCATORS 7.25% 9/15/28	50,675	53,280
	INTUIT INC 0.95% 7/15/25	79,937	78,477
	JOHN DEERE CAP CORP 4.95% 7/14/28	99,851	100,963
	JOHNSON & JOHNSON 0.55% 9/01/25	99,891	97,504
	JP MORGAN CHASE BK 4.203% 7/23/29	96,375	97,310
	KENTUCKY UTILS CO 3.3% 10/01/25	86,950	79,226
	LOCKHEED MARTIN 4.45% 5/15/28	84,847	84,358
	MASTER ADJ MTG 2A1 V/R 4/21/34	1,209	1,162
	MASTERCARD INC 4.875% 3/09/28	99,903	101,137

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	MID-AMERICA APTS 4.2% 6/15/28	\$ 91,393	\$ 92,880
	MITSUBISHI FINL 3.837% 4/17/26	80,000	79,720
	MORGAN STANLEY 3.875% 1/27/26	88,563	89,303
	NATIONAL RURAL 3.4% 2/07/28	93,548	96,017
	NATL FUEL GAS CO 5.5% 1/15/26	67,331	60,233
	NORTHERN TR CORP 3.95% 10/30/25	92,871	89,455
	NUCOR CORP 3.95% 5/23/25	44,971	44,837
	OGE ENERGY CORP 5.45% 5/15/29	49,934	50,818
	PACCAR FINANCIAL 4% 9/26/29	99,794	96,721
	PECO ENERGY CO 3.15% 10/15/25	108,298	98,918
	PHARMACIA LLC 6.6% 12/01/28	106,592	106,283
	PHILLIPS 66 PARTNER 3.55% 10/01/26	63,841	57,477
	PNC FINANCIAL SERV 5.582% 6/12/29	101,233	101,746
	PROCTER & GAMBLE CO 1.9% 2/01/27	124,823	118,862
	PROGRESSIVE CORP 2.5% 3/15/27	89,966	86,167
	PROLOGIS LP 4.875% 6/15/28	74,542	75,182
	PUBLIC STORAGE 0.875% 2/15/26	89,450	86,371
	REALTY INCOME CORP 3.65% 1/15/28	88,460	91,723
	ROPER TECHNOLOGIES 4.5% 10/15/29	59,730	58,917
	ROYAL BK CDA 5.2% 8/01/28	88,650	90,747
	SCHWAB CHARLES CORP NE 3.2% 1/25/28	92,565	95,692
	TCI COMMUNICATIONS 7.875% 2/15/26	104,231	82,820
	TEXAS INSTRS INC 4.6% 2/08/29	99,894	99,729
	TORONTO-DOMINION BK 1.2% 6/03/26	84,996	80,943
	TOYOTA MTR CORP 5.45% 11/10/27	99,875	102,345
	US BANCORP 3% 7/30/29	100,309	100,799
	WISCONSIN PUB CORP 5.35% 11/10/25	89,980	90,518
	WORLD FIN NTWRK CR 5.02% 3/15/30	94,982	95,504
	TOTAL CORPORATE BONDS	5,752,554	5,648,005
MUNICIPAL BONDS:			
	DENVER CO PUB SCH 3.448% 12/15/26	95,826	97,928
	PHILADELPHIA REV 4.602% 9/01/29	110,000	109,264
	SOUTH BEND IND REV 4.98% 2/01/29	135,000	136,046
	SPRINGDALE ARK TAX 4.975% 8/01/27	90,000	90,724
	TOTAL MUNICIPAL BONDS	430,826	433,962

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	CERTIFICATES OF DEPOSIT:		
	CAPITAL ONE CD 3.55% 8/03/27	\$ 150,000	\$ 148,269
	MORGAN STANLEY BK CD 4.4% 4/13/28	150,000	149,744
	TOTAL CERTIFICATES OF DEPOSIT	<u>300,000</u>	<u>298,013</u>
	MUTUAL FUND:		
	VANGUARD 500 INDEX FUND ADM	<u>517,101</u>	<u>1,869,878</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u><u>\$ 12,714,573</u></u>	<u><u>\$ 13,933,916</u></u>

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
BANK OF LABOR	FS FINANCIAL SQUARE GOVT #465 (35)	\$ -	\$ 3,140,618	\$ 3,140,618	\$ 3,140,618	\$ -

**MO-KAN Teamsters Health & Welfare Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administrative fees	\$ 368,551	\$ 354,750
Administration - PPO fees	179,813	206,592
Audit	42,945	17,000
Bank processing fees	107	-
Consultant fees	151,608	172,406
Custodial fees	2,595	3,232
Field audit fees	80,493	38,201
Insurance	2,613	2,208
Legal fees	118,184	114,179
Meetings and conventions	7,025	6,925
PCORI tax	4,646	4,308
Printing and postage	2,915	3,351
Record storage	1,129	13,204
Software	3,300	-
Total Administrative Expenses	<u>\$ 965,924</u>	<u>\$ 936,356</u>

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	GS FINANCIAL SQUARE GOVERNMENT #465	\$ 734,364	\$ 734,364
	BANK OF LABOR - SWEEP ACCOUNT	<u>1,370,005</u>	<u>1,370,005</u>
	TOTAL MONEY MARKET FUNDS	<u>2,104,369</u>	<u>2,104,369</u>
U.S. GOVERNMENT & AGENCY SECURITIES:			
	FED FARM CR BK 4% 1/06/28	101,146	99,037
	FHLM POOL #QN4156 1.5% 11/01/35	72,154	72,438
	FHLM POOL #SB1175 5% 5/01/39	57,654	57,576
	FHLM POOL #ZS8584 2.5% 10/01/30	30,614	27,721
	FHLM REMIC 1.5% 3/25/51	65,585	54,070
	FHML REMIC 3% 9/25/49	84,180	84,221
	FNMA POOL #MA1297 3.5% 12/01/27	8,220	7,850
	FNMA REMIC 3% 1/25/45	170,723	171,785
	FNMA REMIC 1.5% 11/25/27	10,965	10,689
	FNMA REMIC TRUST 2% 5/25/41	45,872	42,778
	FNMA REMIC 2022-38 4.5% 4/25/47	107,732	101,918
	GNMA REMIC TRUST 4.5% 6/20/52	75,186	77,140
	U S TREASURY NOTE 1.5% 11/30/28	200,619	202,079
	U S TREASURY NOTE 0.75% 5/31/26	315,081	300,012
	U S TREASURY NOTE 2.25% 8/15/27	228,135	237,635
	U S TREASURY NOTE 2.25% 11/15/27	258,825	264,732
	U S TREASURY NOTE 3.25% 6/30/29	190,969	190,846
	U S TREASURY NOTE 0.375% 11/30/25	194,336	193,132
	U S TREASURY NOTE 0.625% 7/31/26	178,748	170,109
	U S TREASURY NOTE 1.625% 5/15/26	103,957	96,519
	U S TREASURY NOTE 2.375% 5/15/27	73,104	71,825
	U S TREASURY NOTE 2.625% 2/15/29	92,211	93,493
	U S TREASURY NOTE 3.875% 12/31/29	343,793	341,936
	U S TREASURY TIPS 0.125% 4/15/25	103,344	121,427
	U S TREASURY NOTE 1.75% 1/31/29	89,348	90,301
	U S TREASURY NOTE 4.125% 10/31/27	<u>407,222</u>	<u>398,420</u>
	TOTAL U.S. GOVERNMENT & AGENCY SECURITIES	<u>3,609,723</u>	<u>3,579,689</u>
CORPORATE BONDS:			
	ACE INA HLDG INC 3.35% 5/03/26	110,333	98,445
	AIR LEASE CORP 5.85% 12/15/27	49,481	51,254
	ALPHABET INC 0.45% 8/15/25	69,931	68,330
	AMAZON.COM INC 4.55% 12/01/27	89,948	90,541

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	AMGEN INC 1.9% 2/21/25	\$ 49,898	\$ 49,801
	ASTRAZENECA FINANCE 1.75% 5/28/28	90,950	95,271
	BANK MONTREAL 5.717% 9/25/28	100,000	102,541
	BERKSHIRE HATHAWAY 3.5% 2/01/25	91,916	84,863
	BHP BILLITON FIN 5.1% 9/08/28	96,172	95,874
	BK NEW YORK MELLON 3.3% 8/23/29	104,198	102,186
	BMO HARRIS BK 4.5% 5/16/28	150,000	149,748
	CAMDEN PPTY TR 3.15% 7/01/29	100,432	102,172
	CAPITAL ONE FINL CORP 3.75% 7/28/26	64,061	58,885
	CATERPILLAR FINL SVCS 4.85% 2/27/29	99,864	100,531
	COLGATE PALMOLIVE 3.1% 8/15/27	99,880	96,753
	CUMMINS INC 0.75% 9/01/25	94,827	92,609
	DAIMLER TRUCKS TR 5.23% 2/17/26	30,714	30,753
	DUKE ENERGY CAROLINAS 3.95% 11/15/28	90,222	92,247
	ELI LILLY 4.2% 8/14/29	99,781	97,906
	EMORY UNIVERSITY 1.566% 9/01/25	75,000	73,447
	ENERGY TRANSFER L P 5.25% 7/01/29	44,909	45,214
	ENTERGY TEXAS INC 1.5% 9/01/26	49,882	47,321
	EQUIFAX INC 5.1% 6/01/28	49,852	50,187
	EXXON MOBIL 2.992% 3/19/25	104,527	94,704
	FACTSET RESEARCH SYS 2.9% 3/01/27	49,915	48,020
	FLORIDA PWR & LT CO 4.4% 5/15/28	84,944	84,152
	GATX CORP 5.4% 3/15/27	49,957	50,560
	GENERAL DYNAMICS CORP 1.15% 6/01/26	93,336	90,772
	GENERAL MTRS CO INC 2.35% 2/26/27	49,951	47,378
	GOLDMAN SACHS BK 5.414% 5/21/27	101,264	100,780
	HOLLYFRONTIER CORP 5.875% 4/01/26	45,952	40,252
	HONEYWELL INTL INC 4.65% 7/30/27	99,997	100,364
	HORACE MANN EDUCATORS 7.25% 9/15/28	50,675	53,280
	INTUIT INC 0.95% 7/15/25	79,937	78,477
	JOHN DEERE CAP CORP 4.95% 7/14/28	99,851	100,963
	JOHNSON & JOHNSON 0.55% 9/01/25	99,891	97,504
	JP MORGAN CHASE BK 4.203% 7/23/29	96,375	97,310
	KENTUCKY UTILS CO 3.3% 10/01/25	86,950	79,226
	LOCKHEED MARTIN 4.45% 5/15/28	84,847	84,358
	MASTER ADJ MTG 2A1 V/R 4/21/34	1,209	1,162
	MASTERCARD INC 4.875% 3/09/28	99,903	101,137

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

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	SPRINGDALE ARK TAX 4.975% 8/01/27	90,000	90,724
	TOTAL MUNICIPAL BONDS	430,826	433,962

MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	CERTIFICATES OF DEPOSIT:		
	CAPITAL ONE CD 3.55% 8/03/27	\$ 150,000	\$ 148,269
	MORGAN STANLEY BK CD 4.4% 4/13/28	150,000	149,744
	TOTAL CERTIFICATES OF DEPOSIT	<u>300,000</u>	<u>298,013</u>
	MUTUAL FUND:		
	VANGUARD 500 INDEX FUND ADM	<u>517,101</u>	<u>1,869,878</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u><u>\$ 12,714,573</u></u>	<u><u>\$ 13,933,916</u></u>

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 MO-KAN TEAMSTERS HEALTH & WELFARE FUND	1b Three-digit plan number (PN) <input type="checkbox"/> <u>501</u>
	1c Effective date of plan <u>01/01/1971</u>
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) MO-KAN TEAMSTERS HEALTH AND WELFARE FUND PO BOX 909500 KANSAS CITY MO 64190-9500	2b Employer Identification Number (EIN) <u>43-6124888</u> 2c Plan Sponsor's telephone number <u>816-595-3357</u> 2d Business code (see instructions) <u>484200</u>

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 <i>Julie Foster</i> Signature of plan administrator	<u>10/14/2025</u> Date	JULIE FOSTER Enter name of individual signing as plan administrator
SIGN HERE <i>Gregory J. Davey</i> Signature of employer/plan sponsor	<u>10/14/2025</u> Date	GREG DAVEY 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
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5 Total number of participants at the beginning of the plan year	5	693
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)	539
a (2) Total number of active participants at the end of the plan year	6a(2)	501
b Retired or separated participants receiving benefits	6b	209
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	710
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	84

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 4D 4E 4F 4L

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 type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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MO-KAN Teamsters Health & Welfare Fund
EIN: 43-6124888 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
BANK OF LABOR	FS FINANCIAL SQUARE GOVT #465 (35)	\$ -	\$ 3,140,618	\$ 3,140,618	\$ 3,140,618	\$ -