

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 04/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST 6293 SAN IGNACIO AVENUE SAN JOSE, CA 95119
2b Employer Identification Number (EIN) 94-6401544
2c Plan Sponsor's telephone number 408-588-3770
2d Business code (see instructions) 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/08/2025, ERIC MUSSYNSKI; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/11/2025, ALEX HALL; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	2692
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)	2087
	6a(2)	2058
	6b	601
	6c	
	6d	2659
	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	124

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4Q 4L

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 94-6401544</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA HEALTH INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3402799	95517	NOT AVAILABLE	328	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	861695
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

UNABLE TO PROVIDE CORRECT AMOUNT OF PREMIUMS PAID. USED PLAN RECORDS INSTEAD.

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

<p>A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 94-6401544</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL30685	697	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	142734
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST		D Employer Identification Number (EIN) 94-6401544

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	600832	475	09/01/2023	08/31/2024

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

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

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

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

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

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Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4556283
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 94-6401544

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	93	3555	09/01/2023	08/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	36127509
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 94-6401544

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1632821	00000	30036513	9704	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	159465
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 94-6401544	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

BENESYS ADMINISTRATORS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 50	NONE	797747	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL

94-1461312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	289446	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM BLUE CROSS

95-3760980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50	NONE	188654	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COLUMBIA MANAGEMENT

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	184654	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NUVEEN ASSET MANAGEMENT, LLC

333 WEST WACKER DRIVE
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	161504	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	152001	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CRYSTAL CLEAR RX

23-3009945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	137444	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	22118	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SUZANNE NEEDHAM

6293 SAN IGNACIO AVENUE
SAN JOSE, CA 95119

(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	EMPLOYEE	134855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHWESTERN PLAN SERVICES

91-2140506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	123000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KRAW LAW GROUP

77-0171216

(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 50	NONE	106503	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAYMOND JAMES FINANCIAL INC

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	70625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE

424 CHURCH STREET, SUITE 1400
NASHVILLE, TN 37219

(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	55840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BEAT IT PROGRAM

77-0111619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	47216	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SMART SOURCE LLC

7270 MCGINNIS FERRY ROAD
SUWANEE, GA 30024

(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?
36 50	NONE	37609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SALTZMAN & JOHNSON LAW GROUP

94-2376174

(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 50	NONE	34905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BROADRIDGE MATRIX TRUST CO

75-3182674

(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?
21 50 62	NONE	30011	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH ADVOCATE SOLUTIONS

3043 WALTON ROAD
PLYMOUTH MEETING, PA 19462

(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	25780	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL

13-1925125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	20598	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EIDE BAILLY LLP

45-0250958

(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	9627	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN HEALTH HOLDING, INC.

31-1368946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50	NONE	5551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARSH & MCLENNAN AGENCY LLC

36-1436000

(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?
23 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2059	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARSH & MCLENNAN AGENCY LLC	53	1258
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO 52-1579726	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST	D Employer Identification Number (EIN) 94-6401544

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	13370193	11429172
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4546240	4619366
(2) Participant contributions	1b(2)	695606	695606
(3) Other	1b(3)	1819389	1882852
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3289949	2792674
(2) U.S. Government securities	1c(2)	52181084	54340167
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	46886226	50272499
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	17261	
(B) Common	1c(4)(B)	57901497	64432857
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4621107	4865122
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	185328552	195330315
Liabilities			
g Benefit claims payable.....	1g	10048246	11655764
h Operating payables.....	1h	347539	373195
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	720029	1378302
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11115814	13407261
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	174212738	181923054

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)	48174229	
(B) Participants.....	2a(1)(B)	8203671	
(C) Others (including rollovers).....	2a(1)(C)	6960160	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		63338060
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	567152	
(B) U.S. Government securities.....	2b(1)(B)	1507525	
(C) Corporate debt instruments.....	2b(1)(C)	2067619	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4142296
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	2880	
(B) Common stock.....	2b(2)(B)	1565552	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1568432
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	25326529	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	24314638	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1011891
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3481758	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		74911
d Total income. Add all income amounts in column (b) and enter total	2d		73617348

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31744392	
(2) To insurance carriers for the provision of benefits	2e(2)	31467872	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		63212264
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)	134856	
(2) Contract administrator fees	2i(2)	1372238	
(3) Recordkeeping fees	2i(3)	105214	
(4) IQPA audit fees	2i(4)	56415	
(5) Investment advisory and investment management fees	2i(5)	446689	
(6) Bank or trust company trustee/custodial fees	2i(6)	12	
(7) Actuarial fees	2i(7)	123000	
(8) Legal fees	2i(8)	141540	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	21077	
(11) Other expenses	2i(11)	293727	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2694768
j Total expenses. Add all expense amounts in column (b) and enter total	2j		65907032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7710316
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: WITHUMSMITH+BROWN PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN

EIN 94-6401544

Plan No. 501

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN

EIN 94-6401544

Plan No. 501

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN

EIN 94-6401544

Plan No. 501

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here.			<input checked="" type="checkbox"/>
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
		<input type="checkbox"/> special extension (enter description)		
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.			<input type="checkbox"/>

Part II Basic Plan Information—enter all requested information			
1a	Name of plan U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN	1b	Three-digit plan number (PN) ▶ 501
		1c	Effective date of plan 04/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 HEALTH AND WELFARE TRUST	2b	Employer Identification Number (EIN) 94-6401544
	6293 SAN IGNACIO AVENUE	2c	Plan Sponsor's telephone number (408) 588-3770
	SAN JOSE CA 95119	2d	Business code (see instructions) 238220

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

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

SIGN HERE	<i>Eric Mussynski</i>	10/09/2025	ERIC MUSSYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Alex Hall</i>	10/12/2025	ALEX HALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	2,681
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)	2,082
	6a(2)	2,058
	6b	601
	6c	
	6d	2,659
	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	124

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN AND
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN**
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
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December 31, 2024 and 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan:

Opinion

We have audited the combined financial statements of U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan, employee benefit plans subject to the Employee Retirement Security Act of 1974 ("ERISA"), which comprise the combined statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related combined statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan as of December 31, 2024 and 2023, and the changes in their net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Combined Financial Statements

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

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the U.A. Local No. 393 Health and Welfare Plan's and Supplemental Unemployment Benefit Plan's ability to continue as a going concern for one year after the date that the combined financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Combined Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined 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 combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the U.A. Local No. 393 Health and Welfare Plan's and Supplemental Unemployment Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local No. 393 Health and Welfare Plan's and Supplemental Unemployment Benefit Plan 's ability to continue as a going concern for a reasonable period of time.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplemental schedules of combined operating expenses for the years ended December 31, 2024 and 2023, are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

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

Withum Smith + Brown, PC

October 7, 2025

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Combined Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024			2023		
	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total
Assets						
Investments - at fair value	\$ 176,703,319	\$ 16,260,619	\$ 192,963,938	\$ 164,897,124	\$ 14,344,107	\$ 179,241,231
Receivables						
Employer contributions	4,619,366	119,924	4,739,290	4,546,240	117,896	4,664,136
ERA contributions	695,606	-	695,606	695,606	-	695,606
Accrued interest and dividends	1,045,386	157,197	1,202,583	918,355	129,165	1,047,520
Prescription rebates receivable	634,483	-	634,483	793,786	-	793,786
Due from other funds	202,983	2,029	205,012	107,248	509	107,757
Total receivables	7,197,824	279,150	7,476,974	7,061,235	247,570	7,308,805
Cash	11,429,172	853,428	12,282,600	13,370,193	1,600,380	14,970,573
Total assets	195,330,315	17,393,197	212,723,512	185,328,552	16,192,057	201,520,609
Liabilities and Net Assets						
Liabilities						
Accounts payable	373,195	4,995	378,190	347,539	2,593	350,132
Reciprocity contributions payable	371,760	-	371,760	283,282	-	283,282
Due to other trust funds	1,006,542	-	1,006,542	436,747	-	436,747
Total liabilities	1,751,497	4,995	1,756,492	1,067,568	2,593	1,070,161
Net assets available for benefits	\$ 193,578,818	\$ 17,388,202	\$ 210,967,020	\$ 184,260,984	\$ 16,189,464	\$ 200,450,448

The Notes to Combined Financial Statements are an integral part of these statements.

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Combined Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	2024			2023		
	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total
Additions						
Investment income						
Net appreciation (depreciation)						
in fair value of investments	\$ 4,493,649	\$ (246,022)	\$ 4,247,627	\$ 9,338,897	\$ 417,075	\$ 9,755,972
Interest and dividends	<u>5,710,728</u>	<u>549,701</u>	<u>6,260,429</u>	<u>4,791,050</u>	<u>452,912</u>	<u>5,243,962</u>
Total investment income	10,204,377	303,679	10,508,056	14,129,947	869,987	14,999,934
Investment expenses	<u>(376,063)</u>	<u>(16,489)</u>	<u>(392,552)</u>	<u>(331,760)</u>	<u>(14,835)</u>	<u>(346,595)</u>
Net investment income	<u>9,828,314</u>	<u>287,190</u>	<u>10,115,504</u>	<u>13,798,187</u>	<u>855,152</u>	<u>14,653,339</u>
Employer contributions	47,687,987	1,476,905	49,164,892	47,897,596	1,539,871	49,437,467
Incoming reciprocity	486,242	-	486,242	1,214,110	-	1,214,110
ERA contributions	6,960,160	-	6,960,160	7,225,628	-	7,225,628
Retiree self-pay contributions	8,046,508	-	8,046,508	7,730,625	-	7,730,625
COBRA contributions	157,163	-	157,163	141,777	-	141,777
Liquidated damages	45,825	-	45,825	70,801	-	70,801
Other income	<u>29,086</u>	<u>-</u>	<u>29,086</u>	<u>169,710</u>	<u>-</u>	<u>169,710</u>
	<u>63,412,971</u>	<u>1,476,905</u>	<u>64,889,876</u>	<u>64,450,247</u>	<u>1,539,871</u>	<u>65,990,118</u>
Total additions	<u>73,241,285</u>	<u>1,764,095</u>	<u>75,005,380</u>	<u>78,248,434</u>	<u>2,395,023</u>	<u>80,643,457</u>
Deductions						
Benefits						
Premiums paid						
Medical - Kaiser Foundation						
Health Plan	30,604,339	-	30,604,339	28,224,669	-	28,224,669
Vision - Vision Service Plan	172,862	-	172,862	223,391	-	223,391
Stop Loss - HCC Life	<u>142,734</u>	<u>-</u>	<u>142,734</u>	<u>123,022</u>	<u>-</u>	<u>123,022</u>
	<u>30,919,935</u>	<u>-</u>	<u>30,919,935</u>	<u>28,571,082</u>	<u>-</u>	<u>28,571,082</u>
Self-funded benefits						
Medical	17,516,175	-	17,516,175	13,164,432	-	13,164,432
Dental	3,365,661	-	3,365,661	3,447,776	-	3,447,776
Prescription drug	3,940,883	-	3,940,883	3,285,948	-	3,285,948
Disability and withholding taxes	755,597	-	755,597	587,154	-	587,154
Death benefits	212,000	-	212,000	107,200	-	107,200
Supplementary disability	106,265	-	106,265	106,703	-	106,703
Health reserve account-claims	208,961	-	208,961	197,809	-	197,809
Health reserve account-benny card	4,579,269	-	4,579,269	4,795,673	-	4,795,673
Supplemental unemployment	<u>-</u>	<u>552,468</u>	<u>552,468</u>	<u>-</u>	<u>393,312</u>	<u>393,312</u>
	<u>30,684,811</u>	<u>552,468</u>	<u>31,237,279</u>	<u>25,692,695</u>	<u>393,312</u>	<u>26,086,007</u>
Total benefits	<u>61,604,746</u>	<u>552,468</u>	<u>62,157,214</u>	<u>54,263,777</u>	<u>393,312</u>	<u>54,657,089</u>
Operating expenses						
Administrative expenses	1,372,238	-	1,372,238	1,363,040	-	1,363,040
Professional fees	828,435	8,144	836,579	823,970	10,578	834,548
General expenses	<u>118,032</u>	<u>4,745</u>	<u>122,777</u>	<u>148,570</u>	<u>7,724</u>	<u>156,294</u>
Total operating expenses	<u>2,318,705</u>	<u>12,889</u>	<u>2,331,594</u>	<u>2,335,580</u>	<u>18,302</u>	<u>2,353,882</u>
Total deductions	<u>63,923,451</u>	<u>565,357</u>	<u>64,488,808</u>	<u>56,599,357</u>	<u>411,614</u>	<u>57,010,971</u>
Net change in net assets available for benefits	9,317,834	1,198,738	10,516,572	21,649,077	1,983,409	23,632,486
Net assets available for benefits						
Beginning of year	<u>184,260,984</u>	<u>16,189,464</u>	<u>200,450,448</u>	<u>162,611,907</u>	<u>14,206,055</u>	<u>176,817,962</u>
End of year	<u>\$ 193,578,818</u>	<u>\$ 17,388,202</u>	<u>\$ 210,967,020</u>	<u>\$ 184,260,984</u>	<u>\$ 16,189,464</u>	<u>\$ 200,450,448</u>

The Notes to Combined Financial Statements are an integral part of these statements.

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Combined Statements of Benefit Obligations
December 31, 2024 and 2023**

	2024			2023		
	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total
Amounts currently payable						
Claims payable and claims incurred but not reported	\$ 6,583,396	\$ 46,400	\$ 6,629,796	\$ 5,523,815	\$ 67,400	\$ 5,591,215
Insurance premiums due to insurers	5,072,368	-	5,072,368	4,524,431	-	4,524,431
	<u>11,655,764</u>	<u>46,400</u>	<u>11,702,164</u>	<u>10,048,246</u>	<u>67,400</u>	<u>10,115,646</u>
Other obligations, net of amounts currently payable						
Accumulated eligibility credits	22,755,000	101,800	22,856,800	20,135,000	-	20,135,000
Extended reserve account	59,749,937	-	59,749,937	58,274,623	-	58,274,623
	<u>82,504,937</u>	<u>101,800</u>	<u>82,606,737</u>	<u>78,409,623</u>	<u>-</u>	<u>78,409,623</u>
Total current benefit obligations other than postretirement benefit obligations	<u>94,160,701</u>	<u>148,200</u>	<u>94,308,901</u>	<u>88,457,869</u>	<u>67,400</u>	<u>88,525,269</u>
Postretirement benefit obligations						
Net of amounts currently payable						
Current retirees	157,648,917	-	157,648,917	125,414,535	-	125,414,535
Other participants fully eligible for benefits	79,366,379	-	79,366,379	72,296,398	-	72,296,398
Other participants not yet fully eligible for benefits	192,582,068	-	192,582,068	194,600,091	-	194,600,091
	<u>429,597,364</u>	<u>-</u>	<u>429,597,364</u>	<u>392,311,024</u>	<u>-</u>	<u>392,311,024</u>
Total benefit obligations	<u>\$ 523,758,065</u>	<u>\$ 148,200</u>	<u>\$ 523,906,265</u>	<u>\$ 480,768,893</u>	<u>\$ 67,400</u>	<u>\$ 480,836,293</u>

The Notes to Combined Financial Statements are an integral part of these statements.

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Combined Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023**

	2024			2023		
	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total
Amounts currently payable						
Balance at beginning of the year	\$ 10,048,247	\$ 67,400	\$ 10,115,647	\$ 8,040,140	\$ 33,000	\$ 8,073,140
Claims and premiums reported and approved for payment	(59,997,229)	(573,468)	(60,570,697)	(52,255,670)	(358,912)	(52,614,582)
Claims and premiums paid	61,604,746	552,468	62,157,214	54,263,777	393,312	54,657,089
Balance at end of year	<u>11,655,764</u>	<u>46,400</u>	<u>11,702,164</u>	<u>10,048,247</u>	<u>67,400</u>	<u>10,115,647</u>
Other obligations, net of amounts currently payable						
Balance at beginning of year	78,409,623	-	78,409,623	76,776,750	-	76,776,750
Net change during year						
Accumulated eligibility credits	2,620,000	101,800	2,721,800	645,000	-	645,000
Extended reserve account	1,475,314	-	1,475,314	987,873	-	987,873
Balance at end of year	<u>82,504,937</u>	<u>101,800</u>	<u>82,606,737</u>	<u>78,409,623</u>	<u>-</u>	<u>78,409,623</u>
Total current benefit obligations other than postretirement benefit obligations	<u>94,160,701</u>	<u>148,200</u>	<u>94,308,901</u>	<u>88,457,870</u>	<u>67,400</u>	<u>88,525,270</u>
Postretirement benefit obligations						
Net of amounts currently payable						
Balance at beginning of the year	392,311,023	-	392,311,023	400,379,870	-	400,379,870
Net change during the year attributable to						
Benefits earned and other changes	10,877,938	-	10,877,938	10,675,860	-	10,675,860
Benefits reclassified to currently payable	(7,607,069)	-	(7,607,069)	(6,122,062)	-	(6,122,062)
Interest	19,615,600	-	19,615,600	20,019,000	-	20,019,000
Change in actuarial assumptions	14,399,872	-	14,399,872	(32,641,645)	-	(32,641,645)
	<u>429,597,364</u>	<u>-</u>	<u>429,597,364</u>	<u>392,311,023</u>	<u>-</u>	<u>392,311,023</u>
Total benefit obligations at year-end	<u>\$ 523,758,065</u>	<u>\$ 148,200</u>	<u>\$ 523,906,265</u>	<u>\$ 480,768,893</u>	<u>\$ 67,400</u>	<u>\$ 480,836,293</u>

The Notes to Combined Financial Statements are an integral part of these statements.

U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan

Notes to Combined Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF THE PLANS

The following brief description of the U.A. Local No. 393 Health and Welfare Plan (“H&W Plan”) and Supplemental Unemployment Benefit Plan (“SUB Plan”) (collectively referred to as the “Plans”) provides general information only. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General

The H&W Plan, a multiemployer health and welfare plan, was established on September 1, 1952, for the purpose of providing health care benefits to eligible participants covered by collective bargaining agreements between U.A. Local Union No. 393 and employer associations and individual employers signatory to the agreements.

The SUB Plan was established on July 1, 1993, for the purpose of providing long-term unemployment benefits to eligible employees covered by collective bargaining agreements between U.A. Local Union No. 393 and employer associations and individual employers signatory to the agreements.

The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Administration of the Plans is the responsibility of the Board of Trustees (the “Trustees”) and is governed by a joint board consisting of equal representation from the participating employers and the U.A. Local Union No. 393.

Benefits - Health and Welfare Plan

The H&W Plan provides health and welfare benefits including medical, dental, vision, prescription drug, disability, and drug and alcohol abuse treatment for active participants and medical, dental, vision, and prescription drug for retirees. All disability and certain medical claims are self-funded by the H&W Plan. The claims for dental, vision, and prescription drug are processed by the H&W Plan’s third-party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the H&W Plan. Ultimate responsibility for payments to providers and participants is retained by the H&W Plan. Certain medical benefits are insured with premiums paid by the H&W Plan.

The H&W Plan management has entered into a stop-loss insurance arrangement in an effort to limit the H&W Plan’s exposure for self-funded medical benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Under the terms of the contract, individual participant claims incurred in excess of \$1,000,000 are reimbursed to the H&W Plan.

The H&W Plan uses a pharmacy benefits manager (“PBM”) which periodically makes refunds to the H&W Plan based on the utilization pattern of specific drugs.

The H&W Plan provides extended insurance and self-funded benefit coverage to active participants based on a participant’s accumulated reserve bank. The majority of participants can accumulate up to a maximum of 660 hours (an additional six months of extended coverage) in their basic reserve account with a monthly charge-off of 110 hours. For the years ended December 31, 2024 and 2023, this bank of hours liability totaled approximately \$22,755,000 and \$20,135,000, respectively.

U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan Notes to Combined Financial Statements December 31, 2024 and 2023

When the participant exhausts his or her basic reserve account, his or her eligibility will be maintained by the monthly charge-off being applied to his or her extended reserve account (“ERA”) balances. For the years ended December 31, 2024 and 2023, the participant ERA liability totaled \$59,749,937 and \$58,274,623, respectively.

Participants may elect to have additional contributions made to their ERA. Annually, the participant reserve, a net rate of return of the H&W Plan’s extended reserve fund, is calculated and allocated to the average balance of the participant’s ERA for the year. If a participant dies and there are no dependents eligible for coverage, his or her account shall be forfeited to the general assets of the H&W Plan.

Benefits - Supplemental Unemployment Benefit Plan

Benefits will be paid in the amount of \$200 per week to members who are in good standing with U.A. Local Union No. 393 and who meet specific eligibility requirements. Participants may accrue a maximum of 26 benefit credits which must be earned in 24 consecutive months. Accordingly, the maximum benefit based on \$200 per week is \$5,200.

Benefit credits are used at the rate of one credit per week of SUB Plan payments. The accumulated benefit credits are calculated based upon remaining credits available at December 31, 2024, multiplied by a rate of \$200. As of December 31, 2024 and 2023, the liabilities to pay out benefits based upon the accumulated credits were \$101,800 and \$85,400, respectively.

Contributions and Eligibility

Participating employers are required to pay an hourly contribution to the Plans for each compensable hour of employment worked by covered employees. Employer contributions on behalf of each participant are credited to a reserve (accumulated eligibility credits) maintained for the participant under the Plans. The principal hourly employer contribution rate in effect for the H&W Plan is \$16.55 to \$16.21 for the years ended December 31, 2024 and 2023, respectively. Participants may elect for an additional contribution to their H&W Plan ERA in the amount of \$1.00, \$2.00, or \$4.00 per hour.

Participants become covered initially when they accumulate two months of credit from the contributing employer. Once the participant attains initial coverage, a reserve of one month must be maintained at the end of any qualifying month for continued coverage. There is a lag month between the work or qualifying month and the coverage month.

Under certain conditions, participants are permitted to maintain H&W Plan coverage by making self-payments.

Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (“COBRA”), has been adopted by the Plans.

Retired employees with ERA must use their accounts for making retiree self-payments until the account is exhausted. To continue enrollment in the Plans, eligible retirees have the option by paying monthly premiums directly or having the amount deducted from their pension benefit check.

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Notes to Combined Financial Statements
December 31, 2024 and 2023**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The combined financial statements of the Plans are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Principles of Combination

The combined financial statements include accounts of the Plans. Amounts due between the Plans have not been eliminated in order to preserve transparency of the related party transactions as required to be reported and disclosed in accordance with ERISA.

Use of Estimates

The preparation of combined financial statements in conformity U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations, and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Employer Contributions and Contributions Receivable

The Plans' policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plans during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plans have an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Immaterial delinquencies may arise; therefore, should significant deficiencies be identified, they would be recorded as contributions receivable when assessed.

The carrying amount of contributions receivable is reduced for an allowance for credit losses that reflects management's best estimate of amounts that will not be collected. Factors that influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, and current and future economic conditions. As of December 31, 2024 and 2023, there was no allowance.

Reciprocity

The H&W Plan has various reciprocal agreements in place with other collectively bargained local unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home local union in the subsequent month. For the years ended December 31, 2024 and 2023, the H&W Plan remitted \$2,157,836 and \$3,277,474, respectively, and received \$486,242 and \$1,214,110, respectively, in reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included on the combined statements of changes in net assets available for benefits. No allowance for credit losses as of December 31, 2024 and 2023, was necessary for reciprocal payments due to the H&W Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocal contributions payable account and are not included in the combined statements of changes in net assets available for benefits as they do not represent an expense of the H&W Plan.

U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan Notes to Combined Financial Statements December 31, 2024 and 2023

Payment of Benefits

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Trustees determine the Plans' valuation policies utilizing information provided by the investment advisors and custodians.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

The classification of investment earnings reported in the combined statements of changes in the net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Stop Loss

Premiums for stop loss insurance are included in premiums paid in the accompanying combined statements of changes in net assets available for benefits. Stop loss refunds received are netted against claims paid in self-funded benefits in the accompanying combined statements of changes in net assets available for benefits. As of December 31, 2024 and 2023, there were no stop loss reimbursements received or receivable.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plans that are paid by the Plans are recorded as deductions in the accompanying combined statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying combined statements of changes in net assets available for benefits.

Refunds and Rebates

Refunds from the H&W's PBM are recorded when earned. Pharmacy rebates for the years ended December 31, 2024 and 2023, totaling \$2,946,441 and \$2,567,590, respectively, are netted against claims paid in self-funded benefits in the accompanying combined statements of changes in net assets available for benefits. No allowance for credit losses as of December 31, 2024 and 2023, was necessary for rebates receivable to the H&W Plan.

Health Reimbursement Arrangement

At December 31, 2024 and 2023, Health Reimbursement Arrangement ("HRA") accounts totaled \$4,788,230 and \$4,993,482, respectively, and are included in the H&W Plan's net change in net assets available for benefits. There were no amounts approved for payments from HRA accounts but not yet paid as of either December 31, 2024 or 2023.

**U.A. Local No. 393 Health and Welfare Plan and
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Current Benefit Obligations

As a result of the eligibility provisions of the Plans, hours worked by participants through December 31, 2024 and 2023, produced eligibility through February 2025 and February 2024, respectively, for active participants. The liabilities for future payment of claims incurred but not reported at December 31, 2024 and 2023, have been estimated, in accordance with accepted actuarial principles, on the basis of statistical lag analysis studies by the H&W Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan administrator. These amounts are paid by the H&W Plan only if claims are submitted and approved for payment. The claims payable is composed of claims reported through February 2025 and February 2024, in the amounts of \$3,867,687 and \$3,655,402, respectively. The liabilities for future payment of claims incurred but unreported for the H&W Plan at February 2025 and February 2024, in the amounts of \$2,715,709 and \$1,868,413, respectively, have been estimated on the basis of statistical lag analysis studies. Given the nature of such analysis, it is reasonably possible that actual claims in the next year may differ from those estimates by amounts that would be material.

Insurance premiums not yet paid by the H&W Plan related to the coverage at or before year-end are included in insurance premiums due to insurers in the combined statements of benefit obligations.

The liabilities for future payment of claims incurred but not reported for the SUB Plan at January 2024 and 2023 total \$46,400 and \$67,400, respectively.

The estimated liability for future benefits (accumulated eligibility credits) for the H&W Plan is based on the accumulated months of eligibility at December 31, multiplied by effective premium rates for insured benefits and by the per capita cost of self-funded benefits. The estimated liability for future benefits (accumulated eligibility credits) for the SUB Plan is based on the accumulated months of eligibility at December 31, multiplied by a rate of \$200. These liabilities are recorded as other obligations, net of amounts currently payable on the combined statements of benefit obligations.

Postretirement Benefit Obligations

Postretirement benefit obligations have been recognized for retiree health benefits for eligible participants and their beneficiaries and dependents. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the H&W Plan to employees' service rendered to the date of the combined financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the H&W Plan's participating employers, existing plan assets, and self-payments by the participants.

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

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

	2024	2023
Health care trend	6.20% per annum	6.20% per annum
Interest	5.50% per annum	4.85% per annum
Retirement age	Age 55 - 20.0%; Ages 56-59 - 10.0%; Age 60 - 20.0%; Age 61 - 10.0%; Age 62 - 40.0%; Age 63 - 15.0%; Age 65 - 20.0%; Age 65 and over 100.0%	Age 55 - 20.0%; Ages 56-59 - 10.0%; Age 60 - 20.0%; Age 61 - 10.0%; Age 62 - 40.0%; Age 63 - 15.0%; Age 65 - 20.0%; Age 65 and over 100.0%
Mortality rates	PRI-2012 projected fully generationally using Scale MP-2019	PRI-2012 projected fully generationally using Scale MP-2019

Significant changes in assumptions between December 31, 2024 and 2023 include the following: the medical inflation assumption was updated to this year's Getzen model, assumptions for future medical costs and self-pay rates have been updated, and the discount rate has been updated from 4.85% to 5.50%.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying combined financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, by \$100,711,897 and \$100,382,094, respectively.

For measurement purposes, health care cost-trend rate assumptions for the average per capita cost of covered health care benefits are 6.20% for 2024; the rates are assumed to decrease gradually to 4.04% for 2076 and to remain at that level thereafter. These assumptions are relatively consistent with those used to measure benefit obligation at December 31, 2023.

The foregoing assumptions are based on the presumption that the H&W Plan will continue. Were the H&W Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the combined financial statements.

The H&W Plan's excess of benefit obligations over net assets at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements. However, the H&W Plan empowers the Trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the H&W Plan can be reduced or eliminated prospectively by action of the Trustees.

Subsequent Events

In preparing these combined financial statements, management of the Plans has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the combined financial statements. These events and transactions were evaluated through October 7, 2025, the date that the combined financial statements were available to be issued.

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3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plans have the ability to access at the measurement date.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. During the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

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

Money Market Deposit Account - Valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

Common and Preferred Stock - Valued at the closing price reported on the active market on which the individual securities are traded.

Government Securities - Certain United States government securities are valued based on closing quoted market prices in active markets in which the securities are traded, and certain United States government securities and notes are valued based on a dealer-supplied bid evaluation (i.e., estimated price at which a dealer would pay for a security) and computerized pricing models if reported quoted market prices are not available. These models take into account appropriate factors such as institutionalized trading markets in similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics, and other market data. Other government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Bonds - Valued by pricing services based on yields currently available on comparable issues with similar credit ratings and broker quotes from dealers who are market makers in these investments.

Mutual Funds (Including Money Market Mutual Fund) - Valued at the daily closing price as reported by the fund. Mutual funds held by the H&W Plan are open-ended mutual funds that are registered with the Securities

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and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the H&W Plan are deemed to be actively traded.

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

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market deposit account	\$ -	\$ 2,792,674	\$ -	\$ 2,792,674
Government securities	54,340,167	-	-	54,340,167
Corporate bonds	-	50,272,499	-	50,272,499
Common stock	64,432,857	-	-	64,432,857
Preferred stock	-	-	-	-
Money market mutual fund	<u>4,865,122</u>	<u>-</u>	<u>-</u>	<u>4,865,122</u>
Total assets in the fair value hierarchy	<u>\$ 123,638,146</u>	<u>\$ 53,065,173</u>	<u>\$ -</u>	<u>\$ 176,703,319</u>
	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market deposit account	\$ -	\$ 3,289,949	\$ -	\$ 3,289,949
Government securities	52,181,084	-	-	52,181,084
Corporate bonds	-	46,886,226	-	46,886,226
Common stock	57,901,497	-	-	57,901,497
Preferred stock	17,261	-	-	17,261
Money market mutual fund	<u>4,621,107</u>	<u>-</u>	<u>-</u>	<u>4,621,107</u>
Total assets in the fair value hierarchy	<u>\$ 114,720,949</u>	<u>\$ 50,176,175</u>	<u>\$ -</u>	<u>\$ 164,897,124</u>

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

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market deposit account	\$ -	\$ 173,746	\$ -	\$ 173,746
Government and government agency securities	8,783,976	-	-	8,783,976
Corporate bonds	-	7,302,897	-	7,302,897
Total assets in the fair value hierarchy	<u>\$ 8,783,976</u>	<u>\$ 7,476,643</u>	<u>\$ -</u>	<u>\$ 16,260,619</u>
	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market deposit account	\$ -	\$ 225,101	\$ -	\$ 225,101
Government and government agency securities	8,060,781	-	-	8,060,781
Corporate bonds	-	6,058,225	-	6,058,225
Total assets in the fair value hierarchy	<u>\$ 8,060,781</u>	<u>\$ 6,283,326</u>	<u>\$ -</u>	<u>\$ 14,344,107</u>

4. TAX STATUS

The VEBA Trust funding benefits of the Plans received an exemption letter from the Internal Revenue Service ("IRS") dated May 25, 1955, stating that the trust is tax exempt under the provisions of Section 510(c)(9) of the Internal Revenue Code ("IRC"). However, as a result of the Plans' funding policies, from time to time the trust may be subject to income taxes. In addition, the Plans and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plans are being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

U.S. GAAP requires management to evaluate tax positions taken and recognize a tax liability if the Plans have taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plans and concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the combined financial statements. The Plans are subject to routine audits by taxing and regulatory jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for periods presented in these combined financial statements.

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTION

The Plans pay fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA.

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Notes to Combined Financial Statements
December 31, 2024 and 2023**

The H&W Plan holds the lockbox account that receives contributions and liquidated damages on behalf of the related U.A. Local 393 Trust Funds and entities. These contributions are based on each plan's contribution rate and are transferred monthly to end-recipient entities. As of December 31, 2024 and 2023, the following amounts were due to other U.A. Local 393 Trust Funds and entities:

	<u>2024</u>	<u>2023</u>
U.A. Local No. 393 Defined Benefit Pension Plan	\$ 82,036	\$ 19,297
U.A. Local No. 393 Defined Contribution Plan	39,604	11,476
Supplemental Unemployment Benefit Plan	2,029	509
Other labor union related entities	<u>882,873</u>	<u>405,465</u>
	<u>\$ 1,006,542</u>	<u>\$ 436,747</u>

The member advocate and plan director employment costs are shared between the U.A. Local No. 393 Health and Welfare, Pension, and Defined Contribution Trust Funds. The H&W Plan pays the costs and is subsequently reimbursed by the Pension and Defined Contribution Trust Funds for their allocated portion. As of December 31, 2024 and 2023, the amounts due from the Pension and Defined Contribution Plans were \$202,983 and \$107,248, respectively.

Union trustees are reimbursed lost wages for attending trustee meetings and performing their fiduciary duties. As of December 31, 2024 and 2023, the amounts paid were \$11,722 and \$14,183, respectively.

Additionally, as of May 1, 2021, the Plans leased an office space from U.A. Local Union No. 393 for the plan director. The lease expense consists of monthly installments of \$375. The lease expenses are netted with the plan director expenses in the accompanying combined statements of changes in net assets available for benefits.

6. RISKS AND UNCERTAINTIES

Due to various risk (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the combined statements of net assets available for benefits.

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

Financial instruments that subject the Plans to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plans attempts to limit any financial exposure by maintaining accounts at high-quality financial institutions, cash and investment balances exceeded the federally insured limit of \$250,000. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plans' financial condition, results of operation, and cash flows. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and historical high collection rate of receivables.

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Notes to Combined Financial Statements
December 31, 2024 and 2023**

7. PRIORITIES UPON PLAN TERMINATION

It is the intent of the Trustees to continue the Plans in full force and effect; however, the Plans may be terminated at any time by the Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the Plan document. Upon termination, any monies remaining in the Plans after the payment of all expenses and obligations of the Plans shall be paid or used for the continuance of one or more benefits in accordance with the provisions of the Plans until such Plans are exhausted. No assets of the Plans may revert to the signatory employers or be used for purposes other than for the exclusive benefit of the Plans' participants.

8. RECONCILIATION OF COMBINED FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 193,578,818	\$ 184,260,984
Less: Current benefit obligations	<u>(11,655,764)</u>	<u>(10,048,246)</u>
Net assets available for benefits per Form 5500	<u>\$ 181,923,054</u>	<u>\$ 174,212,738</u>

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 17,388,202	\$ 16,189,464
Less: Current benefit obligations	<u>(46,400)</u>	<u>(67,400)</u>
Net assets available for benefits per Form 5500	<u>\$ 17,341,802</u>	<u>\$ 16,122,064</u>

The following is a reconciliation of the total benefits paid per the combined financial statements to the H&W Plan Form 5500 for the year ended December 31, 2024:

Total benefits paid per the combined financial statements	\$ 61,604,746
Add: Amounts currently payable at end of year	11,655,764
Less: Amounts currently payable at beginning of year	<u>(10,048,246)</u>
Total benefits paid per the Form 5500	<u>\$ 63,212,264</u>

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

Total benefits paid per the combined financial statements	\$ 552,468
Add: Amounts currently payable at end of year	46,400
Less: Amounts currently payable at beginning of year	<u>(67,400)</u>
Total benefits paid per the Form 5500	<u>\$ 531,468</u>

SUPPLEMENTARY INFORMATION

**U.A. Local No. 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan
Schedules of Combined Operating Expenses
Years Ended December 31, 2024 and 2023**

	2024			2023		
	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total	Health and Welfare Plan	Supplemental Unemployment Benefit Plan	Total
Operating expenses						
Professional fees						
Benefit consulting	\$ 123,000	\$ -	\$ 123,000	\$ 133,250	\$ -	\$ 133,250
EAP program	72,984	-	72,984	70,824	-	70,824
Benny card fee	21,231	-	21,231	23,372	-	23,372
Plan director	131,167	-	131,167	122,359	-	122,359
Plan director expense	3,689	-	3,689	2,761	-	2,761
Auditing	161,629	-	161,629	114,731	-	114,731
Claims review	81,971	-	81,971	175,412	-	175,412
Collection	35,037	-	35,037	40,849	-	40,849
Legal	106,503	1,994	108,497	79,969	349	80,318
Investment consultant	70,626	6,150	76,776	60,443	10,229	70,672
Other consulting	20,598	-	20,598	-	-	-
Total professional fees	<u>828,435</u>	<u>8,144</u>	<u>836,579</u>	<u>823,970</u>	<u>10,578</u>	<u>834,548</u>
General expenses						
Insurance	20,024	656	20,680	18,547	591	19,138
Postage	24,100	108	24,208	28,689	1,285	29,974
Printing	35,975	3,981	39,956	69,788	5,848	75,636
Conventions and meetings	21,077	-	21,077	14,266	-	14,266
PCORI fee	12,901	-	12,901	11,704	-	11,704
Miscellaneous	3,955	-	3,955	5,576	-	5,576
Total general expenses	<u>118,032</u>	<u>4,745</u>	<u>122,777</u>	<u>148,570</u>	<u>7,724</u>	<u>156,294</u>
Administrative expenses						
BeneSys Administrators	756,692	-	756,692	760,866	-	760,866
Delta Dental	289,447	-	289,447	296,509	-	296,509
Blue Cross	188,654	-	188,654	187,299	-	187,299
Prescription	137,445	-	137,445	118,366	-	118,366
Total administrative expenses	<u>1,372,238</u>	<u>-</u>	<u>1,372,238</u>	<u>1,363,040</u>	<u>-</u>	<u>1,363,040</u>
Total operating expenses	<u>\$ 2,318,705</u>	<u>\$ 12,889</u>	<u>\$ 2,331,594</u>	<u>\$ 2,335,580</u>	<u>\$ 18,302</u>	<u>\$ 2,353,882</u>

See Independent Auditor's Report.

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
U.A. Local 393 Health and Welfare Plan and
Supplemental Unemployment Benefit Plan:

We have audited the financial statements of the U.A. Local No. 393 Health and Welfare Plan and Supplemental Unemployment Benefit Plan as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon, dated October 7, 2025, which contained an unmodified opinion on the financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedules, schedule H, part IV, line 4i - schedule of assets (held at end of year) – U.A. Local No. 393 Health and Welfare Plan, schedule H, part IV, line 4i - schedule of assets (held at end of year) – Supplemental Unemployment Benefit Plan, and schedule H, part IV, line 4j - schedule of reportable transactions – U.A. Local No. 393 Health and Welfare Plan as of and for the year ended December 31, 2024, 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In 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.

WithumSmith+Brown, PC

October 7, 2025

**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
December 31, 2024**

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date,	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
U.A. Local 393 Health & Welfare Trust Fund								
Money Market Deposit Account								
Cash		Money Market Deposit Account	N/A	N/A	N/A	N/A	\$ 2,908	\$ 2,908
Raymond James Cash Acct		Money Market Deposit Account	N/A	N/A	N/A	N/A	2,789,765	2,789,766
							<u>2,792,673</u>	<u>2,792,674</u>
Government Securities								
US Treasury Note/Bond		Government Securities	N/A	1.50%	2/15/2030	650,000	548,049	564,688
US Treasury Note/Bond		Government Securities	N/A	2.75%	8/15/2032	350,000	326,389	310,652
US Treasury Note/Bond		Government Securities	N/A	3.88%	9/30/2029	925,000	918,668	905,055
US Treasury Note/Bond		Government Securities	N/A	4.00%	2/29/2028	675,000	679,219	669,146
US Treasury Note/Bond		Government Securities	N/A	3.88%	8/15/2033	1,075,000	1,024,151	1,023,770
US Treasury Note/Bond		Government Securities	N/A	4.25%	11/15/2034	450,000	452,303	438,574
US Treasury Note/Bond		Government Securities	N/A	3.50%	2/15/2039	400,000	390,059	351,094
US Treasury Note/Bond		Government Securities	N/A	3.00%	11/15/2044	650,000	643,920	493,391
US Treasury Note/Bond		Government Securities	N/A	2.88%	8/15/2045	575,000	508,174	424,602
US Treasury Note/Bond		Government Securities	N/A	3.00%	2/15/2047	200,000	277,828	148,438
US Treasury Note/Bond		Government Securities	N/A	2.00%	2/15/2050	600,000	650,656	349,031
US Treasury Note/Bond		Government Securities	N/A	2.50%	1/31/2025	1,575,000	1,586,927	1,572,847
US Treasury Note/Bond		Government Securities	N/A	2.75%	2/15/2028	1,000,000	968,779	955,156
US Treasury Note/Bond		Government Securities	N/A	2.38%	5/15/2029	2,575,000	2,410,412	2,374,029
US Treasury Note/Bond		Government Securities	N/A	2.25%	11/15/2025	1,400,000	1,490,939	1,376,293
US Treasury Note/Bond		Government Securities	N/A	2.00%	11/15/2026	875,000	883,033	840,017
US Treasury Note/Bond		Government Securities	N/A	1.50%	2/15/2030	1,550,000	1,372,664	1,346,563
US Treasury Note/Bond		Government Securities	N/A	2.75%	8/15/2032	1,150,000	1,061,639	1,020,715
US Treasury Note/Bond		Government Securities	N/A	3.88%	9/30/2029	2,725,000	2,710,642	2,666,242
US Treasury Note/Bond		Government Securities	N/A	4.00%	2/29/2028	1,100,000	1,106,875	1,090,461
US Treasury Note/Bond		Government Securities	N/A	3.88%	8/15/2033	2,225,000	2,121,768	2,118,965
US Treasury Note/Bond		Government Securities	N/A	4.25%	11/15/2034	675,000	678,454	657,861
US Treasury Note/Bond		Government Securities	N/A	3.50%	2/15/2039	800,000	760,120	702,188
US Treasury Note/Bond		Government Securities	N/A	3.00%	11/15/2044	850,000	828,378	645,203
US Treasury Note/Bond		Government Securities	N/A	2.88%	8/15/2045	1,525,000	1,496,271	1,126,117
US Treasury Note/Bond		Government Securities	N/A	3.00%	2/15/2047	325,000	356,168	241,211
US Treasury Note/Bond		Government Securities	N/A	2.00%	2/15/2050	725,000	755,881	421,746
US Treasury Note/Bond		Government Securities	N/A	2.50%	1/31/2025	3,200,000	3,198,736	3,195,624
US Treasury Note/Bond		Government Securities	N/A	2.75%	2/15/2028	2,150,000	2,243,358	2,053,586
US Treasury Note/Bond		Government Securities	N/A	2.38%	5/15/2029	2,625,000	2,464,511	2,420,127
US Treasury Note/Bond		Government Securities	N/A	2.25%	11/15/2025	2,725,000	2,807,494	2,678,856
US Treasury Note/Bond		Government Securities	N/A	2.00%	11/15/2026	2,100,000	2,035,652	2,016,041
US Treasury Note/Bond		Government Securities	N/A	1.50%	2/15/2030	2,350,000	2,063,945	2,041,563
US Treasury Note/Bond		Government Securities	N/A	2.75%	8/15/2032	1,125,000	1,027,864	998,525
US Treasury Note/Bond		Government Securities	N/A	3.88%	9/30/2029	2,375,000	2,412,834	2,323,789
US Treasury Note/Bond		Government Securities	N/A	3.88%	8/15/2033	1,675,000	1,659,059	1,595,176
US Treasury Note/Bond		Government Securities	N/A	4.00%	1/31/2031	900,000	886,258	878,625
US Treasury Note/Bond		Government Securities	N/A	4.25%	11/15/2034	450,000	452,303	438,574

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
December 31, 2024**

US Treasury Note/Bond	N/A	2.50%	2/15/2045	550,000	430,770	382,078
US Treasury Note/Bond	N/A	2.88%	8/15/2045	275,000	214,253	203,070
US Treasury Note/Bond	N/A	2.50%	1/31/2025	2,925,000	2,881,591	2,921,001
US Treasury Note/Bond	N/A	2.75%	2/15/2028	1,500,000	1,447,324	1,432,734
US Treasury Note/Bond	N/A	2.38%	5/15/2029	750,000	667,652	691,465
US Treasury Note/Bond	N/A	2.25%	11/15/2025	1,875,000	1,799,261	1,843,250
US Treasury Note/Bond	N/A	2.00%	11/15/2026	1,450,000	1,368,834	1,392,028
					<u>57,070,065</u>	<u>54,340,167</u>
Corporate Bonds						
Alexandria Real Estate E	N/A	1.88%	2/1/2033	300,000	301,116	231,114
Amazon.Com Inc	N/A	3.88%	8/22/2037	300,000	364,146	264,614
Amcor Flexibles North Am	N/A	2.69%	5/25/2031	275,000	274,879	236,319
Anheuser-Busch Inbev Fin	N/A	4.90%	2/1/2046	275,000	351,170	248,922
Athene Holding Ltd	N/A	3.50%	1/15/2031	300,000	318,294	270,021
Bank Of America Corp	N/A	3.25%	10/21/2027	400,000	493,687	386,472
Berkshire Hathaway Inc	N/A	3.13%	3/15/2026	400,000	451,748	394,880
Burlington North Santa Fe	N/A	4.15%	4/1/2045	400,000	512,920	328,936
Carrier Global Corp	N/A	3.38%	4/5/2040	350,000	252,357	270,295
Charles Schwab Corp	N/A	2.45%	3/3/2027	300,000	300,032	286,473
Citibank Na	N/A	5.57%	4/30/2034	250,000	250,970	253,260
Coca-Cola Co/The	N/A	3.38%	3/25/2027	175,000	202,228	171,365
Comcast Corp	N/A	4.15%	10/15/2028	400,000	483,358	390,492
Dell Int.LLC / EMC Corp	N/A	6.20%	7/15/2030	250,000	317,243	262,076
Discovery Communications	N/A	3.95%	3/20/2028	150,000	169,587	142,077
Duke Energy Carolinas	N/A	2.85%	3/15/2032	100,000	99,939	86,451
Duke Energy Progress LLC	N/A	3.25%	8/15/2025	300,000	335,808	297,519
Energy Transfer Partners	N/A	6.50%	2/1/2042	250,000	262,273	265,905
Fedex Corp	N/A	2.40%	5/15/2031	275,000	274,095	234,575
Florida Power & Light Co	N/A	2.85%	4/1/2025	300,000	330,207	298,743
General Dynamics Corp	N/A	3.50%	5/15/2025	300,000	338,601	298,935
General Motors Co	N/A	6.60%	4/1/2036	250,000	344,408	262,520
Globe Life Inc	N/A	2.15%	8/15/2030	325,000	324,674	275,145
Goldman Sachs Group Inc	N/A	3.50%	11/16/2026	225,000	249,381	219,963
Hanover Insurance Group	N/A	2.50%	9/1/2030	250,000	252,343	215,432
HCA Inc	N/A	4.13%	6/15/2029	250,000	282,933	238,650
HCP Inc	N/A	3.25%	7/15/2026	150,000	165,072	146,649
Healthcare Trust Of Amer Hlths Gblt INT	N/A	2.40%	3/15/2030	290,000	295,307	248,639
Home Depot Inc	N/A	1.50%	9/15/2028	275,000	273,895	245,839
IntercontinentalExchange	N/A	1.85%	9/15/2032	325,000	327,499	257,649
John Deere Capital Corp	N/A	4.95%	7/14/2028	225,000	224,665	227,297
Keysight Technologies	N/A	4.60%	4/6/2027	250,000	293,420	248,763
Lam Research Corp	N/A	4.88%	3/15/2049	300,000	458,115	269,824
Lowe's Cos Inc	N/A	1.70%	10/15/2030	350,000	348,660	292,803
McDonald's Corp	N/A	4.88%	12/9/2045	250,000	338,218	224,850
MetLife Inc	N/A	4.05%	3/1/2045	125,000	156,266	100,363
Microsoft Corp	N/A	3.75%	2/12/2045	250,000	324,308	208,525
Philip Morris Int'l Inc	N/A	5.63%	11/17/2029	275,000	274,764	283,256
Phillips 66	N/A	4.65%	11/15/2034	250,000	306,526	232,948
Precision Castparts Corp	N/A	3.25%	6/15/2025	150,000	167,237	149,138
Public Storage	N/A	5.10%	8/1/2033	250,000	249,570	248,895

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
December 31, 2024**

Pulte Group Inc	Corporate Bonds	N/A	6.38%	5/15/2033	100,000	130,374	105,855
Pulte Group Inc	Corporate Bonds	N/A	6.00%	2/15/2035	125,000	160,329	129,228
Reinsurance Group Of America	Corporate Bonds	N/A	3.90%	5/15/2029	150,000	165,201	143,327
Salesforce.Com Inc	Corporate Bonds	N/A	2.90%	7/15/2051	325,000	324,093	207,574
Sempra Energy	Corporate Bonds	N/A	3.80%	2/1/2038	225,000	257,265	186,273
Simon Property Group LP	Corporate Bonds	N/A	2.25%	1/15/2032	325,000	322,644	269,770
Southern Copper Corp	Corporate Bonds	N/A	5.88%	4/15/2045	125,000	167,788	122,048
Valero Energy Corp	Corporate Bonds	N/A	6.63%	6/15/2037	250,000	264,020	262,685
Verisk Analytics Inc	Corporate Bonds	N/A	5.25%	6/15/2034	175,000	172,144	172,838
Verizon Communications	Corporate Bonds	N/A	2.55%	3/21/2031	275,000	273,870	236,896
Viacom Inc	Corporate Bonds	N/A	6.88%	4/30/2036	150,000	208,915	152,613
Virginia Elec & Power Co	Corporate Bonds	N/A	2.45%	12/15/2050	325,000	319,826	182,894
Vmware Inc	Corporate Bonds	N/A	2.20%	8/15/2031	325,000	324,561	269,604
Warnermedia Holdings Inc	Corporate Bonds	N/A	5.14%	3/15/2052	250,000	250,000	185,428
Welltower Inc	Corporate Bonds	N/A	3.10%	1/15/2030	150,000	156,182	136,802
Bank Of America Corp	Corporate Bonds	N/A	2.48%	9/21/2036	350,000	350,000	285,670
Citigroup Inc	Corporate Bonds	N/A	2.57%	6/3/2031	350,000	352,517	304,880
JPMorgan Chase & Co	Corporate Bonds	N/A	5.77%	4/21/2035	225,000	228,562	230,411
Morgan Stanley	Corporate Bonds	N/A	2.24%	7/21/2032	200,000	200,000	165,778
Morgan Stanley	Corporate Bonds	N/A	6.14%	10/16/2026	125,000	125,134	126,260
Morgan Stanley	Corporate Bonds	N/A	5.83%	4/19/2035	250,000	266,188	254,760
Wells Fargo & Company	Corporate Bonds	N/A	5.56%	7/25/2034	300,000	300,000	299,218
JPMorgan Chase & Co	Corporate Bonds	N/A	2.55%	11/8/2032	500,000	495,405	419,856
Alexandria Real Estate E	Corporate Bonds	N/A	1.88%	2/1/2033	475,000	438,675	365,931
Amazon.Com Inc	Corporate Bonds	N/A	3.88%	8/21/2037	450,000	503,925	396,921
Amcor Flexibles North Am	Corporate Bonds	N/A	2.69%	5/25/2031	425,000	403,186	365,220
Anheuser-Busch Inbev Fin	Corporate Bonds	N/A	4.90%	2/1/2046	375,000	437,033	339,439
Athene Holding Ltd	Corporate Bonds	N/A	3.50%	1/15/2031	425,000	424,817	382,529
Bank Of America Corp	Corporate Bonds	N/A	3.25%	10/21/2027	450,000	491,061	434,781
Berkshire Hathaway Inc	Corporate Bonds	N/A	3.13%	3/15/2026	400,000	451,748	394,880
Burlington North Santa Fe	Corporate Bonds	N/A	4.15%	4/1/2045	600,000	706,189	493,404
Carrier Global Corp	Corporate Bonds	N/A	3.38%	4/5/2040	575,000	414,587	444,055
Charles Schwab Corp	Corporate Bonds	N/A	2.45%	3/3/2027	325,000	325,032	310,346
Citibank Na	Corporate Bonds	N/A	5.57%	4/30/2034	425,000	426,649	430,542
Coca-Cola Co/The	Corporate Bonds	N/A	3.38%	3/25/2027	250,000	288,898	244,808
Comcast Corp	Corporate Bonds	N/A	4.15%	10/15/2028	550,000	626,797	536,927
Dell Int.LLC / EMC Corp	Corporate Bonds	N/A	6.20%	7/15/2030	400,000	469,651	419,322
Discovery Communications	Corporate Bonds	N/A	3.95%	3/20/2028	125,000	141,323	118,397
Duke Energy Carolinas	Corporate Bonds	N/A	2.85%	3/15/2032	425,000	385,609	367,417
Duke Energy Progress LLC	Corporate Bonds	N/A	3.25%	8/15/2025	250,000	279,840	247,933
Energy Transfer Partners	Corporate Bonds	N/A	6.50%	2/1/2042	425,000	445,863	452,039
Fedex Corp	Corporate Bonds	N/A	2.40%	5/15/2031	275,000	274,095	234,575
Florida Power & Light Co	Corporate Bonds	N/A	2.85%	4/1/2025	275,000	302,690	273,847
General Dynamics Corp	Corporate Bonds	N/A	3.50%	5/15/2025	250,000	282,168	249,113
General Motors Co	Corporate Bonds	N/A	6.60%	4/1/2036	400,000	510,838	420,032
Globe Life Inc	Corporate Bonds	N/A	2.15%	8/15/2030	450,000	421,187	380,970
Goldman Sachs Group Inc	Corporate Bonds	N/A	3.50%	11/16/2026	200,000	221,672	195,523
Hanover Insurance Group	Corporate Bonds	N/A	2.50%	9/1/2030	450,000	403,854	387,777
HCA Inc	Corporate Bonds	N/A	4.13%	6/15/2029	375,000	402,768	357,975
HCP Inc	Corporate Bonds	N/A	3.25%	7/15/2026	125,000	137,560	122,208

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**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
December 31, 2024**

Healthcare Trust Of Amer Hldgs Gblt NT	Corporate Bonds	N/A	2.40%	3/15/2030	260,000	264,756	222,918
Home Depot Inc	Corporate Bonds	N/A	1.50%	9/15/2028	275,000	273,895	245,839
Intercontinentalexchange	Corporate Bonds	N/A	1.85%	9/15/2032	400,000	378,266	317,106
John Deere Capital Corp	Corporate Bonds	N/A	4.95%	7/14/2028	375,000	374,441	378,829
Keysight Technologies	Corporate Bonds	N/A	4.60%	4/6/2027	300,000	352,104	298,515
Lam Research Corp	Corporate Bonds	N/A	4.88%	3/15/2049	350,000	484,484	314,794
Lowe's Cos Inc	Corporate Bonds	N/A	1.70%	10/15/2030	525,000	483,950	439,205
McDonald's Corp	Corporate Bonds	N/A	4.88%	12/9/2045	375,000	455,365	337,275
MetLife Inc	Corporate Bonds	N/A	4.05%	3/1/2045	125,000	156,266	100,363
Microsoft Corp	Corporate Bonds	N/A	3.75%	2/12/2045	350,000	402,039	291,935
Philip Morris Ind Inc	Corporate Bonds	N/A	5.63%	11/17/2029	400,000	400,895	412,008
Phillips 66	Corporate Bonds	N/A	4.65%	11/15/2034	375,000	426,178	349,421
Precision Castparts Corp	Corporate Bonds	N/A	3.25%	6/15/2025	150,000	167,237	149,138
Public Storage	Corporate Bonds	N/A	5.10%	8/1/2033	425,000	424,269	423,122
Pulte Group Inc	Corporate Bonds	N/A	6.38%	5/15/2033	90,000	117,337	95,270
Pulte Group Inc	Corporate Bonds	N/A	6.00%	2/15/2035	225,000	254,398	232,610
Reinsurance Group Of America	Corporate Bonds	N/A	3.90%	5/15/2029	225,000	228,699	214,990
Salesforce.Com Inc	Corporate Bonds	N/A	2.90%	7/15/2051	500,000	437,943	319,345
Sempra Energy	Corporate Bonds	N/A	3.80%	2/1/2038	425,000	429,387	351,849
Simon Property Group LP	Corporate Bonds	N/A	2.25%	1/15/2032	275,000	273,006	228,267
Southern Copper Corp	Corporate Bonds	N/A	5.88%	4/23/2045	100,000	134,230	97,638
Valero Energy Corp	Corporate Bonds	N/A	6.63%	6/15/2037	425,000	448,834	446,565
Verisk Analytics Inc	Corporate Bonds	N/A	5.25%	6/5/2034	275,000	270,512	271,602
Verizon Communications	Corporate Bonds	N/A	2.55%	3/21/2031	425,000	406,523	366,112
Viacom Inc	Corporate Bonds	N/A	6.88%	4/30/2036	225,000	314,903	228,920
Virginia Elec & Power Co	Corporate Bonds	N/A	2.45%	12/15/2050	575,000	484,114	323,581
Vmware Inc	Corporate Bonds	N/A	2.20%	8/15/2031	450,000	414,953	373,298
Warnermedia Holdings Inc	Corporate Bonds	N/A	5.14%	3/15/2052	450,000	422,698	333,770
Welltower Inc	Corporate Bonds	N/A	3.10%	1/15/2030	350,000	328,886	319,204
Bank Of America Corp	Corporate Bonds	N/A	2.48%	9/21/2036	650,000	580,433	530,530
Citigroup Inc	Corporate Bonds	N/A	2.57%	6/3/2031	650,000	603,420	566,183
JPMorgan Chase & Co	Corporate Bonds	N/A	5.77%	4/22/2035	425,000	431,234	435,221
Morgan Stanley	Corporate Bonds	N/A	2.24%	7/21/2032	450,000	401,168	373,001
Morgan Stanley	Corporate Bonds	N/A	6.14%	10/16/2026	150,000	150,161	151,512
Morgan Stanley	Corporate Bonds	N/A	5.83%	4/19/2035	375,000	399,281	382,140
Wells Fargo & Company	Corporate Bonds	N/A	5.56%	7/25/2034	500,000	500,000	498,696
JPMorgan Chase & Co	Corporate Bonds	N/A	2.55%	11/8/2032	750,000	701,379	629,784
Abbie Inc	Corporate Bonds	N/A	4.40%	1/16/2042	110,000	120,422	95,207
Aep Texas Inc	Corporate Bonds	N/A	3.45%	1/15/2050	115,000	115,721	77,419
Alexandria Real Estate E	Corporate Bonds	N/A	1.88%	2/1/2033	250,000	187,668	192,595
Amazon Com Inc	Corporate Bonds	N/A	3.88%	8/22/2037	275,000	257,953	242,563
Amcor Flexibles North Am	Corporate Bonds	N/A	2.69%	5/25/2031	225,000	187,301	193,352
American Intl Group	Corporate Bonds	N/A	4.38%	6/30/2050	70,000	58,890	57,929
American Tower Corp	Corporate Bonds	N/A	3.80%	8/15/2029	75,000	84,142	71,000
Amgen Inc	Corporate Bonds	N/A	5.75%	3/15/2040	100,000	125,367	99,228
Anheuser-Busch Inbev Fin	Corporate Bonds	N/A	4.90%	2/1/2046	150,000	147,722	135,776
Anheuser-Busch Inbev Wor	Corporate Bonds	N/A	4.95%	1/15/2042	110,000	132,964	102,224
Anthem Inc	Corporate Bonds	N/A	4.10%	3/1/2028	100,000	113,100	97,780
Apple Inc	Corporate Bonds	N/A	1.20%	2/8/2028	100,000	99,759	90,360

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**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
December 31, 2024**

Astrazenca Finance LLC	Corporate Bonds	N/A	2.25%	5/28/2031	75,000	71,467	63,927
AT&T Inc	Corporate Bonds	N/A	6.00%	8/15/2040	100,000	131,887	101,618
Bank Of America Corp	Corporate Bonds	N/A	3.25%	10/21/2027	375,000	353,468	362,318
Becton Dickinson And Co	Corporate Bonds	N/A	4.69%	12/15/2044	101,000	125,520	87,516
Berkshire Hathaway Fin	Corporate Bonds	N/A	3.85%	3/15/2052	450,000	383,970	340,979
Boeing Co	Corporate Bonds	N/A	5.71%	5/1/2040	100,000	123,472	94,846
BP Cap Markets America	Corporate Bonds	N/A	2.72%	1/12/2032	125,000	125,000	107,114
Bristol-Myers Squibb Co	Corporate Bonds	N/A	4.55%	2/20/2048	65,000	83,223	55,213
Broadcom Inc	Corporate Bonds	N/A	4.30%	11/15/2032	110,000	127,077	103,548
Burlington North Santa Fe	Corporate Bonds	N/A	4.15%	4/1/2045	400,000	358,623	328,936
Carrier Global Corp	Corporate Bonds	N/A	3.38%	4/5/2040	415,000	314,164	320,492
Charles Schwab Corp	Corporate Bonds	N/A	2.45%	3/3/2027	275,000	248,163	262,600
Chubb Ina Holdings Inc	Corporate Bonds	N/A	1.38%	9/15/2030	100,000	97,693	83,261
Citibank Na	Corporate Bonds	N/A	5.77%	4/30/2034	275,000	276,067	278,586
Comcast Corp	Corporate Bonds	N/A	4.15%	10/15/2028	375,000	371,741	366,086
CVS Health Corp	Corporate Bonds	N/A	5.05%	3/25/2048	100,000	116,082	82,461
Dell Int Llc / EMC Corp	Corporate Bonds	N/A	6.20%	7/15/2030	225,000	238,673	235,869
Discovery Communications	Corporate Bonds	N/A	3.95%	3/20/2028	125,000	117,425	118,397
Duke Energy Carolinas	Corporate Bonds	N/A	2.85%	3/15/2032	275,000	242,025	237,740
Energy Transfer Partners	Corporate Bonds	N/A	6.50%	2/1/2042	355,000	366,032	356,313
Eversource Energy	Corporate Bonds	N/A	3.38%	3/1/2032	100,000	99,797	87,690
General Dynamics Corp	Corporate Bonds	N/A	3.75%	5/15/2028	265,000	271,915	257,188
General Motors Co	Corporate Bonds	N/A	6.60%	4/1/2036	250,000	258,018	262,520
Globe Life Inc	Corporate Bonds	N/A	2.15%	8/15/2030	300,000	244,740	253,980
HCA Inc	Corporate Bonds	N/A	4.13%	6/15/2029	125,000	117,748	119,325
Home Depot Inc	Corporate Bonds	N/A	1.50%	9/15/2028	275,000	241,128	245,839
John Deere Capital Corp	Corporate Bonds	N/A	4.95%	7/14/2028	225,000	224,665	227,297
Keysight Technologies	Corporate Bonds	N/A	4.60%	4/6/2027	250,000	247,973	248,763
Kraft Heinz Foods Co	Corporate Bonds	N/A	4.38%	6/1/2046	100,000	93,221	80,978
Lam Research Corp	Corporate Bonds	N/A	4.88%	3/15/2049	250,000	246,658	224,853
Loews Corp	Corporate Bonds	N/A	3.20%	5/15/2030	85,000	90,522	78,217
Lowe's Cos Inc	Corporate Bonds	N/A	1.70%	10/15/2030	175,000	142,713	146,402
Lowe's Cos Inc	Corporate Bonds	N/A	4.25%	4/1/2052	125,000	110,908	97,666
McDonald's Corp	Corporate Bonds	N/A	4.88%	12/19/2045	250,000	244,120	224,850
MetLife Inc Sr Nt	Corporate Bonds	N/A	5.00%	7/15/2052	70,000	70,865	63,249
Microsoft Corp	Corporate Bonds	N/A	3.75%	2/12/2045	275,000	248,581	229,378
Morgan Stanley	Corporate Bonds	N/A	2.70%	1/22/2031	200,000	200,545	177,084
MPLX LP	Corporate Bonds	N/A	5.50%	2/15/2049	85,000	100,944	78,264
Nisource Finance Corp	Corporate Bonds	N/A	4.80%	2/15/2044	110,000	129,987	97,144
Northrop Grumman Systems	Corporate Bonds	N/A	7.75%	2/15/2031	65,000	93,376	73,651
NXP Bv/NXP Fdg/NXP USA	Corporate Bonds	N/A	3.40%	5/1/2030	110,000	96,979	101,038
Oracle Corp	Corporate Bonds	N/A	6.50%	4/15/2038	90,000	129,129	96,610
Philip Morris Intl Inc	Corporate Bonds	N/A	5.63%	11/17/2029	225,000	236,279	231,755
Phillips 66	Corporate Bonds	N/A	4.65%	11/15/2034	250,000	241,638	232,948
Principal Financial Group	Corporate Bonds	N/A	3.10%	11/15/2026	100,000	92,732	97,520
Progress Energy Inc	Corporate Bonds	N/A	7.75%	3/1/2031	85,000	121,599	96,146
Public Storage	Corporate Bonds	N/A	5.10%	8/1/2033	275,000	274,527	273,785
Salesforce.Com Inc	Corporate Bonds	N/A	2.90%	7/15/2051	175,000	193,292	175,640
Sempra Energy	Corporate Bonds	N/A	3.80%	2/1/2038	225,000	195,917	186,273
Southern Co	Corporate Bonds	N/A	4.40%	7/1/2046	115,000	129,597	95,350

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**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
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T-Mobile USA Inc	Corporate Bonds	N/A	5.65%	1/15/2053	75,000	75,148	72,760
Time Warner Cable Inc	Corporate Bonds	N/A	6.55%	5/1/2037	100,000	126,743	96,652
Valero Energy Corp	Corporate Bonds	N/A	6.63%	6/15/2037	275,000	290,422	288,954
Verisk Analytics Inc	Corporate Bonds	N/A	5.25%	6/5/2034	175,000	172,144	172,838
Viacom Inc	Corporate Bonds	N/A	6.88%	4/30/2036	175,000	181,815	178,049
Virginia Elec & Power Co	Corporate Bonds	N/A	2.45%	12/15/2050	300,000	187,929	168,825
WECC Energy Group Inc Sr NT	Corporate Bonds	N/A	4.75%	1/15/2028	100,000	99,915	99,777
Wells Fargo & Company	Corporate Bonds	N/A	3.07%	4/30/2041	250,000	243,856	181,890
Williams Partners Lp	Corporate Bonds	N/A	5.10%	9/15/2045	100,000	108,392	89,868
Xcel Energy Inc	Corporate Bonds	N/A	3.40%	6/1/2030	110,000	115,450	100,901
Bank Of America Corp	Corporate Bonds	N/A	4.08%	4/23/2040	285,000	326,463	242,484
Citigroup Inc	Corporate Bonds	N/A	3.06%	1/25/2033	225,000	182,717	193,329
Goldman Sachs Group Inc	Corporate Bonds	N/A	3.10%	2/24/2033	225,000	216,756	194,148
JPMorgan Chase & Co	Corporate Bonds	N/A	5.77%	4/22/2035	275,000	278,117	281,614
JPMorgan Chase & Co	Corporate Bonds	N/A	2.96%	5/13/2031	295,000	302,136	263,880
Morgan Stanley	Corporate Bonds	N/A	6.14%	10/16/2026	125,000	128,386	126,260
Morgan Stanley	Corporate Bonds	N/A	5.83%	4/19/2035	300,000	319,425	305,712
Wells Fargo & Company	Corporate Bonds	N/A	5.56%	7/25/2034	300,000	300,000	299,218
JPMorgan Chase & Co	Corporate Bonds	N/A	2.55%	11/8/2032	150,000	124,305	125,957
						<u>57,365,309</u>	<u>50,272,489</u>
Common Stock							
Aes Corp	Common Stock	N/A	N/A	N/A		527,813	405,058
Alphabet Inc CL A	Common Stock	N/A	N/A	N/A		222,831	430,090
American International Group	Common Stock	N/A	N/A	N/A		285,694	399,890
American Tower REIT Inc	Common Stock	N/A	N/A	N/A		362,379	351,597
Applied Material	Common Stock	N/A	N/A	N/A		304,884	329,814
Bank Of America Corp	Common Stock	N/A	N/A	N/A		260,629	378,981
Barrick Gold Corp	Common Stock	N/A	N/A	N/A		251,875	201,051
Boeing Company	Common Stock	N/A	N/A	N/A		464,994	485,865
Bristol-Myers Squibb Co	Common Stock	N/A	N/A	N/A		374,349	387,888
Caterpillar Inc	Common Stock	N/A	N/A	N/A		286,185	374,368
Centene Corp	Common Stock	N/A	N/A	N/A		375,665	352,879
Chewon Corp	Common Stock	N/A	N/A	N/A		317,282	319,517
Cigna Group	Common Stock	N/A	N/A	N/A		233,648	296,298
Cisco Systems Inc	Common Stock	N/A	N/A	N/A		221,230	268,886
Citigroup Inc	Common Stock	N/A	N/A	N/A		359,043	453,100
Corning Inc	Common Stock	N/A	N/A	N/A		297,037	390,234
CSX Corp	Common Stock	N/A	N/A	N/A		300,964	347,290
CVS Health Corp	Common Stock	N/A	N/A	N/A		413,711	312,614
Epam Systems Inc	Common Stock	N/A	N/A	N/A		373,043	445,661
Firstenergy Corp	Common Stock	N/A	N/A	N/A		300,602	319,473
Freepart-Mcmoran Inc	Common Stock	N/A	N/A	N/A		356,723	384,951
JPMorgan Chase & Co	Common Stock	N/A	N/A	N/A		203,416	385,214
Lowes Co Inc	Common Stock	N/A	N/A	N/A		228,989	393,646
Marathon Petroleum Corp	Common Stock	N/A	N/A	N/A		184,169	274,118
Mettlfe Inc	Common Stock	N/A	N/A	N/A		245,003	378,286
Morgan Stanley	Common Stock	N/A	N/A	N/A		205,851	361,194
Pg&e Corp	Common Stock	N/A	N/A	N/A		276,767	426,141
Philip Morris International	Common Stock	N/A	N/A	N/A		242,438	319,529
Qualcomm	Common Stock	N/A	N/A	N/A		239,942	269,757
RTX Corp	Common Stock	N/A	N/A	N/A		221,090	322,975

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**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
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U.A. Local 393 Supplemental Unemployment Plan

Money Market Deposit Account

Raymond James Cash Acct

Cash	N/A	N/A	N/A	N/A	N/A	173,746	173,746
Corporate Bonds							
Alexandria Real Estate E	N/A	1.88%	N/A	2/1/2033	125,000	125,465	96,298
Amazon.Com Inc	N/A	3.88%	N/A	8/22/2037	125,000	151,728	110,256
Amcor Flexibles North Am	N/A	2.69%	N/A	5/25/2031	125,000	124,945	107,418
Anheuser-Busch Inbev Fin	N/A	4.90%	N/A	2/1/2046	100,000	127,698	90,517
Athene Holding Ltd	N/A	3.50%	N/A	1/15/2031	125,000	132,623	112,509
Bank Of America Corp	N/A	3.25%	N/A	10/21/2027	175,000	192,675	169,082
Berkshire Hathaway Inc	N/A	3.13%	N/A	3/15/2026	175,000	197,640	172,760
Burlington North Santa Fe	N/A	4.15%	N/A	4/1/2045	200,000	239,781	164,468
Carrier Global Corp	N/A	3.38%	N/A	4/5/2040	200,000	145,953	154,454
Charles Schwab Corp	N/A	2.45%	N/A	3/3/2027	125,000	125,016	119,364
Citibank Na	N/A	5.77%	N/A	4/30/2034	250,000	250,970	253,260
Coca-Cola Co/The	N/A	3.38%	N/A	3/25/2027	125,000	144,449	122,404
Comcast Corp	N/A	4.15%	N/A	10/15/2028	150,000	180,871	146,435
Dell Int LLC / EMC Corp	N/A	6.20%	N/A	7/15/2030	100,000	126,897	104,831
Discovery Communications	N/A	3.95%	N/A	3/20/2028	50,000	56,529	47,359
Duke Energy Carolinas	N/A	2.85%	N/A	3/15/2032	100,000	93,837	86,451
Duke Energy Progress LLC	N/A	3.25%	N/A	8/15/2025	125,000	139,920	123,966
Energy Transfer Partners	N/A	6.50%	N/A	2/1/2042	125,000	131,136	132,953
Fedex Corp	N/A	2.40%	N/A	5/15/2031	125,000	124,589	106,625
Florida Power & Light Co	N/A	2.85%	N/A	4/1/2025	125,000	137,586	124,476
General Dynamics Corp	N/A	3.50%	N/A	5/15/2025	125,000	141,084	124,556
General Motors Co	N/A	6.60%	N/A	4/1/2036	150,000	191,294	157,512
Globe Life Inc	N/A	2.15%	N/A	8/15/2030	125,000	124,904	105,825
Goldman Sachs Group Inc	N/A	3.50%	N/A	11/16/2026	100,000	110,836	97,762
Hanover Insurance Group	N/A	2.50%	N/A	9/1/2030	150,000	144,345	129,259
HCA Inc	N/A	4.13%	N/A	6/15/2029	125,000	141,466	119,325
HCP Inc	N/A	3.25%	N/A	7/15/2026	50,000	55,024	48,883
Healthcare Trust Of Amer Hlths Gblt NT	N/A	2.40%	N/A	3/15/2030	110,000	112,013	94,312
Home Depot Inc	N/A	1.50%	N/A	9/15/2028	125,000	124,498	111,745
Intercontinentalexchange	N/A	1.85%	N/A	9/15/2032	125,000	125,961	99,096
John Deere Capital Corp	N/A	4.95%	N/A	7/14/2028	125,000	125,228	126,276
Keysight Technologies	N/A	4.60%	N/A	4/16/2027	150,000	176,052	149,258
Lam Research Corp	N/A	4.88%	N/A	3/15/2049	125,000	190,881	112,427
Lowe's Cos Inc	N/A	1.70%	N/A	10/15/2030	150,000	147,487	125,487
McDonald's Corp	N/A	4.88%	N/A	12/9/2045	100,000	135,287	89,940
MettLife Inc	N/A	4.05%	N/A	3/1/2045	50,000	62,507	40,145
Microsoft Corp	N/A	3.75%	N/A	2/12/2045	100,000	129,723	83,410
Philip Morris Int'l Inc	N/A	5.63%	N/A	11/17/2029	125,000	124,893	128,753
Phillips 66	N/A	4.65%	N/A	11/15/2034	125,000	146,487	116,474
Precision Castparts Corp	N/A	3.25%	N/A	6/15/2025	50,000	55,746	49,713
Public Storage	N/A	5.10%	N/A	8/1/2033	150,000	149,965	149,337
Pulte Group Inc	N/A	6.38%	N/A	5/15/2033	40,000	52,150	42,342
Pulte Group Inc	N/A	6.00%	N/A	2/15/2035	50,000	64,132	51,691

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**U.A. Local No. 393 Health & Welfare Trust Fund Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6401544, Plan #501
December 31, 2024**

Reinsurance Group Of America	N/A	3.90%	5/15/2029	75,000	79,048	71,663
Salesforce.Com Inc	N/A	2.90%	7/15/2051	125,000	124,651	79,836
Sempra Energy	N/A	3.80%	2/1/2038	125,000	127,968	103,485
Simon Property Group LP	N/A	2.25%	1/15/2032	125,000	124,094	103,758
Southern Copper Corp	N/A	5.88%	4/23/2045	50,000	67,115	48,819
Valero Energy Corp	N/A	6.63%	6/15/2037	150,000	158,932	157,611
Verik Analytics Inc	N/A	5.25%	6/5/2034	100,000	98,368	98,765
Verizon Communications	N/A	2.55%	3/21/2031	125,000	124,486	107,680
Viacom Inc	N/A	6.88%	4/30/2036	75,000	104,458	76,307
Virginia Elec & Power Co	N/A	2.45%	12/15/2050	125,000	123,010	70,344
Vmware Inc	N/A	2.20%	8/15/2031	125,000	124,821	103,694
Warnermedia Holdings Inc	N/A	5.14%	3/15/2052	125,000	125,000	92,714
Welltower Inc	N/A	3.10%	1/15/2030	150,000	146,987	136,802
Bank Of America Corp	N/A	2.48%	9/21/2036	200,000	191,335	163,240
Citigroup Inc	N/A	2.57%	6/3/2031	125,000	125,899	108,886
JPMorgan Chase & Co	N/A	5.77%	4/21/2035	175,000	178,440	179,209
Morgan Stanley	N/A	2.24%	7/21/2032	100,000	94,911	82,889
Morgan Stanley	N/A	6.14%	10/16/2026	50,000	50,054	50,504
Morgan Stanley	N/A	5.83%	4/15/2035	200,000	211,738	203,808
Wells Fargo & Company	N/A	5.56%	7/25/2034	175,000	175,438	174,544
JPMorgan Chase & Co	N/A	2.55%	11/8/2032	225,000	220,405	188,925
					<u>8,559,429</u>	<u>7,302,897</u>
Government and Government Agency Securities						
TREASURY-AGENCY BOND	N/A	1.50%	2/15/2030	775,000	665,488	673,281
TREASURY-AGENCY BOND	N/A	2.75%	8/15/2032	400,000	369,094	355,031
TREASURY-AGENCY BOND	N/A	3.88%	9/30/2029	875,000	860,214	856,133
TREASURY-AGENCY BOND	N/A	4.00%	2/29/2028	400,000	402,500	396,531
TREASURY-AGENCY BOND	N/A	3.88%	8/15/2033	800,000	764,231	761,875
TREASURY-AGENCY BOND	N/A	4.25%	11/15/2034	225,000	226,151	219,287
TREASURY NOTES/BOND	N/A	3.50%	2/15/2039	450,000	422,320	394,980
TREASURY NOTES/BOND	N/A	3.00%	11/15/2044	350,000	375,193	265,672
TREASURY NOTES/BOND	N/A	2.88%	8/15/2045	450,000	450,718	332,297
TREASURY NOTES/BOND	N/A	3.00%	2/15/2047	225,000	234,100	166,992
TREASURY NOTES/BOND	N/A	2.00%	2/15/2050	275,000	298,527	159,973
TREASURY NOTES/BOND	N/A	2.50%	1/31/2025	900,000	902,621	898,770
TREASURY NOTES/BOND	N/A	2.75%	2/15/2028	775,000	811,730	740,246
TREASURY NOTES/BOND	N/A	2.38%	5/15/2029	1,250,000	1,172,635	1,152,442
TREASURY NOTES/BOND	N/A	2.25%	11/15/2025	800,000	854,264	786,453
TREASURY NOTES/BOND	N/A	2.00%	11/15/2026	650,000	640,911	624,013
					<u>9,450,697</u>	<u>8,783,976</u>
Subtotal					\$	16,260,619

* Denotes Party In Interest

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

5% Reportable Transactions (Series By Broker)
 U.A. Local 393 Health & Welfare Trust Fund
 Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BROKER: Raymond James & Associates						
Aes Corp						
(CUSIP 00130H105)						
01/04/2024 SALE	3,710,000	19.0117	0.00	88,245.32	70,533.58	-17,711.74
06/28/2024 PURCHASE	1,722,000	17.6568	0.00	30,405.01	30,405.01	0.00
06/28/2024 PURCHASE	7,950,000	17.6568	0.00	140,371.56	140,371.56	0.00
08/09/2024 SALE	411,000	16.6295	0.00	4,720.34	6,834.73	2,114.40
10/07/2024 PURCHASE	268,000	18.5797	0.00	4,979.36	4,979.36	0.00
10/28/2024 SALE	265,000	17.0494	0.00	3,043.53	4,518.09	1,474.57
11/01/2024 PURCHASE	4,648,000	14.7530	0.00	68,571.94	68,571.94	0.00
11/01/2024 PURCHASE	17,308,000	14.7530	0.00	255,344.92	255,344.92	0.00
11/06/2024 PURCHASE	2,552,000	14.2000	0.00	36,238.40	36,238.40	0.00
11/06/2024 PURCHASE	10,372,000	14.2000	0.00	147,282.40	147,282.40	0.00
11/12/2024 PURCHASE	2,938,000	13.7826	0.00	40,493.28	40,493.28	0.00
11/12/2024 PURCHASE	11,917,000	13.7826	0.00	164,247.24	164,247.24	0.00
Alphabet Inc CL A						
(CUSIP 02079K305)						
01/04/2024 SALE	428,000	138.7301	0.00	30,663.34	59,376.47	28,713.13
08/09/2024 SALE	44,000	159.9255	0.00	4,096.46	7,036.72	2,940.26
10/07/2024 PURCHASE	29,000	163.8890	0.00	4,752.78	4,752.78	0.00
10/28/2024 SALE	28,000	167.0968	0.00	2,606.84	4,678.71	2,071.87
American International Group						
(CUSIP 026874784)						
01/04/2024 SALE	839,000	69.0894	0.00	41,935.49	57,966.04	16,030.55
08/09/2024 SALE	85,000	71.6880	0.00	4,660.18	6,093.48	1,433.30
10/07/2024 PURCHASE	55,000	73.8700	0.00	4,062.85	4,062.85	0.00
10/28/2024 SALE	55,000	77.7980	0.00	3,015.41	4,278.89	1,263.48
12/18/2024 PURCHASE	1,092,000	70.5016	0.00	76,987.75	76,987.75	0.00
12/18/2024 PURCHASE	4,168,000	70.5016	0.00	293,850.67	293,850.67	0.00
American Tower REIT Inc						
(CUSIP 03027X100)						
01/04/2024 SALE	115,000	214.4683	0.00	21,080.13	24,663.85	3,583.72
01/11/2024 PURCHASE	322,000	206.6521	0.00	66,541.98	66,541.98	0.00
01/11/2024 PURCHASE	1,337,000	206.6521	0.00	276,293.86	276,293.86	0.00
02/27/2024 PURCHASE	326,000	186.0312	0.00	60,646.17	60,646.17	0.00
02/27/2024 PURCHASE	1,313,000	186.0312	0.00	244,258.97	244,258.97	0.00
04/03/2024 PURCHASE	334,000	191.7771	0.00	64,053.55	64,053.55	0.00
04/03/2024 PURCHASE	1,351,000	191.7771	0.00	259,090.86	259,090.86	0.00
04/11/2024 PURCHASE	351,000	179.9230	0.00	63,152.97	63,152.97	0.00
04/11/2024 PURCHASE	1,426,000	179.9230	0.00	256,570.20	256,570.20	0.00
08/09/2024 SALE	37,000	223.5438	0.00	6,782.30	8,271.12	1,488.82
10/07/2024 PURCHASE	24,000	222.2258	0.00	5,333.42	5,333.42	0.00
10/28/2024 SALE	24,000	221.9863	0.00	4,399.33	5,327.67	928.34
Applied Material						
(CUSIP 038222105)						
01/04/2024 SALE	260,000	150.5438	0.00	31,455.19	39,141.38	7,686.19
02/15/2024 SALE	174,000	188.5962	0.00	20,410.46	32,815.74	12,405.28
02/15/2024 SALE	161,000	188.5961	0.00	14,399.76	30,363.98	15,964.22

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
02/15/2024 SALE	1,289,000	188.5962	0.00	155,945.15	243,100.49	87,155.34
08/02/2024 PURCHASE	390,000	182.7572	0.00	71,275.31	71,275.31	0.00
08/02/2024 PURCHASE	1,585,000	182.7572	0.00	289,670.16	289,670.16	0.00
09/05/2024 PURCHASE	297,000	179.0812	0.00	53,187.12	53,187.12	0.00
09/05/2024 PURCHASE	1,206,000	179.0812	0.00	215,971.93	215,971.93	0.00
10/07/2024 PURCHASE	22,000	200.5559	0.00	4,412.23	4,412.23	0.00
10/10/2024 PURCHASE	276,000	203.8031	0.00	56,249.66	56,249.66	0.00
10/10/2024 PURCHASE	1,210,000	203.8031	0.00	246,601.75	246,601.75	0.00
10/28/2024 SALE	25,000	184.7648	0.00	2,235.99	4,619.12	2,383.13
Bank Of America Corp						
(CUSIP 060505104)						
01/04/2024 SALE	1,358,000	33.7197	0.00	45,424.15	45,791.39	367.24
01/04/2024 SALE	783,000	33.7197	0.00	23,339.19	26,402.55	3,063.36
07/16/2024 SALE	1,089,000	43.8435	0.00	19,003.05	47,745.55	28,742.50
07/16/2024 SALE	1,500,000	43.8435	0.00	37,523.25	65,765.21	28,241.96
07/16/2024 SALE	178,000	43.8435	0.00	5,234.46	7,804.14	2,569.68
07/16/2024 SALE	816,000	43.8435	0.00	24,322.84	35,776.28	11,453.44
07/16/2024 SALE	697,000	43.8435	0.00	23,034.46	30,558.91	7,524.45
07/16/2024 SALE	1,430,000	43.8435	0.00	47,644.74	62,696.18	15,051.44
07/16/2024 SALE	1,132,000	43.8435	0.00	44,097.97	49,630.82	5,532.85
07/16/2024 SALE	533,000	43.8435	0.00	25,748.70	23,368.57	-2,380.13
07/16/2024 SALE	1,057,000	43.8435	0.00	46,001.06	46,342.56	341.50
07/16/2024 SALE	1,372,000	43.8435	0.00	65,238.05	60,153.26	-5,084.79
07/16/2024 SALE	3,613,000	43.8435	0.00	101,525.30	158,406.49	56,881.19
08/09/2024 SALE	166,000	38.2901	0.00	4,881.58	6,356.16	1,474.58
10/07/2024 PURCHASE	108,000	39.8658	0.00	4,305.51	4,305.51	0.00
10/28/2024 SALE	107,000	42.6398	0.00	3,146.56	4,562.46	1,415.90
Bank Of America Corp						
2.482% Due 09-21-36						
(CUSIP 06051GKC2)						
12/13/2024 PURCHASE	50,000,000	82.6690	0.00	41,334.50	41,334.50	0.00
Barrick Gold Corp						
(CUSIP 067901108)						
01/04/2024 SALE	1,858,000	17.2371	0.00	35,985.19	32,026.46	-3,958.73
05/01/2024 SALE	619,000	16.2607	0.00	7,605.16	10,065.35	2,460.19
05/01/2024 SALE	1,000,000	16.2607	0.00	12,696.40	16,260.67	3,564.27
05/01/2024 SALE	1,993,000	16.2607	0.00	36,203.04	32,407.52	-3,795.52
05/01/2024 SALE	14,626,000	16.2607	0.00	283,271.98	237,828.55	-45,443.43
08/09/2024 SALE	7,000	17.3429	0.00	121.16	121.40	-5.76
08/09/2024 SALE	242,000	17.3433	0.00	4,493.87	4,197.08	-296.79
10/07/2024 PURCHASE	163,000	19.8500	0.00	3,235.55	3,235.55	0.00
10/28/2024 SALE	161,000	19.9203	0.00	2,989.72	3,207.17	217.45
Baxter Intl Inc						
(CUSIP 071813109)						
01/04/2024 SALE	1,226,000	37.9666	0.00	49,773.15	46,547.04	-3,226.11
05/24/2024 SALE	55,000	33.8611	0.00	2,367.71	1,862.36	-505.35
05/24/2024 SALE	400,000	33.8612	0.00	23,893.60	13,544.46	-10,349.14
05/24/2024 SALE	200,000	33.8612	0.00	13,040.16	6,772.23	-6,267.93

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN/(LOSS)
05/24/2024 SALE	400.0000	33.8612	0.00	25,068.32	13,544.46	-11,523.86
05/24/2024 SALE	300.0000	33.8612	0.00	22,685.40	10,158.35	-12,527.05
05/24/2024 SALE	100.0000	33.8612	0.00	8,422.78	3,386.12	-5,036.66
05/24/2024 SALE	308.0000	33.8612	0.00	23,533.17	10,429.24	-13,103.93
05/24/2024 SALE	277.0000	33.8612	0.00	22,495.70	9,379.54	-13,116.16
05/24/2024 SALE	80.0000	33.8611	0.00	6,407.26	2,708.89	-3,698.37
05/24/2024 SALE	208.0000	33.8612	0.00	16,391.27	7,043.12	-9,348.15
05/24/2024 SALE	767.0000	33.8612	0.00	35,964.63	25,971.51	-9,993.12
05/24/2024 SALE	304.0000	33.8612	0.00	13,965.24	10,293.79	-3,671.45
05/24/2024 SALE	729.0000	33.8612	0.00	33,067.44	24,684.79	-8,382.65
05/24/2024 SALE	273.0000	33.8612	0.00	12,200.34	9,244.10	-2,956.24
05/24/2024 SALE	437.0000	33.8612	0.00	19,866.02	14,797.33	-5,068.69
05/24/2024 SALE	1,425.0000	33.8612	0.00	67,501.82	48,252.14	-19,249.68
05/24/2024 SALE	214.0000	33.8612	0.00	7,998.72	7,246.29	-752.43
05/24/2024 SALE	14,812.0000	33.8612	0.00	601,337.57	501,551.48	-99,786.09
05/24/2024 SALE	364.0000	33.8612	0.00	15,362.62	12,325.46	-3,037.16
05/24/2024 SALE	5,728.0000	33.8612	0.00	259,822.08	193,956.72	-65,865.36
05/24/2024 SALE	4,297.0000	33.8612	0.00	203,547.60	145,501.40	-58,046.20
05/24/2024 SALE	1,260.0000	33.8612	0.00	45,486.00	42,665.06	-2,820.94
Boeing Company						
(CUSIP 097023105)						
05/23/2024 PURCHASE	675.0000	175.4156	0.00	118,405.53	118,405.53	0.00
05/23/2024 PURCHASE	375.0000	172.3943	0.00	64,647.86	64,647.86	0.00
05/23/2024 PURCHASE	2,733.0000	175.4156	0.00	479,410.83	479,410.83	0.00
05/23/2024 PURCHASE	1,516.0000	172.3943	0.00	261,349.76	261,349.76	0.00
06/25/2024 PURCHASE	331.0000	175.9985	0.00	58,255.50	58,255.50	0.00
06/25/2024 PURCHASE	1,342.0000	175.9985	0.00	236,189.99	236,189.99	0.00
07/18/2024 PURCHASE	374.0000	180.8737	0.00	67,646.76	67,646.76	0.00
07/18/2024 PURCHASE	1,513.0000	180.8737	0.00	273,661.91	273,661.91	0.00
08/02/2024 PURCHASE	376.0000	169.9246	0.00	63,891.65	63,891.65	0.00
08/02/2024 PURCHASE	1,529.0000	169.9246	0.00	259,814.71	259,814.71	0.00
10/07/2024 PURCHASE	27.0000	155.3352	0.00	4,194.05	4,194.05	0.00
10/14/2024 PURCHASE	269.0000	146.8727	0.00	39,508.76	39,508.76	0.00
10/14/2024 PURCHASE	1,089.0000	146.8727	0.00	159,944.37	159,944.37	0.00
10/29/2024 PURCHASE	318.0000	152.3383	0.00	48,443.58	48,443.58	0.00
10/29/2024 PURCHASE	1,409.0000	152.3383	0.00	214,644.66	214,644.66	0.00
Bristol-Myers Squibb Co						
(CUSIP 110122108)						
01/04/2024 SALE	712.0000	51.5696	0.00	49,505.64	36,717.54	-12,788.10
07/31/2024 PURCHASE	1,635.0000	48.3486	0.00	79,049.96	79,049.96	0.00
07/31/2024 PURCHASE	6,301.0000	48.3486	0.00	304,644.53	304,644.53	0.00
08/09/2024 SALE	132.0000	47.0886	0.00	7,391.41	6,215.70	-1,175.71
10/07/2024 PURCHASE	86.0000	53.8300	0.00	4,629.38	4,629.38	0.00
10/28/2024 SALE	3.0000	52.3200	0.00	167.99	156.96	-11.03
10/28/2024 SALE	82.0000	52.3194	0.00	5,124.62	4,290.19	-834.43
Carrier Global Corp						
3.377% Due 04-05-40						
(CUSIP 14448CAR5)						
12/13/2024 PURCHASE	25,000.0000	79.0990	0.00	19,774.75	19,774.75	0.00

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
Catapult Inc						
(CUSIP 149123101)						
01/04/2024 SALE	123.0000	284.9527	0.00	27,383.12	35,049.18	7,666.06
08/09/2024 SALE	12.0000	335.6600	0.00	2,354.77	4,027.92	1,673.15
10/07/2024 PURCHASE	8.0000	397.9000	0.00	3,183.20	3,183.20	0.00
10/28/2024 SALE	8.0000	390.3188	0.00	1,569.85	3,122.55	1,552.70
10/30/2024 PURCHASE	169.0000	381.1476	0.00	64,413.94	64,413.94	0.00
10/30/2024 PURCHASE	685.0000	381.1476	0.00	261,086.11	261,086.11	0.00
11/14/2024 PURCHASE	225.0000	387.1378	0.00	87,106.01	87,106.01	0.00
11/14/2024 PURCHASE	836.0000	387.1378	0.00	323,647.20	323,647.20	0.00
Centene Corp						
(CUSIP 15135B101)						
01/04/2024 SALE	684.0000	77.1409	0.00	44,143.92	52,764.36	8,620.44
08/09/2024 SALE	68.0000	76.2378	0.00	4,411.16	5,184.17	773.01
10/07/2024 PURCHASE	45.0000	71.2400	0.00	3,205.80	3,205.80	0.00
10/24/2024 PURCHASE	809.0000	62.3407	0.00	50,433.63	50,433.63	0.00
10/24/2024 PURCHASE	3,094.0000	62.3407	0.00	192,882.13	192,882.13	0.00
11/06/2024 PURCHASE	739.0000	62.5600	0.00	46,231.84	46,231.84	0.00
11/06/2024 PURCHASE	3,003.0000	62.5600	0.00	187,867.68	187,867.68	0.00
11/13/2024 PURCHASE	683.0000	58.1752	0.00	39,733.66	39,733.66	0.00
11/13/2024 PURCHASE	2,768.0000	58.1752	0.00	161,028.95	161,028.95	0.00
Chevron Corp						
(CUSIP 166764100)						
01/04/2024 SALE	186.0000	153.4538	0.00	21,778.74	28,542.40	6,763.66
01/04/2024 SALE	94.0000	153.4537	0.00	8,661.76	14,424.65	5,762.89
01/05/2024 PURCHASE	482.0000	151.0222	0.00	72,792.70	72,792.70	0.00
01/05/2024 PURCHASE	1,495.0000	151.0222	0.00	225,778.19	225,778.19	0.00
04/04/2024 PURCHASE	392.0000	161.2482	0.00	63,209.29	63,209.29	0.00
04/04/2024 PURCHASE	1,543.0000	161.2482	0.00	248,805.97	248,805.97	0.00
08/09/2024 SALE	42.0000	145.0960	0.00	4,677.01	6,094.03	1,417.02
10/07/2024 PURCHASE	28.0000	151.4389	0.00	4,240.29	4,240.29	0.00
10/28/2024 SALE	27.0000	150.3856	0.00	3,006.65	4,060.41	1,053.76
Cigna Group						
(CUSIP 125523100)						
01/04/2024 SALE	254.0000	307.3028	0.00	65,979.73	78,054.92	12,075.19
01/18/2024 SALE	90.0000	304.1389	0.00	16,615.00	27,372.50	10,757.50
01/18/2024 SALE	100.0000	304.1388	0.00	17,832.07	30,413.88	12,581.81
01/18/2024 SALE	52.0000	304.1388	0.00	8,265.81	15,815.22	7,549.41
01/18/2024 SALE	1,052.0000	304.1389	0.00	273,270.36	319,954.09	46,683.73
08/09/2024 SALE	21.0000	336.7552	0.00	3,338.11	7,071.86	3,733.75
10/07/2024 PURCHASE	13.0000	339.0185	0.00	4,407.24	4,407.24	0.00
10/28/2024 SALE	13.0000	315.7869	0.00	2,066.45	4,105.23	2,038.78
Cisco Systems Inc						
(CUSIP 17275R102)						
01/04/2024 SALE	1,141.0000	50.3431	0.00	59,336.34	57,441.47	-1,894.87
08/09/2024 SALE	116.0000	45.3587	0.00	4,445.93	5,261.61	815.68
10/07/2024 PURCHASE	76.0000	52.6099	0.00	3,998.35	3,998.35	0.00

5% Reportable Transactions (Series By Broker)
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10/28/2024 SALE	75,0000	55.3484	0.00	2,874.53	4,151.13	1,276.61
11/13/2024 SALE	109,0000	59.2172	0.00	4,177.64	6,454.67	2,277.03
11/13/2024 SALE	900,0000	59.2171	0.00	32,261.49	53,295.43	21,033.94
11/13/2024 SALE	488,0000	59.2172	0.00	21,754.84	28,897.97	7,143.13
11/13/2024 SALE	6,212,0000	59.2172	0.00	323,047.61	367,856.96	44,809.35
Citibank Na						
5.570% Due 04-30-34 (CUSIP 17325FBG2)						
04/23/2024 PURCHASE	250,000,0000	100.3380	0.00	250,845.00	250,845.00	0.00
04/23/2024 PURCHASE	250,000,0000	100.3380	0.00	250,845.00	250,845.00	0.00
04/23/2024 PURCHASE	425,000,0000	100.3380	0.00	426,436.50	426,436.50	0.00
04/23/2024 PURCHASE	275,000,0000	100.3380	0.00	275,929.50	275,929.50	0.00
05/08/2024 PURCHASE	250,000,0000	100.3880	0.00	250,970.00	250,970.00	0.00
05/08/2024 SALE	250,000,0000	100.3380	0.00	250,845.00	250,845.00	0.00
05/08/2024 PURCHASE	250,000,0000	100.3880	0.00	250,970.00	250,970.00	0.00
05/08/2024 SALE	250,000,0000	100.3380	0.00	250,845.00	250,845.00	0.00
05/08/2024 PURCHASE	425,000,0000	100.3880	0.00	426,649.00	426,649.00	0.00
05/08/2024 SALE	425,000,0000	100.3380	0.00	426,436.50	426,436.50	0.00
05/08/2024 SALE	275,000,0000	100.3380	0.00	275,929.50	275,929.50	0.00
05/08/2024 PURCHASE	275,000,0000	100.3880	0.00	276,067.00	276,067.00	0.00
Citigroup Inc						
(CUSIP 172967424)						
01/04/2024 SALE	984,0000	54.0596	0.00	45,454.80	53,194.61	7,739.81
Citigroup Inc						
4.140% Due 05-24-25 (CUSIP 172967N00)						
05/24/2024 SALE	225,000,0000	100.0000	0.00	218,490.75	225,000.00	6,509.25
05/24/2024 SALE	75,000,0000	100.0000	0.00	72,830.25	75,000.00	2,169.75
05/24/2024 SALE	200,000,0000	100.0000	0.00	194,214.00	200,000.00	5,786.00
05/24/2024 SALE	200,000,0000	100.0000	0.00	197,532.00	200,000.00	2,468.00
Citigroup Inc						
(CUSIP 172967424)						
08/09/2024 SALE	100,0000	58.1683	0.00	4,373.99	5,816.83	1,442.84
09/24/2024 PURCHASE	1,228,0000	61.6997	0.00	75,767.23	75,767.23	0.00
09/24/2024 PURCHASE	4,846,0000	61.6997	0.00	298,996.75	298,996.75	0.00
10/07/2024 PURCHASE	81,0000	62.3077	0.00	5,046.92	5,046.92	0.00
10/28/2024 SALE	75,0000	64.1681	0.00	3,280.49	4,812.61	1,532.12
10/28/2024 SALE	5,0000	64.1680	0.00	345.60	320.84	-24.76
Coming Inc						
(CUSIP 219350105)						
01/04/2024 SALE	2,183,0000	29.9008	0.00	76,044.15	65,273.35	-10,770.80
06/20/2024 SALE	301,0000	39.8301	0.00	8,751.58	11,988.86	3,237.29
06/20/2024 SALE	750,0000	39.8301	0.00	20,696.25	29,872.57	9,176.32
06/20/2024 SALE	750,0000	39.8301	0.00	15,102.00	29,872.56	14,770.56
06/20/2024 SALE	107,0000	39.8301	0.00	3,944.02	4,261.82	317.80
06/20/2024 SALE	7,079,0000	39.8301	0.00	246,594.84	281,957.22	35,362.38
06/24/2024 SALE	389,0000	39.9540	0.00	14,338.54	15,542.10	1,203.56

5% Reportable Transactions (Series By Broker)
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06/24/2024 SALE	1,128,0000	39.9540	0.00	43,781.40	45,068.10	1,286.70
06/24/2024 SALE	6,147,0000	39.9540	0.00	214,128.90	245,597.17	31,468.27
08/09/2024 SALE	158,0000	38.4939	0.00	6,132.50	6,082.04	-50.46
10/07/2024 PURCHASE	103,0000	44.1700	0.00	4,549.51	4,549.51	0.00
10/28/2024 SALE	102,0000	47.1221	0.00	3,958.96	4,806.45	847.49
CSX Corp						
(CUSIP 126408103)						
01/04/2024 SALE	265,0000	34.7797	0.00	7,877.76	9,216.62	1,338.86
05/23/2024 PURCHASE	3,487,0000	33.8596	0.00	118,068.43	118,068.43	0.00
05/23/2024 PURCHASE	13,302,0000	33.8596	0.00	450,400.40	450,400.40	0.00
08/09/2024 SALE	183,0000	33,9990	0.00	1,801.83	6,221.82	4,419.99
10/07/2024 PURCHASE	119,0000	33.6894	0.00	4,009.04	4,009.04	0.00
10/11/2024 PURCHASE	1,140,0000	34.7899	0.00	39,660.49	39,660.49	0.00
10/11/2024 PURCHASE	4,624,0000	34.7899	0.00	160,868.50	160,868.50	0.00
CVS Health Corp						
(CUSIP 126650100)						
04/18/2024 PURCHASE	1,713,0000	69.2534	0.00	118,631.07	118,631.07	0.00
04/18/2024 PURCHASE	6,936,0000	69.2534	0.00	480,341.58	480,341.58	0.00
05/01/2024 PURCHASE	888,0000	56.3072	0.00	50,000.79	50,000.79	0.00
05/01/2024 PURCHASE	3,594,0000	56.3072	0.00	202,368.08	202,368.08	0.00
05/07/2024 PURCHASE	1,131,0000	55.9021	0.00	63,225.28	63,225.28	0.00
05/07/2024 PURCHASE	4,581,0000	55.9021	0.00	256,087.52	256,087.52	0.00
06/03/2024 PURCHASE	1,361,0000	60.0820	0.00	81,771.60	81,771.60	0.00
06/03/2024 PURCHASE	5,508,0000	60.0820	0.00	330,931.66	330,931.66	0.00
10/07/2024 PURCHASE	64,0000	64.8700	0.00	4,151.68	4,151.68	0.00
10/18/2024 PURCHASE	1,104,0000	58.6450	0.00	64,744.08	64,744.08	0.00
10/18/2024 PURCHASE	4,766,0000	58.6450	0.00	279,502.07	279,502.07	0.00
12/17/2024 PURCHASE	703,0000	44.3626	0.00	31,186.91	31,186.91	0.00
12/17/2024 PURCHASE	2,849,0000	44.3626	0.00	126,389.05	126,389.05	0.00
Discovery Communications						
4.000% Due 09-15-55						
(CUSIP 25470DBL2)						
06/12/2024 SALE	75,000,0000	66.5630	0.00	78,277.50	49,922.25	-28,355.25
06/12/2024 SALE	25,000,0000	66.5630	0.00	25,763.75	16,640.75	-9,123.00
06/12/2024 SALE	175,000,0000	66.5630	0.00	116,453.75	116,485.25	31.50
Duke Energy Carolinas						
2.850% Due 03-15-32						
(CUSIP 26442CBG8)						
12/13/2024 PURCHASE	50,000,0000	87.7340	0.00	43,867.00	43,867.00	0.00
Energy Transfer Partners						
6.500% Due 02-01-42						
(CUSIP 29273rar0)						
01/10/2024 PURCHASE	250,000,0000	104.9090	0.00	262,272.50	262,272.50	0.00
01/10/2024 PURCHASE	125,000,0000	104.9090	0.00	131,136.25	131,136.25	0.00
01/11/2024 PURCHASE	425,000,0000	104.9090	0.00	445,863.25	445,863.25	0.00
01/11/2024 PURCHASE	250,000,0000	104.9090	0.00	262,272.50	262,272.50	0.00

5% Reportable Transactions (Series By Broker)
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Epam Systems Inc						
(CUSIP 29414B104)						
08/08/2024 PURCHASE	366,0000	191.2721	0.00	70,005.59	70,005.59	0.00
08/08/2024 PURCHASE	291,0000	191.2721	0.00	55,660.18	55,660.18	0.00
08/08/2024 PURCHASE	1,484,0000	191.2721	0.00	283,847.80	283,847.80	0.00
08/08/2024 PURCHASE	1,177,0000	191.2721	0.00	225,127.26	225,127.26	0.00
08/12/2024 PURCHASE	320,0000	191.9197	0.00	61,414.30	61,414.30	0.00
08/12/2024 PURCHASE	1,297,0000	191.9197	0.00	248,919.85	248,919.85	0.00
08/22/2024 PURCHASE	288,0000	198.8803	0.00	57,277.53	57,277.53	0.00
08/22/2024 PURCHASE	1,165,0000	198.8803	0.00	231,695.55	231,695.55	0.00
09/04/2024 PURCHASE	382,0000	202.4187	0.00	77,323.94	77,323.94	0.00
09/04/2024 PURCHASE	1,555,0000	202.4187	0.00	314,761.08	314,761.08	0.00
09/19/2024 PURCHASE	235,0000	198.8196	0.00	46,722.61	46,722.61	0.00
09/19/2024 PURCHASE	949,0000	198.8196	0.00	188,679.80	188,679.80	0.00
10/07/2024 PURCHASE	24,0000	193.2813	0.00	4,638.75	4,638.75	0.00
FIMM Government Portfolio: Institutional Class						
(CUSIP 31607A703)						
01/02/2024 PURCHASE	20,714.4300	1.0000	0.00	20,714.43	20,714.43	0.00
02/01/2024 PURCHASE	20,745.1000	1.0000	0.00	20,745.10	20,745.10	0.00
03/01/2024 PURCHASE	19,428.7200	1.0000	0.00	19,428.72	19,428.72	0.00
04/01/2024 PURCHASE	20,856.5800	1.0000	0.00	20,856.58	20,856.58	0.00
05/01/2024 PURCHASE	20,221.7100	1.0000	0.00	20,221.71	20,221.71	0.00
05/08/2024 PURCHASE	9,0100	1.0000	0.00	9.01	9.01	0.00
06/03/2024 PURCHASE	20,988.9000	1.0000	0.00	20,988.90	20,988.90	0.00
07/01/2024 PURCHASE	20,418.8300	1.0000	0.00	20,418.83	20,418.83	0.00
08/01/2024 PURCHASE	21,232.8300	1.0000	0.00	21,232.83	21,232.83	0.00
09/03/2024 PURCHASE	21,319.4000	1.0000	0.00	21,319.40	21,319.40	0.00
10/01/2024 PURCHASE	20,094.1600	1.0000	0.00	20,094.16	20,094.16	0.00
11/01/2024 PURCHASE	19,651.4600	1.0000	0.00	19,651.46	19,651.46	0.00
12/02/2024 PURCHASE	18,334.4400	1.0000	0.00	18,334.44	18,334.44	0.00
Firstenergy Corp						
(CUSIP 337932107)						
01/04/2024 SALE	2,171,0000	37.7663	0.00	86,729.93	81,990.63	-4,739.30
08/09/2024 SALE	221,0000	41.7988	0.00	6,262.87	9,237.54	2,974.67
09/17/2024 SALE	456,0000	43.6243	0.00	12,922.49	19,892.68	6,970.19
09/17/2024 SALE	861,0000	43.6243	0.00	25,764.13	37,560.51	11,796.38
09/17/2024 SALE	735,0000	43.6243	0.00	24,480.28	32,063.85	7,583.57
09/17/2024 SALE	8,581,0000	43.6243	0.00	342,804.94	374,340.01	31,535.07
10/07/2024 PURCHASE	119,0000	42.8998	0.00	5,105.08	5,105.08	0.00
10/28/2024 SALE	117,0000	43.6581	0.00	3,896.86	5,108.00	1,211.14
11/3/2024 SALE	1,416,0000	41.2303	0.00	47,162.00	58,382.17	11,220.17
11/13/2024 SALE	5,712,0000	41.2304	0.00	228,190.40	235,507.78	7,317.38
FMC Corp						
(CUSIP 302491303)						
01/04/2024 SALE	226,0000	60.6595	0.00	27,595.10	13,709.05	-13,886.05
05/07/2024 SALE	368,0000	66.5660	0.00	22,811.06	24,496.27	1,685.21
05/07/2024 SALE	300,0000	66.5660	0.00	19,105.79	19,969.79	864.00
05/07/2024 SALE	194,0000	66.5660	0.00	23,953.87	12,913.80	-11,040.07
05/07/2024 SALE	4,084,0000	66.5660	0.00	498,665.39	271,855.41	-226,809.98

5% Reportable Transactions (Series By Broker)
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08/12/2024 SALE	35,0000	59,5540	0.00	4,321.58	2,084.39	-2,237.19
08/12/2024 SALE	1,242,0000	59,5540	0.00	121,579.50	73,966.12	-47,613.38
08/12/2024 SALE	54,0000	59,5541	0.00	5,676.00	3,215.92	-2,460.08
08/12/2024 SALE	187,0000	59,5541	0.00	21,518.52	11,136.61	-10,381.91
08/12/2024 SALE	365,0000	59,5541	0.00	46,793.00	21,737.23	-25,055.77
08/12/2024 SALE	112,0000	59,5540	0.00	14,048.22	6,670.05	-7,378.17
08/12/2024 SALE	283,0000	59,5540	0.00	29,592.32	16,853.79	-12,738.53
08/12/2024 SALE	208,0000	59,5540	0.00	22,181.62	12,387.24	-9,794.38
08/12/2024 SALE	211,0000	59,5541	0.00	22,038.95	12,565.91	-9,473.04
08/12/2024 SALE	122,0000	59,5540	0.00	8,238.66	7,265.59	-973.07
08/12/2024 SALE	9,171,0000	59,5540	0.00	1,119,799.28	546,170.14	-573,629.14
08/12/2024 SALE	306,0000	59,5541	0.00	32,319.72	18,223.54	-14,096.18
08/12/2024 SALE	1,169,0000	59,5540	0.00	122,238.24	69,618.68	-52,619.56
08/12/2024 SALE	762,0000	59,5540	0.00	41,170.86	45,380.18	4,209.32
Freeport-Memoran Inc (CUSIP 35671D857)						
01/04/2024 SALE	1,658,0000	40,8897	0.00	66,636.35	67,795.07	1,158.72
04/17/2024 SALE	434,0000	49,9377	0.00	3,834.91	21,672.96	17,838.05
04/17/2024 SALE	1,175,0000	49,9377	0.00	12,007.44	58,676.79	46,669.35
04/17/2024 SALE	6,714,0000	49,9377	0.00	269,841.03	335,281.71	65,440.68
08/13/2024 PURCHASE	754,0000	41,2200	0.00	31,079.88	31,079.88	0.00
10/07/2024 PURCHASE	3,067,0000	41,2200	0.00	126,421.74	126,421.74	0.00
10/28/2024 SALE	100,0000	50,8400	0.00	5,084.00	5,084.00	0.00
11/15/2024 PURCHASE	99,0000	46,6188	0.00	1,011.69	4,615.26	3,603.57
11/15/2024 PURCHASE	1,369,0000	42,9238	0.00	58,762.68	58,762.68	0.00
12/17/2024 PURCHASE	5,605,0000	42,9238	0.00	240,587.90	240,587.90	0.00
12/17/2024 PURCHASE	804,0000	40,5760	0.00	32,623.10	32,623.10	0.00
12/17/2024 PURCHASE	3,259,0000	40,5760	0.00	132,237.18	132,237.18	0.00
General Motors Co 6.600% Due 04-01-36 (CUSIP 37045VAK6)						
12/13/2024 PURCHASE	50,000,0000	107,0610	0.00	53,530.50	53,530.50	0.00
Hanover Insurance Group 2.500% Due 09-01-30 (CUSIP 410867AG0)						
12/13/2024 PURCHASE	50,000,0000	86,8160	0.00	43,408.00	43,408.00	0.00
Humana Inc. (CUSIP 444859102)						
01/04/2024 SALE	96,0000	468,8579	0.00	48,702.51	45,010.36	-3,692.15
01/18/2024 PURCHASE	257,0000	403,0828	0.00	103,592.28	103,592.28	0.00
01/18/2024 PURCHASE	974,0000	403,0828	0.00	392,602.65	392,602.65	0.00
08/09/2024 SALE	14,0000	349,5000	0.00	4,001.75	4,893.00	891.25
10/02/2024 SALE	82,0000	215,1566	0.00	23,438.85	17,642.84	-5,796.01
10/02/2024 SALE	100,0000	215,1566	0.00	26,626.82	21,515.66	-5,111.16
10/02/2024 SALE	100,0000	215,1566	0.00	24,314.69	21,515.66	-2,799.03
10/02/2024 SALE	48,0000	215,1567	0.00	21,339.58	10,327.52	-11,012.06
10/02/2024 SALE	14,0000	215,1564	0.00	6,463.56	3,012.19	-3,451.37
10/02/2024 SALE	55,0000	215,1567	0.00	27,180.93	11,833.62	-15,347.31

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10/02/2024 SALE	24.0000	215.1567	0.00	11,618.75	5,163.76	-6,454.99
10/02/2024 SALE	29.0000	215.1566	0.00	12,971.49	6,239.54	-6,731.95
10/02/2024 SALE	16.0000	215.1567	0.00	5,234.17	2,581.88	-2,652.29
10/02/2024 SALE	12.0000	215.1569	0.00	7,945.79	3,442.51	-4,503.28
10/02/2024 SALE	49.0000	215.1565	0.00	19,751.06	10,542.67	-9,208.39
10/02/2024 SALE	1,966.0000	215.1566	0.00	997,386.79	422,997.91	-574,388.88
10/02/2024 SALE	47.0000	215.1566	0.00	23,852.50	10,112.36	-13,740.14
10/02/2024 SALE	55.0000	215.1565	0.00	26,566.65	11,833.61	-14,733.04
10/02/2024 SALE	130.0000	215.1566	0.00	52,400.76	27,970.36	-24,430.40
10/11/2024 SALE	208.0000	256.8877	0.00	83,841.22	53,432.65	-30,408.57
10/11/2024 SALE	844.0000	256.8878	0.00	340,201.89	216,813.27	-123,388.62
John Deere Capital Corp 4.950% Due 07-14-28 (CUSIP 24422EXB0)						
12/13/2024 PURCHASE	25,000.0000	101.5080	0.00	25,377.00	25,377.00	0.00
JPMorgan Chase & Co (CUSIP 46625H100)						
01/04/2024 SALE	407.0000	171.3147	0.00	39,271.18	69,725.09	30,453.91
JPMorgan Chase & Co (CUSIP 46647PEH5)						
04/15/2024 PURCHASE	25,000.0000	100.0000	0.00	25,000.00	25,000.00	0.00
04/15/2024 PURCHASE	50,000.0000	100.0000	0.00	50,000.00	50,000.00	0.00
04/15/2024 PURCHASE	75,000.0000	100.0000	0.00	75,000.00	75,000.00	0.00
04/15/2024 PURCHASE	100,000.0000	100.0000	0.00	100,000.00	100,000.00	0.00
05/08/2024 PURCHASE	200,000.0000	101.7810	0.00	203,562.00	203,562.00	0.00
05/08/2024 PURCHASE	75,000.0000	101.7810	0.00	76,335.75	76,335.75	0.00
05/08/2024 PURCHASE	350,000.0000	101.7810	0.00	356,233.50	356,233.50	0.00
05/08/2024 PURCHASE	175,000.0000	101.7810	0.00	178,116.75	178,116.75	0.00
JPMorgan Chase & Co (CUSIP 46625H100)						
08/09/2024 SALE	41.0000	205.9641	0.00	2,748.23	8,444.53	5,696.30
09/04/2024 SALE	43.0000	218.1365	0.00	2,882.29	9,379.87	6,497.58
09/04/2024 SALE	300.0000	218.1365	0.00	28,144.50	65,440.95	37,296.45
09/04/2024 SALE	100.0000	218.1365	0.00	10,744.60	21,813.65	11,069.05
09/04/2024 SALE	88.0000	218.1366	0.00	11,214.44	19,196.02	8,074.58
09/04/2024 SALE	204.0000	218.1365	0.00	19,683.84	44,499.85	24,816.01
09/04/2024 SALE	244.0000	218.1365	0.00	38,424.68	53,225.31	14,800.63
09/04/2024 SALE	827.0000	218.1365	0.00	132,278.65	180,398.92	48,120.27
09/04/2024 SALE	335.0000	218.1365	0.00	53,566.50	73,075.74	19,509.24
09/04/2024 SALE	137.0000	218.1365	0.00	23,476.61	29,884.70	6,408.09
09/04/2024 SALE	255.0000	218.1365	0.00	36,380.85	55,624.82	19,243.97
09/04/2024 SALE	232.0000	218.1366	0.00	24,785.88	50,607.68	25,821.80
09/04/2024 SALE	48.0000	218.1365	0.00	6,172.74	10,470.55	4,297.81
10/07/2024 PURCHASE	20.0000	210.1500	0.00	4,203.00	4,203.00	0.00
10/28/2024 SALE	20.0000	224.8935	0.00	2,527.60	4,497.87	1,970.27

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JPMorgan Chase & Co 5.766% Due 04-22-35 (CUSIP 46647PEH5)	50,000,000	104.2090	0.00	52,104.50	52,104.50	0.00
Lowes Co Inc (CUSIP 548661107)						
01/04/2024 SALE	42,0000	211.8507	0.00	5,100.90	8,897.73	3,796.83
01/04/2024 SALE	260,0000	211.8507	0.00	31,005.00	55,081.18	24,076.18
01/04/2024 SALE	7,0000	211.8500	0.00	697.62	1,482.95	785.33
08/09/2024 SALE	31,0000	236.2823	0.00	2,988.40	7,324.75	4,336.35
10/07/2024 PURCHASE	20,0000	268.4070	0.00	5,368.14	5,368.14	0.00
10/28/2024 SALE	20,0000	267.8730	0.00	1,928.00	5,357.46	3,429.46
Marathon Petroleum Corp (CUSIP 56585A102)						
01/04/2024 SALE	583,0000	160.9062	0.00	75,858.62	93,808.31	17,949.69
01/05/2024 SALE	26,0000	153.7127	0.00	1,713.54	3,996.53	2,282.99
01/05/2024 SALE	300,0000	153.7127	0.00	16,987.80	46,113.80	29,126.00
01/05/2024 SALE	398,0000	153.7126	0.00	24,664.10	61,177.63	36,513.53
01/05/2024 SALE	2,848,0000	153.7127	0.00	370,575.21	437,773.68	67,198.47
04/04/2024 SALE	250,0000	215.9176	0.00	15,492.53	53,979.41	38,486.89
04/04/2024 SALE	1,052,0000	215.9177	0.00	136,883.82	227,145.39	90,261.57
08/09/2024 SALE	29,0000	175.7162	0.00	1,797.13	5,095.77	3,298.64
09/18/2024 PURCHASE	453,0000	164.8579	0.00	74,680.63	74,680.63	0.00
09/18/2024 PURCHASE	1,733,0000	164.8579	0.00	285,698.74	285,698.74	0.00
10/07/2024 PURCHASE	25,0000	173.0800	0.00	4,327.00	4,327.00	0.00
10/28/2024 SALE	24,0000	150.9333	0.00	1,487.28	3,622.40	2,135.12
Metlife Inc (CUSIP 59156R108)						
01/04/2024 SALE	880,0000	67.4096	0.00	50,856.43	59,320.41	8,463.98
08/09/2024 SALE	89,0000	69.7955	0.00	4,315.75	6,211.80	1,896.05
10/07/2024 PURCHASE	58,0000	82.9193	0.00	4,809.32	4,809.32	0.00
10/28/2024 SALE	57,0000	83.0875	0.00	2,764.02	4,735.99	1,971.97
Morgan Stanley (CUSIP 61746448)						
01/04/2024 SALE	453,0000	92.2592	0.00	38,697.12	41,793.44	3,096.32
08/06/2024 PURCHASE	548,0000	92.5477	0.00	50,716.14	50,716.14	0.00
08/06/2024 PURCHASE	2,087,0000	92.5477	0.00	193,147.05	193,147.05	0.00
08/09/2024 SALE	55,0000	94.7773	0.00	2,064.70	5,212.75	3,148.05
10/07/2024 PURCHASE	36,0000	107.6500	0.00	3,875.40	3,875.40	0.00
Morgan Stanley 5.831% Due 04-19-35 (CUSIP 61747YFR1)						
10/16/2024 PURCHASE	250,000,0000	106.4750	0.00	266,187.50	266,187.50	0.00
10/16/2024 PURCHASE	150,000,0000	106.4750	0.00	159,712.50	159,712.50	0.00
10/16/2024 PURCHASE	375,000,0000	106.4750	0.00	399,281.25	399,281.25	0.00
10/16/2024 PURCHASE	300,000,0000	106.4750	0.00	319,425.00	319,425.00	0.00

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Morgan Stanley (CUSIP 617446448) 10/28/2024 SALE	36.0000	119.1667	0.00	1,351.44	4,290.00	2,938.56
Morgan Stanley 5.831% Due 04-19-35 (CUSIP 61747YFR1) 12/13/2024 PURCHASE	50,000.0000	104.0510	0.00	52,025.50	52,025.50	0.00
P&G Corp (CUSIP 69331C108) 01/04/2024 SALE	4,695.0000	17.9999	0.00	76,016.74	84,509.32	8,492.58
08/09/2024 SALE	464.0000	18.1245	0.00	4,819.57	8,409.76	3,590.19
09/19/2024 SALE	2,960.0000	19.4668	0.00	30,745.52	57,621.60	26,876.08
09/19/2024 SALE	15,750.0000	19.4668	0.00	255,008.25	306,601.45	51,593.20
10/07/2024 PURCHASE	265.0000	19.6700	0.00	5,212.55	5,212.55	0.00
10/28/2024 SALE	262.0000	20.5439	0.00	2,721.39	5,382.51	2,661.12
Philip Morris International (CUSIP 718172109) 01/04/2024 SALE	530.0000	95.7288	0.00	51,742.63	50,736.28	-1,006.35
08/09/2024 SALE	64.0000	116.2767	0.00	5,238.72	7,441.71	2,202.99
09/18/2024 SALE	103.0000	120.6519	0.00	8,431.07	12,427.15	3,996.09
09/18/2024 SALE	592.0000	120.6519	0.00	51,401.47	71,425.94	20,024.47
09/18/2024 SALE	3,196.0000	120.6519	0.00	312,017.81	385,603.61	73,585.80
10/07/2024 PURCHASE	33.0000	118.5242	0.00	3,911.30	3,911.30	0.00
Phillips 66 4.650% Due 11-15-34 (CUSIP 718546ak0) 12/13/2024 PURCHASE	25,000.0000	95.1290	0.00	23,782.25	23,782.25	0.00
Public Storage 5.100% Due 08-01-33 (CUSIP 74460WAG2) 12/13/2024 PURCHASE	25,000.0000	100.7180	0.00	25,179.50	25,179.50	0.00
Qualcomm (CUSIP 747525103) 01/04/2024 SALE	452.0000	135.9789	0.00	49,724.48	61,462.46	11,737.98
01/04/2024 SALE	64.0000	135.9789	0.00	7,198.08	8,702.65	1,504.57
05/02/2024 SALE	589.0000	179.3243	0.00	40,980.03	105,622.04	64,642.01
05/02/2024 SALE	134.0000	179.3244	0.00	20,711.84	24,029.47	3,317.63
05/02/2024 SALE	95.0000	179.3243	0.00	11,811.13	17,035.81	5,224.68
05/02/2024 SALE	298.0000	179.3244	0.00	33,516.06	53,438.66	19,922.60
05/02/2024 SALE	326.0000	179.3244	0.00	39,363.69	58,459.74	19,096.05
05/02/2024 SALE	369.0000	179.3244	0.00	45,530.91	66,170.69	20,639.78
05/02/2024 SALE	336.0000	179.3244	0.00	41,321.28	60,252.99	18,931.71
05/02/2024 SALE	1,655.0000	179.3244	0.00	205,999.67	296,781.82	90,782.15
06/03/2024 SALE	327.0000	208.0715	0.00	40,655.16	68,039.38	27,384.22
06/03/2024 SALE	46.0000	208.0715	0.00	6,294.05	9,571.29	3,277.24
06/03/2024 SALE	141.0000	208.0715	0.00	19,357.36	29,338.08	9,980.72

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06/03/2024 SALE	2,081,000	208.0715	0.00	259,024.36	432,996.82	173,972.46
08/01/2024 PURCHASE	456,000	164.3574	0.00	74,946.97	74,946.97	0.00
08/01/2024 PURCHASE	1,852,000	164.3574	0.00	304,389.90	304,389.90	0.00
08/09/2024 SALE	37,000	163.8154	0.00	5,079.59	6,061.17	981.58
10/07/2024 PURCHASE	24,000	167.6221	0.00	4,022.93	4,022.93	0.00
10/28/2024 SALE	24,000	172.3850	0.00	3,294.87	4,137.24	842.37
11/06/2024 SALE	220,000	171.6572	0.00	30,202.97	37,764.58	7,561.61
11/06/2024 SALE	151,000	171.6572	0.00	20,007.53	25,920.24	5,912.71
11/06/2024 SALE	1,645,000	171.6572	0.00	204,754.96	282,376.13	77,621.17
12/17/2024 PURCHASE	207,000	158.1953	0.00	32,746.43	32,746.43	0.00
12/17/2024 PURCHASE	841,000	158.1953	0.00	133,042.25	133,042.25	0.00
Quarate Retail Inc (qvca 02/24/25) (CUSIP MTC465335)						
08/09/2024 SALE	327,000	0.6669	0.00	3,871.01	218.07	-3,652.94
10/10/2024 SALE	270,000	0.5374	0.00	3,196.25	145.09	-3,051.16
10/10/2024 SALE	1,500,000	0.5374	0.00	8,938.39	806.08	-8,132.31
10/10/2024 SALE	2,500,000	0.5374	0.00	20,100.38	1,343.46	-18,756.92
10/10/2024 SALE	1,000,000	0.5374	0.00	7,220.35	537.38	-6,682.97
10/10/2024 SALE	1,526,000	0.5374	0.00	17,341.01	820.05	-16,520.96
10/10/2024 SALE	5,712,000	0.5374	0.00	65,425.25	3,069.54	-62,355.71
10/10/2024 SALE	508,000	0.5374	0.00	5,638.80	272.99	-5,365.81
10/10/2024 SALE	2,049,000	0.5374	0.00	5,593.77	1,101.10	-4,492.67
10/10/2024 SALE	886,000	0.5374	0.00	2,249.02	476.13	-1,772.89
10/10/2024 SALE	1,078,000	0.5374	0.00	1,216.31	579.30	-637.01
QVC Group Inc 8% Pfd (CUSIP 74915M308)						
11/04/2024 SALE	26,000	36.6381	0.00	5,666.27	952.59	-4,713.68
11/04/2024 SALE	39,000	36.6382	0.00	7,809.54	1,428.89	-6,380.65
11/04/2024 SALE	45,000	36.6382	0.00	10,057.16	1,648.72	-8,408.44
11/04/2024 SALE	15,000	36.6380	0.00	2,942.17	549.57	-2,392.60
11/04/2024 SALE	24,000	36.6383	0.00	4,779.70	879.32	-3,900.38
11/04/2024 SALE	6,000	36.6383	0.00	1,247.81	219.83	-1,027.98
11/04/2024 SALE	45,000	36.6382	0.00	7,536.63	1,648.72	-5,887.91
11/04/2024 SALE	30,000	36.6383	0.00	4,786.85	1,099.15	-3,687.70
11/04/2024 SALE	45,000	36.6382	0.00	3,614.36	1,648.72	-1,965.64
11/04/2024 SALE	75,000	36.6381	0.00	8,127.87	2,747.86	-5,380.01
11/04/2024 SALE	30,000	36.6380	0.00	2,919.65	1,099.14	-1,820.51
11/04/2024 SALE	100,000	36.6382	0.00	5,370.00	3,663.82	-1,706.18
Reinsurance Group Of America 3.900% Due 05-15-29 (CUSIP 759351AN9)						
12/13/2024 PURCHASE	25,000,000	95.9250	0.00	23,981.25	23,981.25	0.00
RTX Corp (CUSIP 75513E101)						
01/04/2024 SALE	547,000	85.8493	0.00	31,903.78	46,959.57	15,055.79
08/09/2024 SALE	54,000	115.3367	0.00	7,186.96	6,228.18	-958.78
10/07/2024 PURCHASE	35,000	124.6897	0.00	4,364.14	4,364.14	0.00
10/28/2024 SALE	35,000	125.6163	0.00	4,658.22	4,396.57	-261.65

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Sempra Energy 3.800% Due 02-01-38 (CUSIP 816851BH1) 12/13/2024 PURCHASE	50,000,000	84.4250	0.00	42,212.50	42,212.50	0.00
Southwest Airlines Company (CUSIP 844741108)						
01/04/2024 SALE	1,548,000	27.3098	0.00	49,103.95	42,275.54	-6,828.41
08/09/2024 SALE	154,000	25.2611	0.00	6,590.46	3,890.21	-2,700.25
10/07/2024 PURCHASE	101,000	30.9099	0.00	3,121.90	3,121.90	0.00
10/28/2024 SALE	99,000	30.2292	0.00	4,236.73	2,992.69	-1,244.04
TechnipFMC PLC (CUSIP G87110105)						
01/04/2024 SALE	2,845,000	19.9600	0.00	39,112.49	56,786.31	17,673.82
07/19/2024 SALE	487,000	27.9990	0.00	3,549.21	13,635.52	10,086.31
07/19/2024 SALE	2,500,000	27.9990	0.00	17,855.57	69,997.55	52,141.98
07/19/2024 SALE	1,016,000	27.9990	0.00	7,062.01	28,447.01	21,385.00
07/19/2024 SALE	15,454,000	27.9990	0.00	212,458.50	432,696.88	220,238.38
08/09/2024 SALE	214,000	26.0998	0.00	1,487.47	5,585.35	4,097.88
10/07/2024 PURCHASE	140,000	27.5099	0.00	3,851.39	3,851.39	0.00
10/28/2024 SALE	138,000	25.8593	0.00	959.21	3,568.58	2,609.37
Teradata Corp Del (CUSIP 88076W103)						
01/04/2024 SALE	1,098,000	42.3479	0.00	44,829.69	46,497.94	1,668.25
08/09/2024 SALE	110,000	25.7293	0.00	4,462.63	2,830.22	-1,632.41
10/07/2024 PURCHASE	72,000	30.3753	0.00	2,187.02	2,187.02	0.00
11/22/2024 PURCHASE	922,000	30.6758	0.00	28,283.09	28,283.09	0.00
11/22/2024 PURCHASE	3,739,000	30.6758	0.00	114,696.82	114,696.82	0.00
US Treasury Note/Bond 3.875% Due 09-30-29 (CUSIP 91282CFL0)						
01/09/2024 PURCHASE	225,000,000	99.2656	0.00	223,347.66	223,347.66	0.00
01/09/2024 PURCHASE	150,000,000	99.2656	0.00	148,898.44	148,898.44	0.00
US Treasury Note/Bond 3.500% Due 02-15-39 (CUSIP 912810QA9)						
01/10/2024 SALE	250,000,000	93.1289	0.00	286,904.30	232,822.27	-54,082.03
01/10/2024 SALE	125,000,000	93.1289	0.00	143,452.15	116,411.13	-27,041.02
US Treasury Note/Bond 3.875% Due 09-30-29 (CUSIP 91282CFL0)						
01/10/2024 PURCHASE	350,000,000	99.2656	0.00	347,429.69	347,429.69	0.00
US Treasury Note/Bond 1.500% Due 02-15-30 (CUSIP 912828Z94)						

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01/10/2024 PURCHASE	375,000.0000	86.5820	0.00	324,682.62	324,682.62	0.00
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1)						
01/10/2024 PURCHASE	1,325,000.0000	98.8516	0.00	1,309,783.20	1,309,783.20	0.00
US Treasury Note/Bond 3.500% Due 02-15-39 (CUSIP 912810QA9)						
01/11/2024 SALE	250,000.0000	93.1289	0.00	286,904.30	232,822.26	-54,082.04
01/11/2024 SALE	50,000.0000	93.1289	0.00	49,166.02	46,564.44	-2,601.58
01/11/2024 SALE	125,000.0000	93.1289	0.00	123,149.41	116,411.14	-6,738.27
US Treasury Note/Bond 2.500% Due 02-15-45 (CUSIP 912810RK6)						
01/11/2024 SALE	250,000.0000	74.3242	0.00	201,943.36	185,810.55	-16,132.81
US Treasury Note/Bond 2.250% Due 01-31-24 (CUSIP 912828V80)						
01/31/2024 SALE	975,000.0000	100.0000	0.00	1,045,306.64	975,000.00	-70,306.64
01/31/2024 SALE	450,000.0000	100.0000	0.00	482,449.22	450,000.00	-32,449.22
01/31/2024 SALE	200,000.0000	100.0000	0.00	197,507.81	200,000.00	2,492.19
01/31/2024 SALE	1,000,000.0000	100.0000	0.00	1,072,109.38	1,000,000.00	-72,109.38
01/31/2024 SALE	75,000.0000	100.0000	0.00	80,159.18	75,000.00	-5,159.18
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1)						
02/09/2024 PURCHASE	150,000.0000	97.4883	0.00	146,232.42	146,232.42	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3)						
02/09/2024 PURCHASE	400,000.0000	98.2031	0.00	392,812.50	392,812.50	0.00
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1)						
02/09/2024 PURCHASE	75,000.0000	97.4883	0.00	73,116.21	73,116.21	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3)						
02/09/2024 PURCHASE	125,000.0000	98.2031	0.00	122,753.91	122,753.91	0.00
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1)						
02/09/2024 PURCHASE	225,000.0000	97.4883	0.00	219,348.63	219,348.63	0.00

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN/LOSS
US Treasury Note/Bond 4.000% Due 01-31-31 (CUSIP 91282CJX0) 02/09/2024 PURCHASE	200,000.0000	98.8906	0.00	197,781.25	197,781.25	0.00
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1) 03/01/2024 PURCHASE	300,000.0000	97.0625	0.00	291,187.50	291,187.50	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 03/01/2024 PURCHASE	550,000.0000	98.3359	0.00	540,847.66	540,847.66	0.00
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1) 03/01/2024 PURCHASE	175,000.0000	97.0625	0.00	169,859.38	169,859.38	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 03/01/2024 PURCHASE	275,000.0000	98.3359	0.00	270,423.83	270,423.83	0.00
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1) 03/01/2024 PURCHASE	625,000.0000	97.0625	0.00	606,640.63	606,640.63	0.00
US Treasury Note/Bond 4.000% Due 01-31-31 (CUSIP 91282CJX0) 03/01/2024 PURCHASE	550,000.0000	98.4375	0.00	541,406.25	541,406.25	0.00
US Treasury Note/Bond 3.875% Due 09-30-29 (CUSIP 91282CFL0) 04/26/2024 SALE	200,000.0000	96.0859	0.00	196,335.94	192,171.87	-4,164.07
US Treasury Note/Bond 1.500% Due 02-15-30 (CUSIP 912828Z94) 04/26/2024 SALE	75,000.0000	96.0859	0.00	74,704.10	72,064.46	-2,639.64
US Treasury Note/Bond 3.875% Due 09-30-29 (CUSIP 91282CFL0) 04/26/2024 SALE	25,000.0000	96.0859	0.00	24,320.31	24,021.48	-298.83
US Treasury Note/Bond 1.500% Due 02-15-30 (CUSIP 912828Z94) 04/26/2024 SALE	200,000.0000	83.9766	0.00	197,125.00	167,953.13	-29,171.87
US Treasury Note/Bond 3.875% Due 09-30-29 (CUSIP 91282CFL0) 04/26/2024 SALE	275,000.0000	96.0859	0.00	281,262.70	264,236.33	-17,026.37

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN/LOSS
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3)	200,000.0000	98.9219	0.00	213,453.13	197,843.75	-15,609.38
05/08/2024 SALE	100,000.0000	98.9219	0.00	106,726.56	98,921.88	-7,804.68
05/08/2024 SALE	175,000.0000	98.9219	0.00	169,380.86	173,113.28	3,732.42
06/11/2024 SALE	125,000.0000	99.2305	0.00	120,986.33	124,038.09	3,051.76
US Treasury Note/Bond 2.375% Due 05-15-29 (CUSIP 9128286T2)	150,000.0000	90.9102	0.00	136,365.23	136,365.23	0.00
06/11/2024 PURCHASE						
US Treasury Note/Bond 4.000% Due 01-31-31 (CUSIP 91282CJX0)	150,000.0000	98.0469	0.00	147,070.31	147,070.31	0.00
06/28/2024 PURCHASE						
US Treasury Note/Bond 2.500% Due 02-15-45 (CUSIP 912810RK6)	150,000.0000	71.7734	0.00	107,660.16	107,660.16	0.00
06/28/2024 PURCHASE						
US Treasury Note/Bond 2.875% Due 08-15-45 (CUSIP 912810RN0)	225,000.0000	77.9100	0.00	175,297.50	175,297.50	0.00
07/17/2024 PURCHASE	125,000.0000	77.9100	0.00	97,387.50	97,387.50	0.00
07/17/2024 PURCHASE						
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3)	75,000.0000	99.5600	0.00	80,044.92	74,670.00	-5,374.92
07/17/2024 SALE						
US Treasury Note/Bond 2.875% Due 08-15-45 (CUSIP 912810RN0)	375,000.0000	77.9100	0.00	292,162.50	292,162.50	0.00
07/17/2024 PURCHASE						
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3)	250,000.0000	99.5600	0.00	266,816.41	248,900.00	-17,916.41
07/17/2024 SALE						
US Treasury Note/Bond 2.875% Due 08-15-45 (CUSIP 912810RN0)	275,000.0000	77.9100	0.00	214,252.50	214,252.50	0.00
07/17/2024 PURCHASE						

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN/LOSS
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 07/17/2024 SALE	250,000.0000	99.5600	0.00	241,972.66	248,900.00	6,927.34
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 08/12/2024 PURCHASE	675,000.0000	100.6250	0.00	679,218.75	679,218.75	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 08/12/2024 SALE	650,000.0000	99.8242	0.00	693,722.66	648,857.42	-44,865.24
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 08/12/2024 PURCHASE	400,000.0000	100.6250	0.00	402,500.00	402,500.00	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 08/12/2024 SALE	350,000.0000	99.8242	0.00	373,542.97	349,384.77	-24,158.20
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 08/12/2024 PURCHASE	1,100,000.0000	100.6250	0.00	1,106,875.00	1,106,875.00	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 08/12/2024 SALE	1,000,000.0000	99.8242	0.00	1,067,265.62	998,242.19	-69,023.43
US Treasury Note/Bond 3.875% Due 08-15-33 (CUSIP 91282CHT1) 08/12/2024 PURCHASE	350,000.0000	99.7930	0.00	349,275.39	349,275.39	0.00
US Treasury Note/Bond 1.875% Due 08-31-24 (CUSIP 9128282U3) 08/12/2024 SALE	250,000.0000	99.8242	0.00	241,972.66	249,560.55	7,587.89
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	300,000.0000	100.0000	0.00	320,179.69	300,000.00	-20,179.69
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	400,000.0000	100.0000	0.00	392,812.50	400,000.00	7,187.50
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	550,000.0000	100.0000	0.00	540,847.66	550,000.00	9,152.34
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	100,000.0000	100.0000	0.00	106,726.56	100,000.00	-6,726.56
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	150,000.0000	100.0000	0.00	145,054.69	150,000.00	4,945.31
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	125,000.0000	100.0000	0.00	122,753.91	125,000.00	2,246.09
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	275,000.0000	100.0000	0.00	270,423.83	275,000.00	4,576.17
US Treasury Note/Bond 4.000% Due 02-29-28 (CUSIP 91282CGP0) 09/03/2024 SALE	25,000.0000	100.0000	0.00	26,657.23	25,000.00	-1,657.23

5% Reportable Transactions (Series By Broker)
U.A. Local 393 Health & Welfare Trust Fund
Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
09/03/2024 SALE	1,025,000.0000	100.0000	0.00	984,240.23	1,025,000.00	40,759.77
09/03/2024 SALE	1,825,000.0000	100.0000	0.00	1,753,924.80	1,825,000.00	71,075.20
09/03/2024 SALE	200,000.0000	100.0000	0.00	193,578.13	200,000.00	6,421.87
09/03/2024 SALE	750,000.0000	100.0000	0.00	729,814.43	750,000.00	20,185.57
09/03/2024 SALE	750,000.0000	100.0000	0.00	731,923.83	750,000.00	18,076.17
US Treasury Note/Bond						
2.500% Due 01-31-25 (CUSIP 9128283Y0)						
09/30/2024 PURCHASE	1,350,000.0000	99.3438	0.00	1,341,140.63	1,341,140.63	0.00
09/30/2024 PURCHASE	700,000.0000	99.3438	0.00	695,406.25	695,406.25	0.00
09/30/2024 PURCHASE	3,000,000.0000	99.3437	0.00	2,980,312.47	2,980,312.47	0.00
09/30/2024 PURCHASE	1,800,000.0000	99.3438	0.00	1,788,187.50	1,788,187.50	0.00
10/16/2024 SALE	150,000.0000	99.4180	0.00	163,857.42	149,126.95	-14,730.47
10/16/2024 SALE	50,000.0000	99.4180	0.00	54,619.14	49,708.99	-4,910.15
10/16/2024 SALE	50,000.0000	99.4180	0.00	53,996.48	49,708.98	-3,687.50
10/16/2024 SALE	150,000.0000	99.4180	0.00	163,857.42	149,126.95	-14,730.47
US Treasury Note/Bond						
1.500% Due 02-15-30 (CUSIP 912828Z94)						
10/16/2024 SALE	125,000.0000	88.7500	0.00	110,468.75	110,937.50	468.75
US Treasury Note/Bond						
2.500% Due 01-31-25 (CUSIP 9128283Y0)						
10/16/2024 SALE	50,000.0000	99.4180	0.00	48,595.70	49,708.98	1,113.28
12/04/2024 SALE	200,000.0000	99.7031	0.00	218,476.56	199,406.25	-19,070.31
12/04/2024 SALE	100,000.0000	99.7031	0.00	106,882.81	99,703.13	-7,179.68
12/04/2024 SALE	300,000.0000	99.7031	0.00	327,714.85	299,109.38	-28,605.47
12/04/2024 SALE	200,000.0000	99.7031	0.00	194,382.81	199,406.25	5,023.44
US Treasury Note/Bond						
3.875% Due 09-30-29 (CUSIP 91282CFL0)						
12/16/2024 PURCHASE	575,000.0000	98.3477	0.00	565,499.02	565,499.02	0.00
US Treasury Note/Bond						
3.500% Due 02-15-39 (CUSIP 912810QA9)						
12/16/2024 PURCHASE	100,000.0000	89.4961	0.00	89,496.09	89,496.09	0.00
US Treasury Note/Bond						
3.000% Due 02-15-47 (CUSIP 912810RV2)						
12/16/2024 PURCHASE	125,000.0000	76.1484	0.00	95,185.55	95,185.55	0.00
US Treasury Note/Bond						
2.000% Due 11-15-26 (CUSIP 912828U24)						
12/16/2024 PURCHASE	250,000.0000	95.9141	0.00	239,785.16	239,785.16	0.00

5% Reportable Transactions (Series By Broker)
 U.A. Local 393 Health & Welfare Trust Fund
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From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN/LOSS
US Treasury When Issued Note/Bond 4.250% Due 11-15-34 (CUSIP 91282CLW9)	450,000,000	100.5117	0.00	452,302.74	452,302.74	0.00
12/04/2024 PURCHASE					226,151.37	0.00
12/04/2024 PURCHASE	225,000,000	100.5117	0.00	226,151.37	226,151.37	0.00
12/04/2024 PURCHASE	675,000,000	100.5117	0.00	678,454.10	678,454.10	0.00
12/04/2024 PURCHASE	450,000,000	100.5117	0.00	452,302.74	452,302.74	0.00
Valero Energy Corp 6.625% Due 06-15-37 (CUSIP 91913YAL4)	250,000,000	105.6080	0.00	264,020.00	264,020.00	0.00
04/19/2024 PURCHASE					132,010.00	0.00
04/19/2024 PURCHASE	125,000,000	105.6080	0.00	132,010.00	132,010.00	0.00
04/19/2024 PURCHASE	425,000,000	105.6080	0.00	448,834.00	448,834.00	0.00
04/19/2024 PURCHASE	275,000,000	105.6080	0.00	290,422.00	290,422.00	0.00
12/13/2024 PURCHASE	25,000,000	107.6870	0.00	26,921.75	26,921.75	0.00
Verisk Analytics Inc 5.250% Due 06-05-34 (CUSIP 92345YAJ5)	175,000,000	98.3680	0.00	172,144.00	172,144.00	0.00
05/21/2024 PURCHASE					98,368.00	0.00
05/21/2024 PURCHASE	100,000,000	98.3680	0.00	98,368.00	98,368.00	0.00
05/21/2024 PURCHASE	275,000,000	98.3680	0.00	270,512.00	270,512.00	0.00
05/21/2024 PURCHASE	175,000,000	98.3680	0.00	172,144.00	172,144.00	0.00
Verizon Communications (CUSIP 92343V104)	940,000	39.5140	0.00	37,035.91	37,143.14	107.23
01/04/2024 SALE					8,543.15	-969.28
08/09/2024 SALE	211,000	40.4889	0.00	9,512.43	9,512.43	0.00
08/09/2024 SALE	24,000	40.4888	0.00	1,264.69	971.73	-292.96
10/07/2024 PURCHASE	154,000	43.8400	0.00	6,751.36	6,751.36	0.00
10/28/2024 SALE	152,000	41.6488	0.00	8,009.70	6,330.62	-1,679.08
Viacom Inc 6.875% Due 04-30-36 (CUSIP 925524AX8)	150,000,000	92.1890	0.00	208,539.00	138,283.50	-70,255.50
03/06/2024 SALE					46,094.50	-23,418.50
03/06/2024 SALE	50,000,000	92.1890	0.00	69,513.00	46,094.50	-23,418.50
03/06/2024 SALE	125,000,000	92.1890	0.00	173,782.50	115,236.25	-58,546.25
03/06/2024 SALE	75,000,000	92.1890	0.00	77,920.50	69,141.75	-8,778.75
Wells Fargo & Co New (CUSIP 949746101)	1,382,000	48.8782	0.00	61,635.54	67,549.68	5,914.14
01/04/2024 SALE					42,947.14	24,699.03
03/05/2024 SALE	759,000	56.5838	0.00	18,248.11	18,248.11	0.00
03/05/2024 SALE	310,000	56.5838	0.00	7,737.60	17,540.99	9,803.39
03/05/2024 SALE	803,000	56.5838	0.00	35,812.84	45,436.83	9,623.99
03/05/2024 SALE	3,442,000	56.5838	0.00	151,000.54	194,761.59	43,761.05
08/09/2024 SALE	119,000	52.5085	0.00	2,970.24	6,248.51	3,278.27
10/07/2024 PURCHASE					4,441.13	0.00
10/28/2024 SALE	71,000	65.5782	0.00	1,772.16	4,656.05	2,883.89
10/28/2024 SALE	6,000	65.5783	0.00	150.49	393.47	242.98

5% Reportable Transactions (Series By Broker)
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 Reporting Group

From January 1, 2024 Through December 31, 2024

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
11/01/2024 SALE	1,207.0000	64.7969	0.00	30,273.73	78,209.85	47,936.12
11/01/2024 SALE	1,811.0000	64.7969	0.00	79,448.57	117,347.18	37,898.61
11/01/2024 SALE	2,294.0000	64.7969	0.00	98,867.04	148,644.09	49,777.05
11/01/2024 SALE	907.0000	64.7969	0.00	39,153.56	58,770.79	19,617.23
11/01/2024 SALE	306.0000	64.7969	0.00	12,664.39	19,827.85	7,163.46
11/06/2024 SALE	487.0000	72.1414	0.00	12,214.84	35,132.85	22,918.01
11/06/2024 SALE	417.0000	72.1414	0.00	9,977.64	30,082.96	20,105.32
11/06/2024 SALE	456.0000	72.1414	0.00	18,872.43	32,896.48	14,024.05
11/06/2024 SALE	2,370.0000	72.1414	0.00	108,375.60	170,975.10	62,599.50
11/06/2024 SALE	838.0000	72.1414	0.00	32,538.45	60,454.49	27,916.04
Wells Fargo & Company 5.557% Due 07-25-34 (CUSIP 95000U3F8) 12/13/2024 PURCHASE	25,000.0000	101.7520	0.00	25,438.00	25,438.00	0.00
Welltower Inc 3.100% Due 01-15-30 (CUSIP 95040QAJ3) 12/13/2024 PURCHASE	75,000.0000	91.8610	0.00	68,895.75	68,895.75	0.00
Williams Co. (CUSIP 969457100) 01/04/2024 SALE	1,267.0000	36.5636	0.00	37,810.45	46,326.08	8,515.63
09/18/2024 SALE	328.0000	45.1588	0.00	8,336.35	14,812.07	6,475.72
09/18/2024 SALE	700.0000	45.1587	0.00	22,235.78	31,611.12	9,375.34
09/18/2024 SALE	187.0000	45.1587	0.00	5,616.73	8,444.68	2,827.95
09/18/2024 SALE	5,175.0000	45.1587	0.00	154,434.94	233,696.50	79,261.56
10/07/2024 PURCHASE	98.0000	49.7900	0.00	4,879.42	4,879.42	0.00
10/28/2024 SALE	97.0000	52.2586	0.00	2,913.49	5,069.08	2,155.59
11/04/2024 SALE	716.0000	51.7868	0.00	21,505.78	37,079.32	15,573.54
11/04/2024 SALE	800.0000	51.7868	0.00	22,675.04	41,429.41	18,754.37
11/04/2024 SALE	25.0000	51.7868	0.00	679.90	1,294.67	614.77
11/04/2024 SALE	6,239.0000	51.7868	0.00	186,187.36	323,097.59	136,910.23
BROKER TOTAL			0.00	76,908,831.59	76,991,532.13	82,700.54