

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 06/01/1989
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST 12200 NW AMBASSADOR DRIVE SUITE 312 KANSAS CITY, MO 64163
2b	Employer Identification Number (EIN) 48-1069941
2c	Plan Sponsor's telephone number 913-281-5036
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JOHN FULTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	MICHAEL BRAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	60625
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)	60625
		6a(2)	64653
		6b	
		6c	
		6d	64653
		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	311

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:

4J

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST	D Employer Identification Number (EIN) 48-1069941

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

COMMON ARC

36-3595141

(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?
13 49	NONE	676672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARK GARRETT

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	EMPLOYEE / ADMINISTRATOR	381681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALERE TOXICOLOGY SERVICES, INC

72-0846066

(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?
13 49	NONE	325308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOEWS CORONADO BAY RESORT

13-1963402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	307111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAY BROPHY

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	275354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVENTION SERVICES UNLIMITED

52-2009500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	265974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REBECCA BURCH

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	254752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASEY TIBBS

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	238321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE K LEARNING GROUP

27-4428760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	180912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REBECCA PIETZ

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLEN MINTON

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICOLE BENSON

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRIDGET CONNORS

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLISON PAUL

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARRINA CONWAY

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDUSTRIAL INFO RESOURCES LLC

76-0093411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	61602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF LABOR

48-0150325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	50407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILTON KANSAS CITY AIRPORT

33-2146144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	49233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INTERNATIONAL BROTHERHOOD OF BOILER

48-6031851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	44860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEKSOLV, INC.

52-2040486

(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?
13 14	NONE	42660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(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	42572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICROSOFT AZURE

1 MICROSOFT WAY
REDMOND, WA 98052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50	NONE	38271	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BOILERMAKER NATIONAL PENSION TRUST

48-6168020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	37301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TECHNOLOGY SOLUTIONS GROUP, INC.

48-1203842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	37188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADVANCED INDUSTRIAL CARE

94-2689195

(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?
13 49	NONE	20420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLSTRIP MEDICAL CENTER

81-0484738

(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?
13 49	NONE	12950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS INC.

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEINBERG, ROGER & ROSENFELD

94-2458080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	10179	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
50	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ON-THE-GO MOBILE ALCOHOL AND DRUG T

84-4148789

(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?
13 49	NONE	9325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DRUGTEK

46-0469823

(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?
13 49	NONE	7449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCHEX

16-1470238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6865	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

UNION INSURANCE GROUP

36-4226088

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	6709	Yes ☐ No ☒

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

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

GERALD KLIMO

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	TRAINER	6137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL SUPLIZIO

48-1069941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	TRAINER	5095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
MICROSOFT AZURE 1 MICROSOFT WAY REDMOND, WA 98052	15 49 50	SERVICE PROVIDER DID NOT RESPOND TO MULTIPLE REQUESTS REGARDING INDIRECT COMPENSATION.
PAYCHEX 16-1470238	49	SERVICE PROVIDER DID NOT RESPOND TO MULTIPLE REQUESTS REGARDING INDIRECT COMPENSATION.
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST	D Employer Identification Number (EIN) 48-1069941

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	615351	568839
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	163651	143980
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1782951	952318
(2) U.S. Government securities	1c(2)	49914	683183
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3550223	4320656
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1035368	919667
(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)	5148675	5321345
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3568680	3729890

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	745281	720552
f Total assets (add all amounts in lines 1a through 1e)	1f	16660094	17360430
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3777	4182
i Acquisition indebtedness	1i		
j Other liabilities	1j	28224	29563
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32001	33745
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	16628093	17326685

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)	4731247	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4731247
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55675	
(B) U.S. Government securities	2b(1)(B)	6449	
(C) Corporate debt instruments	2b(1)(C)	135679	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	116377	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		314180
(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)	72928	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72928
(3) Rents	2b(3)		19389
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5352627	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5332895	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		19732
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-68283	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-68283

		(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)		1034742
c Other income	2c		110769
d Total income. Add all income amounts in column (b) and enter total	2d		6234704

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2464560	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2464560
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)	1666109	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	2638	
(4) IQPA audit fees	2i(4)	42572	
(5) Investment advisory and investment management fees	2i(5)	10000	
(6) Bank or trust company trustee/custodial fees	2i(6)	50407	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	15959	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	72454	
(11) Other expenses	2i(11)	1211413	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3071552
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5536112

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		698592
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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		919667
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Mobilization, Optimization, Stabilization
and Training Trust**

Financial Statements

December 31, 2024

Mobilization, Optimization, Stabilization and Training Trust

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Mobilization, Optimization, Stabilization and Training Trust

Opinion

We have audited the financial statements of Mobilization, Optimization, Stabilization and Training Trust (MOST), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Mobilization, Optimization, Stabilization and Training Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

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 MOST 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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2; and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of Management for the Financial Statements (continued)

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering MOST, and determining that MOST'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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of MOST'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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about MOST'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.

Legacy Professionals LLP

Westchester, Illinois

October 10, 2025

Mobilization, Optimization, Stabilization and Training Trust

**Statements of Net Assets Available for Benefits
Modified Cash Basis**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
U.S. Government obligations	\$ 683,183	\$ 49,914
Corporate obligations	4,320,656	3,950,223
Municipal obligations	3,729,890	3,568,680
Mutual fund	5,321,345	5,148,675
Real estate investment fund	919,667	1,035,368
Money market funds and invested cash	952,318	1,382,951
Total investments	<u>15,927,059</u>	<u>15,135,811</u>
Cash - checking account	<u>568,839</u>	<u>615,351</u>
Prepaid expenses		
Advances to Common ARC	104,638	104,638
Event deposits	39,342	59,013
Total prepaid expenses	<u>143,980</u>	<u>163,651</u>
Property and equipment		
Leasehold improvements	165,913	165,913
Promotional displays	-	23,516
Office furniture and equipment	131,920	130,692
Computer equipment	118,081	118,081
Boilermaker delivery system	2,215,906	2,088,230
	<u>2,631,820</u>	<u>2,526,432</u>
Less accumulated depreciation and amortization	<u>(1,911,268)</u>	<u>(1,781,151)</u>
Net property and equipment	<u>720,552</u>	<u>745,281</u>
Total assets	<u>17,360,430</u>	<u>16,660,094</u>
Liabilities and Net Assets		
Liabilities		
Due to affiliated organization	29,563	28,224
Payroll withholdings	4,182	3,777
Total liabilities	<u>33,745</u>	<u>32,001</u>
Net assets available for benefits	<u>\$ 17,326,685</u>	<u>\$ 16,628,093</u>

See accompanying notes to financial statements.

Mobilization, Optimization, Stabilization and Training Trust

Statements of Changes in Net Assets Available for Benefits Modified Cash Basis

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Employer contributions - net	\$ 4,731,247	\$ 4,900,111
Net appreciation in fair value of investments	1,046,745	1,222,323
Interest and dividend income	326,554	334,369
Program fees	73,877	163,672
Registration income	21,725	21,925
Rental income	19,389	15,857
Other income	15,167	20,241
Total additions	<u>6,234,704</u>	<u>6,678,498</u>
Deductions		
Program services	2,948,345	2,742,540
Administrative expenses	<u>2,587,767</u>	<u>2,649,759</u>
Total deductions	<u>5,536,112</u>	<u>5,392,299</u>
Net increase	698,592	1,286,199
Net assets available for benefits		
Beginning of year	<u>16,628,093</u>	<u>15,341,894</u>
End of year	<u>\$ 17,326,685</u>	<u>\$ 16,628,093</u>

See accompanying notes to financial statements.

Mobilization, Optimization, Stabilization and Training Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Description of the Organization

Mobilization, Optimization, Stabilization and Training Trust (MOST) was established under a trust agreement dated June 1, 1989, between International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers (IBB), and National Association of Construction Boilermaker Employers (NACBE) to provide independent oversight for and assistance in the betterment of conditions, improvement in the quality of work, and the development of a higher degree of efficiency in the boilermaker construction industry. MOST is a multiemployer apprenticeship plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared on the cash basis of accounting, modified to record assets or liabilities that arise from cash transactions and events which provide a benefit or result in an obligation that covers a period greater than the period in which the cash transactions or events occurred. The modifications result in the recording of capital and other assets and certain liabilities on the statements of net assets available for benefits. Except for depreciation and amortization, prepaid expenses, and unrealized gains or loss on investments, all transactions are recognized as either revenue or expenses when received or paid in cash. The modified cash basis of accounting is a basis of accounting other than accounting principles generally accepted in the United States of America (GAAP).

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount 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 (the exit price). Net appreciation or depreciation includes MOST's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Inventory - MOST maintains an inventory of customized training manuals and other education material. Inventory is not normally recorded using the modified cash basis of accounting.

Note 2. Summary of Significant Accounting Policies (continued)

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over the following estimated useful lives of the related assets:

Leasehold improvements	10 years
Promotional displays	5 - 7 years
Office furniture and equipment	5 - 7 years
Computer equipment	5 - 7 years
Boilermaker delivery system	10 years

The boilermaker delivery system represents customized software obtained through a shared service agreement with the IBB.

Depreciation and amortization expense was \$157,012 in 2024 and \$193,354 in 2023.

Benefit Obligations - Due to the nature of benefits provided, there are no benefit obligations. Therefore, a statement of benefit obligations and a statement of changes in benefit obligations are not included in the accompanying financial statements.

Accrued Vacation Pay - MOST has established a vacation pay policy for its employees whereby certain employees with more than one year of employment may sell between two and four weeks per year, based on tenure, to be paid at the current rate of pay when sold. The obligation for accrued vacation pay was approximately \$7,000 and \$13,000 as of December 31, 2024 and 2023, respectively. These amounts are not reflected in the accompanying modified cash basis financial statements. MOST paid approximately \$44,000 and \$37,000 in vacation payouts during the years ended December 31, 2024 and 2023, respectively.

Leases - MOST recognizes lease expense when rent payments are made, in accordance with the modified cash basis of accounting. Under GAAP, a right-of-use asset and lease liability would be recognized. MOST has included in the accompanying financial statements informative disclosures about MOST's operating leases, including their terms, monthly lease payments and a maturity analysis of lease liabilities, showing the undiscounted cash flows on an annual basis for the remaining years of the lease terms.

Revenue Recognition - Revenue is primarily derived from employer contributions. Revenue derived from employer contributions is recognized in the period received and is based on the number of hours worked in covered employment and the contribution rates set forth in the applicable collective bargaining agreements. Employers are required to remit contributions monthly. Employer contributions for the month of December are generally received the following month. On an ongoing basis, there are no significant changes in the opening and closing balances of employer contributions received.

Program fee revenue is derived from the administration of drug tests to non-boilermaker construction workers. Program fee revenue is recognized in the period received and is based on the drug tests performed and previously agreed upon rates.

Note 2. Summary of Significant Accounting Policies (continued)

Revenue Recognition (continued) - MOST carries out its purpose described in Note 1 in the boilermaker industry within a jurisdiction primarily located throughout the United States of America.

Promotion and Marketing Expense - Promotion and marketing expenses are recognized when paid. These costs represent the promotion of MOST programs in the construction industry. MOST promotion and marketing expenses were \$9,769 for the year ended December 31, 2024 and \$7,773 for 2023.

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

Subsequent Events - Subsequent events have been evaluated through October 10, 2025, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue MOST in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue MOST is reserved to the Trustees. Termination shall not permit any part of MOST to be used for or diverted to purposes other than the exclusive benefit of the participants. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of MOST. Any remaining assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of MOST.

Note 4. Tax Status

The Internal Revenue Service has advised that MOST is exempt under Section 501(c)(5) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws. MOST's administrator and MOST's legal counsel believe that MOST is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that MOST was tax-exempt as of the financial statement date.

MOST engages in certain activities that are considered unrelated to the exempt function of MOST. These unrelated activities generally include conducting drug tests for individuals involved in the construction trade who are not boilermakers. No income taxes were paid in relation to such unrelated business income in either 2024 or 2023. At December 31, 2024 and 2023, MOST has evaluated its activities and has determined that no significant income taxes are due.

MOST is required to evaluate its tax positions and disclose the amount of a tax liability if MOST has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. MOST is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Fair Value Measurements

MOST prepares its financial statements on the modified cash basis of accounting. Because one of the modifications to the cash basis that MOST has made is to carry its investments at fair value, the *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification, which established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, has been implemented by MOST. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

The following tables set forth, by level within the fair value hierarchy, MOST's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 5. Fair Value Measurements (continued)

<u>Fair Value Measurements at 12/31/24 Using</u>				
<u>Quoted Prices</u>				
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
	Total	(Level 1)	(Level 2)	(Level 3)
U.S. Government Agency obligations	\$ 683,183	\$ -	\$ 683,183	\$ -
Corporate obligations	4,320,656	-	4,320,656	-
Municipal obligations	3,729,890	-	3,729,890	-
Mutual fund	5,321,345	5,321,345	-	-
Money market funds and invested cash	952,318	-	952,318	-
	15,007,392	<u>\$ 5,321,345</u>	<u>\$ 9,686,047</u>	<u>\$ -</u>
Investments measured at net asset value:				
Real estate investment fund	919,667			
Total	<u>\$ 15,927,059</u>			

<u>Fair Value Measurements at 12/31/23 Using</u>				
<u>Quoted Prices</u>				
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
	Total	(Level 1)	(Level 2)	(Level 3)
U.S. Government Agency obligations	\$ 49,914	\$ -	\$ 49,914	\$ -
Corporate obligations	3,950,223	-	3,950,223	-
Municipal obligations	3,568,680	-	3,568,680	-
Mutual fund	5,148,675	5,148,675	-	-
Money market funds and invested cash	1,382,951	-	1,382,951	-
	14,100,443	<u>\$ 5,148,675</u>	<u>\$ 8,951,768</u>	<u>\$ -</u>
Investments measured at net asset value:				
Real estate investment fund	1,035,368			
Total	<u>\$ 15,135,811</u>			

Level 1 Measurements

The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are principally marketable equity securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Note 5. Fair Value Measurements (continued)

Level 2 Measurements

U.S. Government Agency obligations, corporate and municipal obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Money market funds and invested cash are valued at cost, which approximates their fair value.

Measurements Using Net Asset Value as a Practical Expedient

The real estate investment fund is valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The following table summarizes information regarding the real estate investment fund as of both December 31, 2024 and 2023:

Underlying Assets	Concentration		Redemption	
Type	2024	2023	Frequency	Notice Period
Commercial office buildings:			Quarterly	60 days
Directly owned	98%	99%		
Under contract	1%	0%		
Joint venture	1%	1%		

Note 6. Risks and Uncertainties

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

Note 7. Common ARC

MOST has entered into an agreement with Common ARC, a related party, to develop and maintain a testing program for welder qualification in the boilermaker construction industry. Ordinary and necessary expenditures incurred by Common ARC are reimbursed by MOST. Reimbursements paid during the year ended December 31, 2024 totaled \$976,672 and \$941,387 in 2023.

Advances to Common ARC represent payments made in prior years to be applied to future operating expenses.

Note 8. Funding Policy

Employer Contributions - Regular

For the years ended December 31, 2024, and 2023, contributions were made at rates ranging from \$.16 to \$.34 per hour worked by the majority of participating contractors, as specified in their respective collective bargaining agreements.

Employer Contributions - NACBE

Substantially all participating employers voluntarily contribute \$.02 per hour worked to help fund the efforts of NACBE, an organization comprised of boilermaker contractors dedicated to promoting the interests of the boilermaker construction industry. Contributions received and remitted to NACBE totaled \$292,581 during the year ended December 31, 2024 and \$308,844 in 2023. The NACBE contributions are netted against employer contributions in these financial statements. At December 31, 2024 and 2023, MOST held \$29,563 and \$28,224 respectively, in unremitted NACBE contributions.

Program Fees

Program fees represent drug testing and other fees for services rendered to individuals who are not in the boilermaker industry.

Note 9. Participation in Multiemployer Plans

Defined Benefit Pension Plans

All of MOST's employees are covered by a noncontributory multiemployer defined benefit pension plan, and all full-time employees are covered by a separate contributory multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

Note 9. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plans (continued)

MOST's participation in the multiemployer defined benefit pension plans for the years ended December 31, 2024 and 2023 is outlined in the following table. Plans that are considered to be significant are required to be individually identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, MOST may be subject to a surcharge if the plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the plan. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN	Pension Protection Act		FIP/RP Status Pending/ Implemented	Contributions		Surcharge Imposed	Most Recently Available Annual Report (Form 5500)
		Zone Status						
		2024	2023		2024	2023		
International Brotherhood of Boilermakers Officers' and Employees' Pension Plan	48-6031851/001	Green as of 1/1/25	Green as of 1/1/24	N/A	\$ 297,642	\$ 312,542	N/A	12/31/23
Boilermaker-Blacksmith National Pension Trust	48-6168020/001	Red as of 1/1/25	Red as of 1/1/24	Implemented	150,795	166,239	No	12/31/23
Total					\$ 448,436	\$ 478,781		

Contributions are made monthly under the terms of participation agreements, which do not have an expiration date. MOST's contributions do not represent more than 5% of total contributions to either plan as indicated in the plans' most recently available annual reports.

Defined Contribution Retirement Plan

All employees are also covered by a multiemployer defined contribution retirement plan. Contributions to the defined contribution plan are based upon a percentage of salary and are made monthly under the terms of a participation agreement. Contributions to the multiemployer defined contribution plan for the years ended December 31, 2024 and 2023 totaled \$77,454 and \$81,652 respectively.

Welfare Plan that Provides Postretirement Benefits

MOST's full-time employees are covered by a multiemployer health and welfare plan that provides medical benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. Contributions to this plan for the years ended December 31, 2024 and 2023 totaled \$156,309 and \$173,026 respectively.

Note 10. Related Organizations

MOST is related by common governance to several tax-exempt organizations, which include the IBB, two pension plans, a health and welfare plan, an annuity plan, another apprenticeship program, a quality control council, and Common ARC. MOST also is related to Bank of Labor, a financial institution.

Contribution Processing Fees

MOST has entered into an agreement for the processing of employer contributions. During the years ended December 31, 2024 and 2023, MOST paid \$37,301 and \$36,605 to the related Boilermakers National Pension Trust Fund for processing fees and its share of common administrative expenses. Processing fees are paid quarterly in amounts that ranged from \$9,065 to \$9,413 during the years ended December 31, 2024 and 2023.

Bank Fees

During the years ended December 31, 2024 and 2023, MOST paid \$50,407 and \$45,504 respectively, in bank fees to the Bank of Labor, a related organization.

Sublease Agreement

MOST subleases a portion of its office space to the related apprenticeship program. The terms of the sublease agreement required monthly payments of \$1,396 through December 31, 2023, \$1,452 through March 31, 2024 and \$1,503 thereafter. This sublease agreement will expire on December 31, 2025. Total rental income for the years ended December 31, 2024 and 2023 was \$19,389 and \$15,857 respectively. Future minimum receipts expected to be received under this agreement are \$18,040 and are expected to be received during 2025.

Shared Employees and Software Costs

MOST had previously entered into a shared service agreement with the IBB for the use of certain employees of the IBB. Under the original agreement, MOST reimbursed the IBB \$14,583 per month for software development and maintenance related to the Boilermaker Delivery System through February 2024. Effective March 2024, the shared service agreement was amended to be a quarterly reimbursement based agreement to the IBB for the salary, benefits and related expenses incurred by the IBB personnel performing the work. A total of \$172,535 and \$160,417 was reimbursed for software development and maintenance during the years ended December 31, 2024 and 2023, respectively, of which a portion was capitalized and included as property and equipment in these financial statements. At December 31, 2024, MOST owed the IBB \$51,685 for the fourth quarter of 2024, and at December 31, 2023, MOST owed the IBB \$29,167 for two months of payments. Such amounts payable are not included in these modified cash basis financial statements.

Note 10. Related Organizations (continued)

Shared Employees and Software Costs (continued)

Reimbursements for personnel costs are made upon the finalization of shared services agreements. During 2024, a total of \$348,314 was reimbursed to the IBB for salary, benefits and related expenses incurred in the fourth quarter of 2023 and through September 30, 2024. In 2023, MOST reimbursed the IBB a total of \$303,429 for salary, benefits and related expenses incurred in the fourth quarter of 2022 and through September 30, 2023. As of December 31, 2024, MOST owed the IBB an estimated \$78,000 for expenses incurred in the fourth quarter of 2024. As of December 31, 2023, MOST owed the IBB an estimated \$69,000 for expenses incurred in the fourth quarter of 2023. Such amounts payable are not included in these modified cash basis financial statements.

Note 11. Operating Leases

MOST entered into a lease arrangement for office space with an unrelated organization. Under the terms of the lease, MOST makes monthly payments for rent as well as real estate taxes. This lease, which provided an incentive in the form of four months of abated rent, commenced in December 2019 and extends through March 2030 with initial payments of \$9,667 per month. Total rent expense was \$124,507 and \$119,866 for the years ended December 31, 2024 and 2023, respectively.

MOST leases office equipment under various operating leases. Lease expense for the years ended December 31, 2024 and 2023 was \$34,255 and \$33,756 respectively. The terms of the leases are for five years expiring on various dates through March 2026, and requiring minimum monthly payments which ranged from \$623 to \$1,636 during the years ended December 31, 2024 and 2023.

Future minimum payments required under the operating leases as of December 31, 2024 are as follows:

	<u>Office Equipment</u>	<u>Office Lease</u>	<u>Total</u>
Year ending December 31,			
2025	\$ 12,382	\$ 125,280	\$ 137,662
2026	1,249	125,280	126,529
2027	-	128,760	128,760
2028	-	133,400	133,400
2029	-	138,318	138,318
Thereafter	-	34,893	34,893
Total	<u>\$ 13,631</u>	<u>\$ 685,931</u>	<u>\$ 699,562</u>

Note 12. Concentration of Cash

MOST maintains its cash in various deposit accounts at Bank of Labor, a related organization. Balances are insured by FDIC up to \$250,000. Cash balances may at times exceed the insured deposit limits.

Note 13. Commitments

MOST has entered into contracts for services and accommodations for future meetings. These contracts may include penalty clauses which would require the payments of certain amounts if a meeting were canceled and/or guarantees for room blocks are not fulfilled.

Note 14. Concentration of Investments

MOST has a significant portion of its assets invested in a total stock market mutual fund. This investment represented approximately 31% of MOST's net assets available for benefits as of both December 31, 2024 and 2023.



Report of Independent Auditors On Supplemental Schedules

To the Participants and Trustees of
Mobilization, Optimization, Stabilization and Training Trust

We have audited the financial statements of Mobilization, Optimization, Stabilization and Training Trust (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated October 10, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

October 10, 2025

Mobilization Optimization Stabilization Training Trust
Schedule of Assets Held for Investment Purposes
EIN: 48-1069941
Year Ended December 31, 2024

Investment Type	Reference	Cost	FMV	Per 5500 at FMV
Interest Bearing Cash - see Statement of Interest Bearing Cash				
Total Interest Bearing Cash	Pg. 2	952,318	952,318	952,318
Corporate Debt Instruments				
Corporate Debt Instruments	Pg. 7	4,553,559	4,320,656	4,320,656
Government and agency				
Government and agency	Pg. 3	729,004	683,183	683,183
Partnership/joint Venture Interests				
Boyd Watterson GSA Fund, LP		1,100,000	919,667	919,667
Registered Investment Companies				
Vanguard Total Stock Market Fund		1,539,202	5,321,345	5,321,345
Other				
Municipal Obligations	Pg. 5	3,902,114	3,729,890	3,729,890

ASSET STATEMENT

08010151

M.O.S.T. FUND IMA**@

12/31/24

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SH/PV	DESCRIPTION	MARKET	ADJUSTED COST	UNREALIZED GAINS OR LOSSES	ACCRUED INCOME
GOVERNMENT AND AGENCIES					
=====					
247,114	SBA POOL #509788 7% 6/25/41	251,544.70	253,600.69	-2,055.99	1,437.73
95,745	SBA POOL #530455 6.15% 11/25/33	96,223.25	96,223.26	-0.01	490.69
147,394	SBA POOL #530489 5.75% 1/25/49	148,776.28	148,776.28	0.00	706.27
110,813	SBA POOL #540000 9.948% 3/25/32	118,292.55	119,962.07	-1,669.52	905.58
40,869	SBA 510055 7.605% 9/25/42	0.00	42,095.41	-42,095.41	259.01
65,403	SBA 530019 7.75% 10/25/46	68,346.36	68,346.37	-0.01	421.73
		=====	=====	=====	=====
		683,183.14	729,004.08	-45,820.94	4,221.01
MUNICIPAL OBLIGATIONS					
=====					
50,000	ARLINGTON TX HIGHER 4.375% 8/15/26	49,348.00	49,038.50	309.50	826.39
50,000	BATTLE CREEK MICH 3.334% 5/01/26	49,348.00	50,425.00	-1,077.00	273.20
50,000	BI-STATE DEV AGY 1.97% 10/01/29	44,385.50	51,492.50	-7,107.00	246.25
30,000	CA EDL FACS AUTH REV 4.063% 4/01/26	29,673.30	30,000.00	-326.70	304.73
25,000	CALIFORNIA ST 3.375% 4/01/25	24,938.75	24,987.50	-48.75	210.94
35,000	CHAMPAIGN CNTY ILL 4.3% 12/01/26	34,876.80	36,050.00	-1,173.20	125.42
35,000	CHAMPAIGN CNTY ILL 3.45% 1/01/26	34,713.00	35,666.30	-953.30	603.75
70,000	COLORADO HEALTH REV 3.018% 11/01/29	65,024.40	65,720.90	-696.50	352.10
50,000	CONNECTICUT ST 2.05% 11/01/29	44,133.50	50,194.50	-6,061.00	170.83
100,000	COPPELL TEX SCH DIST 5% 8/15/34	99,416.00	96,741.00	2,675.00	1,888.89
50,000	EL MONTE CALIF AUTH 4% 6/01/29	48,563.00	57,256.50	-8,693.50	166.67
45,000	EL PASO TX S/D 1.55% 8/15/25	44,223.30	39,675.15	4,548.15	263.50
100,000	EXCELSIOR SPRINGS MO 2.137% 3/01/29	89,719.00	87,176.00	2,543.00	712.33
50,000	GREEN BAY WIS REV 2.85% 6/01/25	49,640.00	50,273.00	-633.00	118.75
75,000	HATBORO HORSHAM 1% 9/15/25	73,272.00	68,656.50	4,615.50	220.83
50,000	HAWAII ST ARPTS SYS 2.353% 7/01/29	45,129.50	47,417.00	-2,287.50	588.25

ASSET STATEMENT

08010151	M.O.S.T. FUND IMA**@		12/31/24	124	
SH/PV	DESCRIPTION	MARKET	ADJUSTED COST	UNREALIZED GAINS OR LOSSES	ACCRUED INCOME
40,000	HIGH POINT, NC 3.09% 10/01/25	39,613.60	39,059.70	553.90	309.00
50,000	IOWA ST STUDENT LN 4.021% 12/01/25	49,684.50	48,394.50	1,290.00	167.54
50,000	KANSAS CITY MO 3.8% 4/01/34	45,134.00	52,450.00	-7,316.00	475.00
20,000	KANSAS CITY MO MET 2.25% 7/01/39	14,514.40	20,347.40	-5,833.00	225.00
75,000	KANSAS CITY MO OBLIG 3.984% 4/01/30	71,455.50	75,750.00	-4,294.50	747.00
100,000	LAREDO TEX 2.2% 2/15/32	84,027.00	101,733.00	-17,706.00	831.11
10,000	MADISON & JERSEY CNTY 3.85% 12/01/25	9,940.00	9,652.30	287.70	32.08
50,000	MAINE ST HSG AUTH 2.539% 11/15/25	49,242.50	46,868.00	2,374.50	162.21
100,000	MASSACHUSETTS ST 2.15% 6/01/25	99,090.00	93,500.00	5,590.00	179.17
50,000	MIDLOTHIAN TX SALES TAX 4% 9/01/25	49,828.00	50,750.00	-922.00	666.67
75,000	MINNESOTA ST HSG 3.744% 1/01/29	72,551.25	72,966.00	-414.75	1,404.00
65,000	MONTGOMERY CNTY PA 2.5% 10/15/28	60,559.20	65,000.00	-4,440.80	343.06
25,000	MOUNT HOLLY TWP N J 3.38% 6/01/28	23,844.50	27,519.00	-3,674.50	70.42
60,000	MURRIETA CALIF REDEV 3.125% 8/01/26	58,569.60	60,000.00	-1,430.40	781.25
95,000	N E IA CMNTY COLLEGE 2.75% 6/01/27	91,404.25	95,297.35	-3,893.10	217.71
300,000	NEBRASKA AUTH 4.601% 3/01/31	293,475.00	305,877.00	-12,402.00	4,754.37
35,000	NEW HAMPSHIRE ST HSG 3.639% 7/01/26	34,622.35	35,175.00	-552.65	636.83
75,000	NORTH AUGUSTA CORP 3.743% 11/01/27	72,947.25	77,120.55	-4,173.30	467.87
50,000	OK DEV FIN AUTH REV 3.05% 6/01/26	49,098.00	50,000.00	-902.00	127.08
50,000	OKLA ST CAPITOL 2.271% 7/01/32	41,501.00	50,702.50	-9,201.50	567.75
5,000	OKLAHOMA CITY OK GO 3% 3/01/28	4,898.00	4,900.00	-2.00	50.00
100,000	OMAHA NE SAN SEW REV 1.654% 4/01/29	88,812.00	98,506.00	-9,694.00	413.50
100,000	OSWEGO ILL 2.4% 12/15/34	79,022.00	100,757.00	-21,735.00	106.67
30,000	OSWEGO ILL 2.672% 12/15/27	28,363.20	30,369.90	-2,006.70	35.63
75,000	OWENSBORO KY 2.625% 4/01/28	70,470.75	75,108.00	-4,637.25	492.19
100,000	PIMA CNTY ARIZ 1.4% 4/01/26	96,197.00	90,310.00	5,887.00	350.00
100,000	PITT CNTY NC 0.975% 4/01/25	99,181.00	91,737.00	7,444.00	243.75
75,000	PITTSBURGH PA PUB PK 1.993% 12/01/27	69,480.00	77,682.00	-8,202.00	124.56

ASSET STATEMENT

08010151 M.O.S.T. FUND IMA**@				12/31/24		125
SH/PV	DESCRIPTION		MARKET	ADJUSTED COST	UNREALIZED GAINS OR LOSSES	ACCRUED INCOME
80,000	RANCHO CA WTR DIST	1.35% 8/01/28	71,784.00	81,558.40	-9,774.40	450.00
15,000	RIVERSIDE PUB CA	3.125% 11/01/27	14,324.25	15,215.70	-891.45	78.13
35,000	RUTGERS ST UNIV N J	2.349% 5/01/25	34,776.70	33,110.00	1,666.70	137.03
50,000	SAINT CLAIR CNTY	2.246% 10/01/28	46,086.00	50,432.50	-4,346.50	280.75
185,000	SANILAC CNTY	4.16% 6/01/28	182,363.75	186,879.60	-4,515.85	641.33
190,000	SOUTH DAKOTA HSG	4.6% 5/01/30	187,644.00	195,192.70	-7,548.70	1,456.67
20,000	ST CLAIR CNTY ILL	2.366% 10/01/30	17,647.40	21,159.00	-3,511.60	118.30
50,000	ST CLAIR CNTY SCH DIS	2.05% 12/01/31	41,733.00	50,211.00	-8,478.00	512.50
100,000	TERRE HAUTE HSG REV	5.35% 1/01/38	87,228.00	89,995.00	-2,767.00	2,675.00
50,000	TEXAS A & M UNIV REV	4% 5/15/29	48,966.00	53,459.00	-4,493.00	255.56
25,000	WATERBURY CONN	2.422% 9/01/30	21,980.50	26,281.50	-4,301.00	201.83
50,000	WESTMORELAND PA	1.71% 8/15/28	45,256.00	50,363.00	-5,107.00	323.00
210,000	WYANDOTTE CNTY KS	6.75% 12/01/27	212,740.50	209,575.45	3,165.05	1,181.25
50,000	WYANDOTTE COUNTY KS	1.94% 12/01/29	43,430.50	50,378.50	-6,948.00	80.83
			=====	=====	=====	=====
			3,729,890.50	3,902,113.90	-172,223.40	30,446.43
CORPORATE OBLIGATIONS						
=====						
100,000	ALTRIA GROUP INC	4.8% 2/14/29	98,808.00	119,836.00	-21,028.00	1,826.67
100,000	AMERICAN EXPRESS	6.338% 10/30/26	101,238.00	101,340.00	-102.00	1,073.94
50,000	APPLE INC	3% 11/13/27	48,278.00	56,197.50	-7,919.50	200.00
50,000	ARCHER DANIELS MIDLAND	2.9% 3/01/32	43,180.50	43,153.50	27.00	483.33
25,000	ASSURED GTY HOLDINGS	3.15% 6/15/31	22,072.25	21,875.00	197.25	35.00
60,000	BANK AMER CORP	3.95% 4/21/25	59,835.00	60,207.00	-372.00	460.83
110,000	BANK MONTREAL QUE	3.7% 6/07/25	109,492.90	108,729.50	763.40	271.33
50,000	BANK OF AMERICA CORP	2% 5/04/29	43,636.50	50,000.00	-6,363.50	158.33
65,000	BARCLAYS BANK PLC	4.25% 11/24/27	62,940.15	69,082.65	-6,142.50	283.92
125,000	BB&T BRH BKG & TR CO	2.636% 9/17/29	121,876.25	122,500.00	-623.75	951.89

ASSET STATEMENT

08010151	M.O.S.T. FUND IMA**@			12/31/24	126	
SH/PV	DESCRIPTION		MARKET	ADJUSTED COST	UNREALIZED GAINS OR LOSSES	ACCRUED INCOME
100,000	BK NEW YORK MELLON	5.225% 11/20/35	99,521.00	100,890.00	-1,369.00	595.07
70,000	BLOCK FINL CORP	3.875% 8/15/30	64,584.80	69,193.37	-4,608.57	1,024.72
80,000	BOEING CO	2.7% 2/01/27	76,285.60	81,921.56	-5,635.96	900.00
100,000	BOEING CO	7.25% 6/15/25	100,859.00	101,225.00	-366.00	322.22
50,000	BORGWARNER INC	2.65% 7/01/27	47,560.00	45,750.00	1,810.00	662.50
50,000	CAPITAL IMPACT PTRN	1.25% 3/15/26	47,451.50	44,603.25	2,848.25	27.78
50,000	CITIGROUP	2% 6/16/31	42,147.50	50,000.00	-7,852.50	41.67
25,000	CITIGROUP	2.6% 11/27/26	23,981.25	25,000.00	-1,018.75	61.39
50,000	CITIGROUP MKTS	1.75% 2/11/31	40,946.00	50,000.00	-9,054.00	340.28
150,000	CITIGROUP INC	1.4% 7/21/26	141,429.00	150,000.00	-8,571.00	933.33
100,000	COX COMM INC	6.95% 1/15/28	102,842.00	106,690.00	-3,848.00	3,204.72
25,000	DEUTSCHE BK AG	5.25% 1/23/29	24,914.00	25,000.00	-86.00	612.50
50,000	DISNEY WALT CO	3.7% 3/23/27	49,209.00	49,139.00	70.00	503.61
20,000	FEDEX CORP	3.1% 8/05/29	18,534.40	21,673.40	-3,139.00	251.44
100,000	FIRST HORIZON NATL CORP	4% 5/26/25	99,533.00	98,120.00	1,413.00	388.89
125,000	GENUINE PARTS CO	2.75% 2/01/32	105,407.50	106,813.87	-1,406.37	1,432.29
35,000	GILEAD SCIENCES	2.95% 3/01/27	33,821.55	33,425.00	396.55	344.17
75,000	GOLDMAN SACHS	2% 5/28/28	67,049.25	75,000.00	-7,950.75	133.33
155,000	GOLDMAN SACHS GROUP	3.25% 12/15/25	150,188.80	154,540.00	-4,351.20	223.89
67,000	GOLDMAN SACHS GROUP	4.25% 11/15/32	63,236.61	75,635.63	-12,399.02	126.56
20,000	GOLDMAN SACHS GRP	5.35% 2/15/32	19,940.40	24,600.40	-4,660.00	47.56
100,000	GOLDMAN SACHS INC	2% 7/30/29	86,177.00	100,000.00	-13,823.00	838.89
50,000	GS FINANCE CORP	7% 4/09/31	34,500.00	50,000.00	-15,500.00	797.22
100,000	HARLEY DAVIDSON	3.5% 7/28/25	99,021.00	101,426.00	-2,405.00	1,487.50
75,000	JPM CHASE & CO	2% 11/28/29	64,191.00	75,000.00	-10,809.00	137.50
50,000	JPMORGAN CHASE	3% 6/16/28	39,770.00	50,000.00	-10,230.00	62.50
50,000	JPMORGAN CHASE	1.15% 8/17/26	47,079.50	50,000.00	-2,920.50	214.03
50,000	JPMORGAN CHASE	3.75% 1/31/33	48,181.00	52,246.50	-4,065.50	786.46

ASSET STATEMENT

08010151 M.O.S.T. FUND IMA**@				12/31/24			127
SH/PV	DESCRIPTION			MARKET	ADJUSTED COST	UNREALIZED GAINS OR LOSSES	ACCRUED INCOME
100,000	MINNESOTA MUT LIFE	8.25%	9/15/25	101,510.00	103,744.98	-2,234.98	2,429.17
75,000	MORGAN STANLEY	V/R	4/28/32	61,344.75	72,863.64	-11,518.89	253.05
50,000	MORGAN STANLEY	3.95%	4/23/27	49,000.50	49,029.00	-28.50	373.06
20,000	MORGAN STANLEY	4.35%	9/08/26	19,845.80	22,827.19	-2,981.39	273.08
150,000	MORGAN STANLEY	3.772%	1/24/29	144,654.00	142,515.60	2,138.40	2,467.52
25,000	NATIONAL BK OF CANAD	5.375%	1/22/26	24,807.50	25,000.00	-192.50	593.49
25,000	ONEOK INC	3.4%	9/01/29	23,244.50	25,909.25	-2,664.75	283.33
50,000	ONEOK INC	4.55%	7/15/28	49,273.00	49,863.56	-590.56	1,049.03
75,000	ORACLE CORP	2.65%	7/15/26	72,711.75	76,341.08	-3,629.33	916.46
75,000	PACIFICORP	5.3%	2/15/31	75,660.00	77,734.50	-2,074.50	1,501.67
75,000	PARKER-HANNIFIN	3.25%	6/14/29	70,210.50	82,303.96	-12,093.46	115.10
100,000	PFIZER INVT ENTERPRIS	4.65%	5/19/25	100,039.00	99,320.00	719.00	542.50
100,000	PNC FINANCIAL SER	5.812%	6/12/26	100,418.00	100,330.00	88.00	306.74
250,000	REESE FARMS DEV 144A	8.5%	7/15/29	250,000.00	250,000.00	0.00	4,486.11
15,000	SERVICENOW INC	1.4%	9/01/30	12,466.65	13,987.50	-1,520.85	70.00
50,000	SOCIETE GENERALE	1.3%	10/20/26	45,871.00	48,679.50	-2,808.50	128.19
30,000	SOCIETE GENERALE	5.25%	1/09/29	29,226.90	30,000.00	-773.10	752.50
65,000	SOUTHWEST AIRLS	3.45%	11/16/27	62,531.30	63,934.45	-1,403.15	280.31
150,000	SYSCO CORP	5.75%	1/17/29	154,429.50	154,488.75	-59.25	1,054.17
25,000	TRACTOR SUPPLY CO	1.75%	11/01/30	20,918.25	23,500.00	-2,581.75	72.92
200,000	TRANE TECHNOLOGIES	3.8%	3/21/29	191,808.00	193,356.00	-1,548.00	2,111.11
50,000	TRUIST BANK GLOBAL	2.25%	3/11/30	42,936.50	49,905.08	-6,968.58	343.75
50,000	US BANCORP	5%	5/27/32	47,941.00	50,000.00	-2,059.00	236.11
25,000	WALGREENS BOOTS ALLIAN	3.2%	4/15/30	20,089.00	27,110.78	-7,021.78	168.89
				=====	=====	=====	=====
				4,320,656.61	4,553,558.95	-232,902.34	43,055.52

FOOTNOTES

STATEMENT 1

SCHEDULE C - DIRECT COMPENSATION FOR EMPLOYEES AND TR
THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO
PLAN EMPLOYEES AND TRUSTEES AND REPORTED ON SCHEDULE
HAS BEEN DETERMINED IN ACCORDANCE WITH DEPARTMENT OF
LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500.
THESE AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED TO
BE TAXABLE AS WELL AS NON-TAXABLE AS DETERMINED UNDER
THE CURRENT INTERNAL REVENUE CODE.

SCHEDULE C - DIRECT COMPENSATION FOR ADMINISTRATOR:
THE ADMINISTATOR IS EMPLOYED BY ANOTHER ORGANIZATION
AND HIS COMPENSATION AND RELATED EXPENSES ARE
REIMBURSED UNDER SHARED SERVICE AGREEMENTS WHICH ARE
PERIODICALLY FINALIZED BY THE BOARD OF TRUSTEES. DUE
TO A LAG IN TIMING, THE AMOUNTS REIMBURSED TO THE
OTHER ORGANIZATION MAY REPRESENT EXPENSES FROM THE
THE PRECEEDING REPORTING PERIOD. AMOUNTS REPORTED
ON THIS FORM AS DIRECT COMPENSATION REPRESENT THE
EXPENSES REIMBURSED TO THE OTHER ORGANIZATION DURING
THIS REPORTING PERIOD.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	163,651.	143,980.
TOTAL TO SCHEDULE H, LINE 1B(3)	163,651.	143,980.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
MUNICIPAL OBLIGATIONS	3,568,680.	3,729,890.
TOTAL TO SCHEDULE H, LINE 1C(15)	3,568,680.	3,729,890.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DUE TO AFFILIATED ORGANIZATION	28,224.	29,563.
TOTAL TO SCHEDULE H, LINE 1J	28,224.	29,563.

SCHEDULE H	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
NATL TRIPARTITE REGISTRATION		21,725.
OTHER INCOME		15,167.
PROGRAM FEES		73,877.
TOTAL TO SCHEDULE H, LINE 2C		110,769.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 6
DESCRIPTION	AMOUNT	
BOILERMAKER CODE	28,452.	
BOILERMAKER DELIVERY SYSTEM	227,919.	
COMMON ARC WELDING	976,672.	
DRUG SCREENING	544,363.	
FORECASTING/MANPOWER TRACKING	61,602.	
LEADERSHIP TRAINING	44,260.	
MENTAL HEALTH PROGRAM	13,405.	
PFT / RFT PROGRAM	2,971.	
PROJECT MANAGEMENT TRAINING	58,884.	
RECRUITMENT	31,103.	
SAFETY GLASSES	98,895.	
SAFETY TRAINING	300,026.	
SUPPLEMENTARY RIGGING	76,008.	
TOTAL TO SCHEDULE H, LINE 2E(3)	2,464,560.	

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 7

DESCRIPTION	AMOUNT
COMPUTER EXPENSE	30,182.
CONTRIBUTION PROCESSING EXPENSE	37,301.
DEPRECIATION EXPENSE	24,299.
EQUIPMENT LEASE EXPENSE	34,255.
INSURANCE	53,486.
NATIONAL AND LOCAL TRIPARTITE CONFERENCE	617,099.
OFFICE EXPENSE	17,514.
OTHER TAXES	11,547.
PAYROLL TAXES	88,676.
POSTAGE	40,448.
PRINTING	4,406.
PROMOTION EXPENSE	9,769.
RENT	124,507.
REPAIRS AND MAINTENANCE	85.
REPRESENTATIVE EXPENSE	16,557.
TELEPHONE	19,696.
TRAVEL EXPENSE	81,586.
TOTAL TO SCHEDULE H, LINE 2I(11)	1,211,413.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
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 MOBILIZATION OPTIMIZATION STABILIZATION TRAINING TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 06/01/1989
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF MOBILIZATION OPTIMIZATION STABILIZATION 12200 NW AMBASSADOR DRIVE SUITE 312 KANSAS CITY MO 64163
2b	Employer Identification Number (EIN) 48-1069941
2c	Plan Sponsor's telephone number 913-281-5036
2d	Business code (see instructions) 238900

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	DocuSigned by: John Fultz	10/13/2025	John Fultz
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signed by: Mike Bray	10/8/2025	Michael Bray
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	
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)	60,625
a (2) Total number of active participants at the end of the plan year	6a(2)	64,653
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	64,653
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	311

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:

4J

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information) - Number Attached _____
(4) ☐ DCG (Individual Plan Information) - Number Attached _____	(4) ☒ C (Service Provider Information)
(5) ☐ MEP (Multiple-Employer Retirement Plan Information)	(5) ☐ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/23 VALUE OF \$13,954,795.74

08010151

M.O.S.T. FUND IMA**@

12/31/23 TO 12/31/24

114

TRADE DATE	SHARES/PV		PURCH/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	ADJUSTED HISTORICAL COST
	GS FINANCIAL SQUARE GOVERNMENT #465					
	=====					
12/31/23	2,043	PURCHASED	1.00	0.00	-2,042.77	2,042.77
1/ 2/24	3,629	PURCHASED	1.00	0.00	-3,629.33	3,629.33
1/ 4/24	231,511	SOLD	1.00	0.00	231,510.94	-231,510.94
1/ 8/24	14,673	SOLD	1.00	0.00	14,672.98	-14,672.98
1/ 9/24	30,000	SOLD	1.00	0.00	30,000.00	-30,000.00
1/10/24	4,070	SOLD	1.00	0.00	4,070.15	-4,070.15
1/10/24	147,921	SOLD	1.00	0.00	147,921.00	-147,921.00
1/16/24	4,844	PURCHASED	1.00	0.00	-4,843.75	4,843.75
1/17/24	3,059	PURCHASED	1.00	0.00	-3,059.38	3,059.38
1/18/24	746	PURCHASED	1.00	0.00	-746.25	746.25
1/22/24	23,788	SOLD	1.00	0.00	23,787.50	-23,787.50
1/23/24	25,000	SOLD	1.00	0.00	25,000.00	-25,000.00
1/29/24	1,750	PURCHASED	1.00	0.00	-1,750.00	1,750.00
1/30/24	16,263	PURCHASED	1.00	0.00	-16,263.19	16,263.19
1/31/24	938	PURCHASED	1.00	0.00	-937.50	937.50
1/31/24	526	PURCHASED	1.00	0.00	-525.75	525.75
2/ 1/24	5,089	PURCHASED	1.00	0.00	-5,088.75	5,088.75
2/ 5/24	310	PURCHASED	1.00	0.00	-310.00	310.00
2/ 5/24	4,097	SOLD	1.00	0.00	4,096.81	-4,096.81
2/ 7/24	150,000	PURCHASED	1.00	0.00	-150,000.00	150,000.00
2/12/24	438	PURCHASED	1.00	0.00	-437.50	437.50
2/14/24	4,916	PURCHASED	1.00	0.00	-4,916.11	4,916.11
2/15/24	8,119	PURCHASED	1.00	0.00	-8,119.38	8,119.38
2/20/24	288	PURCHASED	1.00	0.00	-287.50	287.50
2/29/24	142,566	SOLD	1.00	0.00	142,565.69	-142,565.69
2/29/24	633	PURCHASED	1.00	0.00	-632.92	632.92
3/ 1/24	3,993	PURCHASED	1.00	0.00	-3,992.50	3,992.50
3/ 5/24	4,172	SOLD	1.00	0.00	4,172.25	-4,172.25
3/ 5/24	43,170	SOLD	1.00	0.00	43,169.61	-43,169.61

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
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08010151

M.O.S.T. FUND IMA**@

12/31/23 TO 12/31/24

115

TRADE DATE	SHARES/PV	PURCH/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	ADJUSTED HISTORICAL COST
3/ 6/24	9,597 SOLD	1.00	0.00	9,596.83	-9,596.83
3/ 8/24	8,378 PURCHASED	1.00	0.00	-8,377.82	8,377.82
3/11/24	563 PURCHASED	1.00	0.00	-562.50	562.50
3/15/24	5,403 PURCHASED	1.00	0.00	-5,402.50	5,402.50
3/27/24	50,926 PURCHASED	1.00	0.00	-50,925.56	50,925.56
3/28/24	114 PURCHASED	1.00	0.00	-113.58	113.58
4/ 1/24	12,570 PURCHASED	1.00	0.00	-12,570.31	12,570.31
4/ 3/24	4,159 SOLD	1.00	0.00	4,159.14	-4,159.14
4/10/24	97,224 SOLD	1.00	0.00	97,223.72	-97,223.72
4/10/24	250,000 PURCHASED	1.00	0.00	-250,000.00	250,000.00
4/11/24	226,569 SOLD	1.00	0.00	226,569.41	-226,569.41
4/12/24	6,615 PURCHASED	1.00	0.00	-6,614.80	6,614.80
4/15/24	2,926 PURCHASED	1.00	0.00	-2,926.15	2,926.15
4/22/24	1,348 PURCHASED	1.00	0.00	-1,347.50	1,347.50
4/23/24	988 PURCHASED	1.00	0.00	-987.50	987.50
4/29/24	14,016 PURCHASED	1.00	0.00	-14,015.66	14,015.66
4/30/24	159 PURCHASED	1.00	0.00	-159.40	159.40
5/ 1/24	5,393 PURCHASED	1.00	0.00	-5,393.14	5,393.14
5/ 6/24	500 PURCHASED	1.00	0.00	-500.00	500.00
5/ 6/24	4,003 SOLD	1.00	0.00	4,002.76	-4,002.76
5/ 9/24	100,000 PURCHASED	1.00	0.00	-100,000.00	100,000.00
5/10/24	2,083 PURCHASED	1.00	0.00	-2,083.00	2,083.00
5/13/24	750 PURCHASED	1.00	0.00	-750.00	750.00
5/15/24	358,926 PURCHASED	1.00	0.00	-358,925.88	358,925.88
5/16/24	1,121 PURCHASED	1.00	0.00	-1,121.25	1,121.25
5/17/24	1,375 PURCHASED	1.00	0.00	-1,375.00	1,375.00
5/20/24	2,325 PURCHASED	1.00	0.00	-2,325.00	2,325.00
5/22/24	100,000 PURCHASED	1.00	0.00	-100,000.00	100,000.00
5/24/24	1,056 PURCHASED	1.00	0.00	-1,056.25	1,056.25
5/28/24	325 PURCHASED	1.00	0.00	-325.00	325.00
5/28/24	1,825 PURCHASED	1.00	0.00	-1,825.00	1,825.00
5/31/24	1,489 PURCHASED	1.00	0.00	-1,488.86	1,488.86

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
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M.O.S.T. FUND IMA**@

12/31/23 TO 12/31/24

116

TRADE DATE	SHARES/PV	PURCH/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	ADJUSTED HISTORICAL COST
6/ 3/24	176,731 SOLD	1.00	0.00	176,730.90	-176,730.90
6/ 7/24	2,035 PURCHASED	1.00	0.00	-2,035.00	2,035.00
6/ 7/24	4,099 SOLD	1.00	0.00	4,099.21	-4,099.21
6/11/24	159,376 SOLD	1.00	0.00	159,376.25	-159,376.25
6/13/24	25,625 PURCHASED	1.00	0.00	-25,625.00	25,625.00
6/14/24	1,219 PURCHASED	1.00	0.00	-1,218.75	1,218.75
6/17/24	7,170 PURCHASED	1.00	0.00	-7,170.25	7,170.25
6/30/24	1,480 PURCHASED	1.00	0.00	-1,480.27	1,480.27
7/ 1/24	3,629 PURCHASED	1.00	0.00	-3,629.33	3,629.33
7/ 3/24	4,162 SOLD	1.00	0.00	4,161.77	-4,161.77
7/ 9/24	788 PURCHASED	1.00	0.00	-787.50	787.50
7/11/24	203,388 SOLD	1.00	0.00	203,388.19	-203,388.19
7/12/24	250,000 PURCHASED	1.00	0.00	-250,000.00	250,000.00
7/15/24	58,806 PURCHASED	1.00	0.00	-58,805.63	58,805.63
7/17/24	4,844 PURCHASED	1.00	0.00	-4,843.75	4,843.75
7/17/24	5,750 PURCHASED	1.00	0.00	-5,750.01	5,750.01
7/22/24	1,884 PURCHASED	1.00	0.00	-1,884.38	1,884.38
7/23/24	656 PURCHASED	1.00	0.00	-656.25	656.25
7/26/24	2,829 PURCHASED	1.00	0.00	-2,829.00	2,829.00
7/26/24	195,995 SOLD	1.00	0.00	195,994.89	-195,994.89
7/29/24	1,750 PURCHASED	1.00	0.00	-1,750.00	1,750.00
7/29/24	14,015 PURCHASED	1.00	0.00	-14,014.59	14,014.59
7/30/24	1,000 PURCHASED	1.00	0.00	-1,000.00	1,000.00
7/31/24	938 PURCHASED	1.00	0.00	-937.50	937.50
7/31/24	1,426 PURCHASED	1.00	0.00	-1,426.27	1,426.27
8/ 1/24	129,433 PURCHASED	1.00	0.00	-129,432.50	129,432.50
8/ 5/24	310 PURCHASED	1.00	0.00	-310.00	310.00
8/12/24	438 PURCHASED	1.00	0.00	-437.50	437.50
8/13/24	4,234 SOLD	1.00	0.00	4,234.13	-4,234.13
8/14/24	2,400 PURCHASED	1.00	0.00	-2,400.00	2,400.00
8/15/24	25,000 PURCHASED	1.00	0.00	-25,000.00	25,000.00
8/15/24	110,119 PURCHASED	1.00	0.00	-110,119.38	110,119.38

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
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M.O.S.T. FUND IMA**@

12/31/23 TO 12/31/24

117

TRADE DATE	SHARES/PV	PURCH/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	ADJUSTED HISTORICAL COST
8/16/24	107,288 SOLD	1.00	0.00	107,288.47	-107,288.47
8/19/24	256,247 SOLD	1.00	0.00	256,246.92	-256,246.92
8/21/24	141,239 SOLD	1.00	0.00	141,238.76	-141,238.76
8/22/24	16,759 PURCHASED	1.00	0.00	-16,758.58	16,758.58
8/27/24	16,759 SOLD	1.00	0.00	16,758.58	-16,758.58
8/28/24	33,030 PURCHASED	1.00	0.00	-33,029.71	33,029.71
8/30/24	25,506 PURCHASED	1.00	0.00	-25,505.56	25,505.56
9/ 3/24	503 PURCHASED	1.00	0.00	-502.78	502.78
8/31/24	1,057 PURCHASED	1.00	0.00	-1,057.14	1,057.14
9/ 3/24	4,718 PURCHASED	1.00	0.00	-4,717.50	4,717.50
9/ 3/24	20,000 PURCHASED	1.00	0.00	-20,000.00	20,000.00
9/ 4/24	3 SOLD	1.00	0.00	2.78	-2.78
9/ 4/24	503 SOLD	1.00	0.00	502.78	-502.78
9/ 9/24	935,435 PURCHASED	1.00	0.00	-935,435.00	935,435.00
9/11/24	100,563 PURCHASED	1.00	0.00	-100,562.50	100,562.50
9/12/24	4,291 SOLD	1.00	0.00	4,291.16	-4,291.16
9/16/24	105,669 PURCHASED	1.00	0.00	-105,669.17	105,669.17
9/18/24	917 PURCHASED	1.00	0.00	-916.67	916.67
9/18/24	50,000 PURCHASED	1.00	0.00	-50,000.00	50,000.00
9/20/24	505,326 SOLD	1.00	0.00	505,326.17	-505,326.17
9/23/24	95,125 SOLD	1.00	0.00	95,125.01	-95,125.01
9/30/24	23,411 SOLD	1.00	0.00	23,411.19	-23,411.19
9/30/24	2,873 PURCHASED	1.00	0.00	-2,872.93	2,872.93
10/ 1/24	8,383 PURCHASED	1.00	0.00	-8,382.81	8,382.81
10/ 3/24	4,326 SOLD	1.00	0.00	4,325.70	-4,325.70
10/15/24	1,959 PURCHASED	1.00	0.00	-1,958.75	1,958.75
10/18/24	3,188 PURCHASED	1.00	0.00	-3,187.50	3,187.50
10/21/24	1,348 PURCHASED	1.00	0.00	-1,347.50	1,347.50
10/23/24	988 PURCHASED	1.00	0.00	-987.50	987.50
10/28/24	103,903 SOLD	1.00	0.00	103,903.47	-103,903.47
10/29/24	13,556 PURCHASED	1.00	0.00	-13,555.91	13,555.91
10/30/24	723 PURCHASED	1.00	0.00	-723.00	723.00

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
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12/31/23 TO 12/31/24

118

TRADE DATE	SHARES/PV	PURCH/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	ADJUSTED HISTORICAL COST
10/30/24	72,826 SOLD	1.00	0.00	72,825.63	-72,825.63
10/31/24	2,108 PURCHASED	1.00	0.00	-2,108.09	2,108.09
10/31/24	2,615 PURCHASED	1.00	0.00	-2,614.89	2,614.89
11/ 1/24	9,040 PURCHASED	1.00	0.00	-9,040.14	9,040.14
11/ 4/24	500 PURCHASED	1.00	0.00	-500.00	500.00
11/ 5/24	4,296 SOLD	1.00	0.00	4,295.69	-4,295.69
11/13/24	750 PURCHASED	1.00	0.00	-750.00	750.00
11/15/24	2,381 PURCHASED	1.00	0.00	-2,381.00	2,381.00
11/18/24	1,121 PURCHASED	1.00	0.00	-1,121.25	1,121.25
11/19/24	2,325 PURCHASED	1.00	0.00	-2,325.00	2,325.00
11/20/24	100,890 SOLD	1.00	0.00	100,890.00	-100,890.00
11/22/24	231,419 SOLD	1.00	0.00	231,419.19	-231,419.19
11/25/24	1,381 PURCHASED	1.00	0.00	-1,381.25	1,381.25
11/26/24	2,000 PURCHASED	1.00	0.00	-2,000.00	2,000.00
11/26/24	2,108 PURCHASED	1.00	0.00	-2,108.10	2,108.10
11/27/24	3,591 PURCHASED	1.00	0.00	-3,591.00	3,591.00
11/27/24	142,165 SOLD	1.00	0.00	142,164.72	-142,164.72
11/29/24	1,500 PURCHASED	1.00	0.00	-1,500.00	1,500.00
11/30/24	1,489 PURCHASED	1.00	0.00	-1,488.93	1,488.93
12/ 2/24	22,257 PURCHASED	1.00	0.00	-22,256.88	22,256.88
12/ 4/24	75,000 PURCHASED	1.00	0.00	-75,000.00	75,000.00
12/ 5/24	4,411 SOLD	1.00	0.00	4,410.61	-4,410.61
12/ 5/24	78,949 SOLD	1.00	0.00	78,949.08	-78,949.08
12/ 9/24	2,035 PURCHASED	1.00	0.00	-2,035.00	2,035.00
12/13/24	2,906 PURCHASED	1.00	0.00	-2,906.00	2,906.00
12/16/24	74,253 SOLD	1.00	0.00	74,253.00	-74,253.00
12/16/24	210,691 PURCHASED	1.00	0.00	-210,690.80	210,690.80
12/17/24	149,153 SOLD	1.00	0.00	149,152.88	-149,152.88
12/18/24	5 PURCHASED	1.00	0.00	-4.50	4.50
12/20/24	42,254 SOLD	1.00	0.00	42,254.06	-42,254.06
12/31/24	2,038 PURCHASED	1.00	0.00	-2,037.79	2,037.79
12/31/24	6,210 PURCHASED	1.00	0.00	-6,209.72	6,209.72

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
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08010151 M.O.S.T. FUND IMA**@ 12/31/23 TO 12/31/24 119

TRADE DATE	SHARES/PV	PURCH/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	ADJUSTED HISTORICAL COST
12/31/24	7,352 PURCHASED	1.00	0.00	-7,351.66	7,351.66
				7,400,409.59	
	VANGUARD TOTAL STOCK MARKET ADMIRAL =====				
03/25/24	155 REINVESTED	0.00	0.00	-19,547.83	19,547.83
07/01/24	157 REINVESTED	0.00	0.00	-20,498.35	20,498.35
9/ 6/24	7,212 SOLD	129.65	0.00	935,000.00	-289,703.06
09/30/24	115 REINVESTED	0.00	0.00	-15,771.49	15,771.49
12/24/24	120 REINVESTED	0.00	0.00	-17,109.90	17,109.90
				1,007,927.57	

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY BROKER

COMPUTED ON A 12/31

/23 VALUE OF \$13,954,795.74

08010151

M.O.S.T. FUND IMA**@

12/31/23 TO 12/31/24

120

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	CASH	ASSET COST
CREWS & ASSOC					
=====					
1/ 2/24	225,000 B	WYANDOTTE CNTY KS 6.75%	12/01/27 0.00	-230,118.75	230,118.75
3/ 7/24	50,000 S	LANCASTER CALIF REDE 2.625%	8/01/24 0.00	49,338.00	-52,181.50
3/ 7/24	100,000 S	YAMHILL CNTY S/D 0.59%	6/15/24 0.00	98,494.00	-95,500.00
3/ 7/24	100,000 S	FAIRFIELD CA PENSION 3.5%	6/01/24 0.00	99,300.00	-102,610.00
7/25/24	200,000 B	TRANE TECHNOLOGIES 3.8%	3/21/29 0.00	-193,356.00	193,356.00
8/15/24	100,000 B	COX COMM INC 6.95%	1/15/28 0.00	-106,690.00	106,690.00
8/ 9/24	250,000 B	REESE FARMS DEV 144A 8.5%	7/15/29 0.00	-250,000.00	250,000.00
8/21/24	25,000 S	UNIVERSITY CA REVS 3.359%	5/15/25 0.00	24,600.00	-25,290.75
8/21/24	50,000 S	GLENDALE WIS CMNTY 3.15%	10/01/24 0.00	49,700.00	-50,480.00
8/21/24	50,000 S	BLOOMFIELD HILLS MI GO 3.2%	10/01/24 0.00	49,750.00	-50,628.00
9/19/24	190,000 B	SOUTH DAKOTA HSG 4.6%	5/01/30 0.00	-195,192.70	195,192.70
11/25/24	100,000 B	TERRE HAUTE HSG REV 5.35%	1/01/38 0.00	-89,995.00	89,995.00
12/ 4/24	75,000 B	PACIFICORP 5.3%	2/15/31 0.00	-77,734.50	77,734.50
SOUTHWEST SECURITIES, INC.					
=====					
1/ 9/24	150,000 B	PHCC LLC	3/27/24 0.00	-147,921.00	147,921.00
2/13/24	250,000 B	PHCC LLC	4/10/24 0.00	-247,483.89	247,483.89
3/26/24	100,000 B	HILLTOP SECIRITIES	5/22/24 0.00	-99,074.44	99,074.44
4/ 9/24	100,000 B	PHCC LLC	9/11/24 0.00	-97,223.72	97,223.72
5/31/24	100,000 B	FIRST HORIZON NATL CORP 4%	5/26/25 0.00	-98,120.00	98,120.00
5/31/24	100,000 B	AQUARION CO 4%	8/15/24 0.00	-99,590.00	99,590.00
8/ 5/24	100,000 B	FED HOME LN BKS 6%	8/13/29 0.00	-100,000.00	100,000.00
10/25/24	100,000 B	BOEING CO 7.25%	6/15/25 0.00	-101,225.00	101,225.00
12/11/24	75,000 B	MINNESOTA ST HSG 3.744%	1/01/29 0.00	-72,966.00	72,966.00