

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1959
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) EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND
267 STAUNTON AVE SOUTH CHARLESTON, WV 25303 267 STAUNTON AVE SOUTH CHARLESTON, WV 25303
2b Employer Identification Number (EIN) 55-0422384
2c Plan Sponsor's telephone number 304-525-0331
2d Business code (see instructions) 525100

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, 10/15/2025, KIMBERLY WOOD (plan administrator); 2. Filed with authorized/valid electronic signature, 10/15/2025, KIMBERLY WOOD (employer/plan sponsor); 3. 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	1172
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)	1172
	6a(2)	979
	6b	
	6c	
	6d	979
	6e	
	6f	979
	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	22

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>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 EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 55-0422384</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
THE UNION LABOR 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
13-1423090	69744	SL10075	955	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
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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.
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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	469988
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.	10b	

Specify nature of costs.

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 EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 55-0422384	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AMERICAN BENEFIT CORPORATION

55-0672859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	946875	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)

MANNING AND NAPIER

16-0995736

(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	NONE	95000	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)

CS MCKEE

25-1095051

(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	NONE	21581	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)

UNITED NATIONAL BANK

55-0249860

(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	NONE	8594	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)

ANDCO CONSULTING

59-3676225

(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	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARRIS, HARDIN & COMPANY, A.C.

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	47844	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)

CICCARELLO, DEL GIEDUCE & LAFON

55-0711953

(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?
22	NONE	26123	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 HEALTH PLANS

06-1475928

(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?
99	NONE	487009	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 HOLDINGS

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?
99	NONE	59484	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)

MEDICAL REVIEW INSTITUTE

87-0394756

(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?
99	NONE	6628	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)

PHYSICIANS SERVICES - 4MOST

26-1790538

(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?
99	NONE	11833	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)

BOSTON MUTUAL LIFE INS COMPANY

04-1106240

(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?
99	NONE	78321	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYER-TEAMSTERS LOCAL NOS 175 & 505 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 55-0422384

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	382192	37613
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2837433	2103097
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	220608	288597
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4828623	1675450
(2) U.S. Government securities	1c(2)	9476597	7116404
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12372921	18234848
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7349069	8923962
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	76733	0

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	92801	102956
f Total assets (add all amounts in lines 1a through 1e).....	1f	37636977	38482927
Liabilities			
g Benefit claims payable.....	1g	3026504	8322742
h Operating payables.....	1h	398744	1629122
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5201	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3430449	9951864
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34206528	28531063

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)	26220138	
(B) Participants.....	2a(1)(B)	13649	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		26233787
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	140164	
(B) U.S. Government securities.....	2b(1)(B)	353419	
(C) Corporate debt instruments.....	2b(1)(C)	674194	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	9155	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1176932
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	120594	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		120594
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	57949755	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	57108028	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		841727
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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		6053
d Total income. Add all income amounts in column (b) and enter total.....	2d		28379093

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26489274	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	5296238	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		31785512
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)	72369	
(2) Contract administrator fees	2i(2)	946875	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	135175	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1114627	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2269046
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34054558

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-5675465
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: **HARRIS, HARDIN & COMPANY, A.C.**

(2) EIN: **55-0756523**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 _____.

EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

With Independent Auditors' Report Thereon

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
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HARRIS, HARDIN & COMPANY, A.C.

CERTIFIED PUBLIC ACCOUNTANTS

WALLACE B. HARRIS, CPA
STEVEN P. HARDIN, CPA

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Employer-Teamsters Local Nos. 175 & 505
Health and Welfare Trust Fund
Charleston, West Virginia 25304

Opinion

We have audited the financial statements of Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, and the changes in plan benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluated the overall presentation of financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, that raise substantial doubt about Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

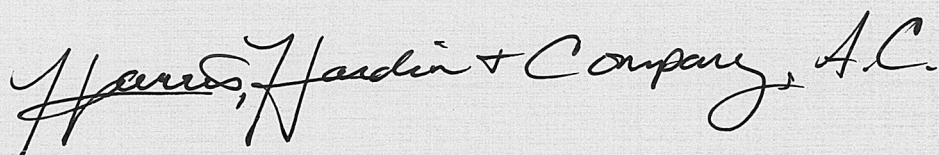
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

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

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

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

A handwritten signature in cursive script that reads "Harold Hardin + Company, A.C." The signature is written in black ink and is positioned above the typed name and date.

Huntington, West Virginia
October 3, 2025

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 37,613	\$ 382,192
Investments, at Fair Market Value		
U.S. Government Obligations	7,116,404	9,476,597
Corporate Obligations	5,865,818	12,372,921
Municipal Obligations	-0-	377,251
Mortgage-Backed Securities	4,729,029	-0-
Collateralized Mortgages	4,446,347	-0-
Certificates of Deposit	-0-	419,488
Interest Bearing Cash	1,675,450	4,031,884
Common Stocks	12,117,616	7,349,069
Total Investments	35,950,664	34,027,210
Receivables:		
Participating Employers' Contributions	2,103,097	2,837,433
Accrued Investment Income	167,528	135,938
Emp-Team 175 & 505 Pension Fund	121,069	84,670
Total Receivables	2,391,694	3,058,041
Total Current Assets	38,379,971	37,467,443
PROPERTY AND EQUIPMENT		
Furniture, Fixtures and Equipment	114,586	97,091
Leasehold Improvements	185,603	185,603
Less: Accumulated Depreciation	(203,320)	(189,893)
Total Property and Equipment	96,869	92,801
OTHER ASSETS		
Prepaid Expenses	6,087	76,733
TOTAL ASSETS	38,482,927	37,636,977
LIABILITIES		
CURRENT LIABILITIES		
Accounts Payable for Administrative Expenses	1,624,817	398,744
Accrued and Withheld Payroll Taxes	4,305	5,201
TOTAL LIABILITIES	1,629,122	403,945
NET ASSETS AVAILABLE FOR BENEFITS	\$ 36,853,805	\$ 37,233,032

The Accompanying Notes Are An Integral Part of These Financial Statements.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<i>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</i>		
Contributions:		
Participating Employers	\$ 26,220,138	\$ 29,017,099
Participants Self-Pay	13,649	22,659
<i>Total Contributions</i>	26,233,787	29,039,758
Investment Income:		
Net Appreciation in Fair Value of Investments	841,727	1,815,826
Miscellaneous Investment Income	6,053	1,192
Interest Income	1,176,932	731,048
Dividend Income	120,594	89,473
	2,145,306	2,637,539
Less: Investment Expenses	(135,175)	(139,677)
<i>Total Investment Income</i>	2,010,131	2,497,862
<i>TOTAL ADDITIONS TO NET ASSETS</i>	28,243,918	31,537,620
<i>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</i>		
Benefits Paid to or for Participants:		
Health Care	19,054,598	16,113,469
Prescription Drugs	6,293,941	3,772,902
Stop Loss Insurance Premiums	544,069	494,046
Health Clinic Expenses	518,345	634,159
Life and A D & D Insurance Premiums	78,321	75,332
<i>Total Benefits Paid to or for Participants</i>	26,489,274	21,089,908
Administrative Expenses	2,133,871	1,369,543
<i>TOTAL DEDUCTIONS FROM NET ASSETS</i>	28,623,145	22,459,451
<i>NET INCREASE (DECREASE) DURING YEAR</i>	(379,227)	9,078,169
<i>NET ASSETS AVAILABLE – BEGINNING OF YEAR</i>	37,233,032	28,154,863
<i>NET ASSETS AVAILABLE – END OF YEAR</i>	\$ 36,853,805	\$ 37,233,032

The Accompanying Notes Are An Integral Part of These Financial Statements.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	2024	2023
<i>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</i>		
Health Claims Payable	\$ 4,379,267	\$ 1,312,495
Prescription Drugs	916,971	510,443
<i>Total Currently Payable</i>	5,296,238	1,822,938
 <i>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</i>		
Waiver of Contribution on Death Benefits During Disability	14,000	14,000
<i>TOTAL OBLIGATIONS OTHER THAN POST-RETIREMENT BENEFIT OBLIGATIONS</i>	5,310,238	1,836,938
 <i>POST-RETIREMENT OBLIGATIONS</i>		
Active Participants	23,997,472	27,113,752
<i>PLAN'S TOTAL BENEFIT OBLIGATIONS</i>	\$ 29,307,710	\$ 28,950,690

The Accompanying Notes Are An Integral Part of These Financial Statements.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<i>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</i>		
Balance at Beginning of Year	\$ 3,012,504	\$ 3,116,459
Claims Reported and Approved for Payment	29,064,889	20,042,476
Claims Paid	(23,768,651)	(20,146,431)
<i>Balance at End of Year</i>	8,308,742	3,012,504
<i>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</i>		
Balance at Beginning of Year	14,000	32,000
Net Change in Contribution Waiver Benefit	-0-	(18,000)
<i>Balance at End of Year</i>	14,000	14,000
<i>TOTAL OBLIGATIONS OTHER THAN POST-RETIREMENT BENEFIT OBLIGATIONS</i>	8,322,742	3,026,504
<i>POST-RETIREMENT BENEFIT OBLIGATIONS</i>		
Balance at Beginning of Year	27,113,752	31,519,161
Increase (Decrease) During the Year Attributable to:		
Benefits Earned	2,075,047	1,860,303
Interest	1,287,903	1,575,958
Change in Retiree self-pay	-0-	(931,462)
Actuarial (gain) or loss	(5,553,630)	(4,890,318)
Increase in benefits expected to be funded by participant contributions	2,432,548	(3,167,500)
Change in Actuarial Assumptions	(3,358,148)	1,147,610
<i>Balance at End of Year</i>	23,997,472	27,113,752
<i>PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</i>	\$ 32,320,214	\$ 30,140,256

The Accompanying Notes Are An Integral Part of These Financial Statements.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Employer-Teamsters Local Nos. 175 & 505 Health and Welfare Trust Fund (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision.

GENERAL

The Plan is a multi-employer collectively bargained health and welfare benefit plan covering eligible employees who have worked or are working for any of the contributing employers as established by the agreement by and between the Union and various employers. Effective January 1, 2014, the Employer-Teamsters Local Nos. 175 & 505 Retiree Health and Welfare Trust Fund was established and all retiree benefits were administered through that Fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Contributions to the Plan are made by the participating employers based on the negotiated contribution rates set forth in collective bargaining agreements. In addition, participants may qualify to self-pay in order to continue receiving benefits. Specific qualifications are listed in the plan description.

OTHER

The Plan's board of trustees, as sponsor, has the right under the Plan to modify the benefits provided to active employees. The Plan may be terminated only by joint agreement between the industry and Union, subject to the provisions set forth by ERISA.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are prepared on the accrual basis of accounting.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are recorded 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 5 for a discussion on fair value measurements.

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

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

USE OF ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

POST-RETIREMENT BENEFITS

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributable to employee service rendered to December 31. Post-retirement benefits include future benefits expected to be paid to or for 1) terminated employees and their beneficiaries and dependents and 2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. See Note 1 – Description of Plan (General). Prior to an active employee’s full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributable to that employee’s service in the industry rendered to the valuation date.

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

Other significant assumptions used in the actuarial valuations as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Discount Rate	5.50% per annum	4.75% per annum
Medical Cost Inflation Rate	7.50% per annum	7.50% per annum
Average retirement age	60	60
Mortality	Pri-2012 Blue Collar Mortality Table projected generationally using Scale MP-2021	Pri-2012 Blue Collar Mortality Table projected generationally using Scale MP-2021

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

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

OTHER PLAN BENEFITS

Plan obligations at December 31 for health claims incurred but not reported at that date for accumulated eligibility of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles. The estimated liability for claims incurred but not reported is based upon the actuarial adjusted claims experience for the quarter subsequent to the year-end.

CASH AND CASH EQUIVALENTS

Cash and cash equivalents consist of cash on deposit.

CONCENTRATION OF CREDIT RISK

The Plan maintains cash balances in checking, money market, and sweep accounts at banking and investment institutions in the area in which it conducts its business. Accounts at the banking institutions are insured by the Federal Deposit Insurance Corporation. Accounts at the investment institutions are not insured.

The Plan at various times throughout the year maintained deposits in excess of federal insured limits. Accounting Standards Codification Topic 825-10-50 identifies these items as a concentration of credit risk requiring disclosure regardless of the degree of risk. The risk is managed by maintaining all deposits in high quality institutions. Bank balances on deposit on December 31, 2024 and 2023 totaled \$569,525 and \$1,253,879.

Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of short duration government securities that are highly liquid.

ADMINISTRATIVE EXPENSES

The Plan incurs various administrative expenses that are shared with the Employer-Teamsters Local Nos. 175 & 505 Pension Fund. The trustees have determined that common expenses generally should be allocated on a 50/50 basis. Appropriate expenses are allocated to the Retiree Health and Welfare Trust Fund. All expenses are paid by the Fund.

OFFICE FURNITURE AND EQUIPMENT

Office furniture and equipment are stated at cost. Depreciation is provided for on the straight-line and accelerated methods over estimated useful lives of five to fifteen years.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 3 – TAX STATUS

The trust established under the Plan to hold the Plan’s assets is qualified pursuant to Section 501(c)9 of the Internal Revenue Code, and accordingly, the trust’s net investment income is exempt from income taxes. The trust has obtained a favorable determination letter from the IRS and The Plan sponsor believes that the Plan, as amended, continues to qualify and operate as designed. The Fund is subject to routine audits by various taxing agencies. The Fund believes it is no longer subject to income tax examination for periods prior to December 31, 2021.

NOTE 4 – INVESTMENTS

United Bank, corporate trustee of the Plan, holds the Plan’s investment assets and executes transactions therein. During 2024 and 2023, the Plan’s investments are as follows:

	<u>Net Appreciation (Depreciation) In Fair Value During Year</u>	<u>Fair Value At End of Year</u>
<i>Year Ended December 31, 2024</i>		
Fair Value as Determined by Quoted Market Price:		
U.S. Government Securities	\$ (192,359)	\$ 7,116,404
Corporate Obligations	(10,715)	9,059,472
Mortgage-Backed Securities	(47,386)	4,729,029
Collateralized Mortgages	27,770	4,446,347
Municipal Obligations	57,568	-0-
Certificates of Deposit	1,194	-0-
Interest Bearing Cash	-0-	1,675,450
Common Stocks	1,005,655	8,923,962
<i>TOTAL</i>	<i>\$ 841,727</i>	<i>\$ 35,950,664</i>

<i>Year Ended December 31, 2023</i>		
Fair Value as Determined by Quoted Market Price:		
U.S. Government Securities	\$ 75,825	\$ 9,476,597
Corporate Obligations	256,799	12,372,921
Mortgage-Backed Securities	-0-	-0-
Collateralized Mortgages	-0-	-0-
Municipal Obligations	18,566	377,251
Certificates of Deposit	(2,726)	419,488
Interest Bearing Cash	-0-	4,031,884
Common Stocks	1,467,362	7,349,069
<i>TOTAL</i>	<i>\$ 1,815,826</i>	<i>\$ 34,027,210</i>

EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 – FAIR VALUE INVESTMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework to measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority of unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 inputs to the valuation methodology include the following:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the assets or liability
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation of other meansIf the assets or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability
- Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 5 – FAIR VALUE INVESTMENTS (CONTINUED)

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

- *U.S. Government Securities.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 2)
- *Corporate Obligations.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 2)
- *Mortgage Backed Securities.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 2)
- *Collateralized Mortgage Obligations.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 2)
- *Municipal Obligations.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 2)
- *Common Stocks.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 1)
- *Interest Bearing Cash.* Valued at current balance. (Level 1)
- *Certificates of Deposit.* Valued at the closing price reported in the active market in which the individual security is traded. (Level 1)

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

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

Assets at Fair Value Measurements at Reporting Date

	Level (Note 5)	Fair Value 2024	Fair Value 2023
U.S. Obligations	2	\$ 7,116,404	\$ 9,476,597
Corporate Obligations	2	9,059,472	12,372,921
Mortgage-Backed Securities	2	4,729,029	-0-
Collateralized Mortgages	2	4,446,347	-0-
Municipal Obligations	2	-0-	377,251
Certificates of Deposit	1	-0-	419,488
Interest Bearing Cash	1	1,675,450	4,031,884
Common Stocks	1	8,923,962	7,349,069
Total		<u>\$ 35,950,664</u>	<u>\$ 34,027,210</u>

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 6 – BENEFIT OBLIGATIONS

The Plan’s deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the post-retirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

The weighted-average health care cost trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 by \$4,593,664.

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 36,853,805	\$ 37,233,032
Less:		
Claims payable and estimated claims incurred but not reported	8,308,742	3,012,504
Waiver of contribution on death benefits during disability	14,000	14,000
	8,322,742	3,026,504
Net assets available for benefits per Form 5500	\$ 28,531,063	\$ 34,206,528

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

Net income (loss) per the financial statements	\$ (379,227)
Claims liability decrease (increase)	(5,296,238)
Net income (loss) per Form 5500	\$ (5,675,465)

Obligations for current benefit coverage to or for participants, dependents, and beneficiaries are recorded on the Form 5500 as benefit claims payable.

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – TRANSACTIONS WITH PARTIES IN INTEREST

Fees paid during the year for administrative services rendered by parties in interest were based on customary and reasonable rates for such services and are paid by the Plan.

NOTE 10 – CONCENTRATION OF REVENUE RISK

For the year 2024, seventy-four percent (74%) of the employer contributions were derived from one employer.

NOTE 11 – ADMINISTRATIVE EXPENSES

	2024	2023
Administrator’s Fee	\$ 946,875	\$ 632,013
Retiree Health Fund Subsidy	384,381	(79,400)
Auditing and Accounting Fees	47,844	48,194
Legal Fees	26,123	23,425
Employee Benefits	34,053	33,312
Salaries and Wages	72,369	58,768
Payroll Taxes	5,866	3,625
Rent	14,368	14,055
Utilities	6,526	4,693
Depreciation	11,692	11,891
Custodial Expense	1,403	1,780
Telephone Expense	243	189
Office Supplies and Expense	26,660	55,035
Trustee Expenses	19,400	9,680
Insurance	11,950	12,116
Liaison to Trustees	28,511	27,553
PPO Fees	434,371	450,941
Precertification and Case Management	61,236	61,673
	\$ 2,133,871	\$ 1,369,545

**EMPLOYER-TEAMSTERS LOCAL NOS. 175 & 505
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 12 – UNCERTAIN TAX POSITIONS

FASB ASC 740-10 clarifies the accounting and provides guidance for uncertainty in income taxes recognized in an entity's financial statements. It prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken, in a tax return. FASB ASC 740-10-50-16 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. A Fund's exempt status is a tax position that may be subject to uncertainty.

There were no penalties or interest recognized in the Statement of Net Assets Available for Plan Benefits or in the Statement of Changes in Net Assets Available for Plan Benefits.

Management does not believe its financial statements include any uncertain tax positions.

NOTE 13 – LEASE

The Fund entered into a lease agreement effective January 1, 2022, for the rental of office space to be used as a medical clinic. The lease term was three years payable in twelve equal monthly installments. The rental expense paid for the year ended December 31, 2024, is included in Health Clinic expenses. Total payments were \$27,241.

NOTE 14 – RELATED PARTIES

DESCRIPTION OF RELATED ORGANIZATIONS

The Health and Welfare Fund (the "Fund") is related through common governance to several organizations, including the Employer-Teamsters Local Nos. 175 & 505 Retiree Health and Welfare Trust Fund (the "Retiree Fund") and the Employer-Teamsters Local Nos. 175 & 505 Pension Trust Fund ("Pension Fund"). The Fund subsidizes the operations of the Retiree Fund, which does not maintain any assets. All receipts and disbursements related to the Retiree Fund are collected and paid by the Fund. For the year ended December 31, 2024, after allocation of receipts and disbursements, the Fund subsidized the Retiree Fund in the amount of \$384,381.

TRANSACTIONS WITH RELATED PARTIES

The Fund pays the Pension Fund for rental of office space used for administrative purposes. The rental expense paid to the Pension Fund for the year ended December 31, 2024, is included in administrative expenses. Total payments were \$14,368.

NOTE 15 – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 3, 2025, which is the date the financial statements were available to be issued.

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes
Employer-Teamsters Local Nos. 175 & 505 Health & Welfare Trust Fund
EIN: 55-0422384
PN: 501
12/31/2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current Value
<u>Interest Bearing Cash</u>						
	Federated Hermes Government Obligations		76,797	\$ 76,797	\$ 76,797	
	Federated Hermes Government Obligations		302,102	302,102	302,102	
	Federated Hermes Government Obligations		195,220	195,220	195,220	
	United Bank		1,101,331	1,101,331	1,101,331	
				\$ 1,675,450	\$ 1,675,450	
<u>U.S. Government Obligations</u>						
	Federal Farm Credit Bank	5.670%	9/18/2029	72,000	\$ 71,985	\$ 72,220
	Federal Farm Credit Bank	5.650%	8/14/2034	57,000	56,829	56,826
	Federal Farm Credit Bank	1.570%	9/23/2030	94,000	79,345	79,532
	Federal Farm Credit Bank	1.670%	3/3/2031	70,000	58,809	58,628
	Federal Farm Credit Bank	1.790%	7/21/2031	103,000	85,799	85,972
	Federal Farm Credit Bank	5.840%	7/17/2034	60,000	60,069	60,118
	Federal Farm Credit Bank	5.650%	8/14/2034	62,000	61,993	61,810
	Federal Home Loan Bank	2.350%	2/9/2032	65,000	55,385	55,455
	Federal Home Loan Bank	2.375%	1/28/2032	65,000	55,536	55,607
	Federal Home Loan Bank	5.920%	5/23/2034	125,000	125,461	125,264
	FNMA Government Agency	1.630%	9/14/2035	180,000	129,582	129,654
	FNMA Government Agency	1.600%	8/24/2035	171,000	122,863	122,911
	FNMA Government Agency	1.530%	8/17/2035	43,000	30,672	30,690
	Freddie Mac Government Agency	5.500%	2/26/2029	98,000	98,000	98,081
	Freddie Mac Government Agency	5.000%	11/12/2027	206,000	206,000	205,815
	Freddie Mac Government Agency	1.460%	8/17/2035	35,000	24,745	24,826
	Freddie Mac Government Agency	5.300%	11/21/2029	124,000	124,000	124,020
	US Treasury	4.250%	11/30/2026	100,000	100,172	99,973
	US Treasury	4.000%	12/15/2027	50,000	49,520	49,609
	US Treasury	4.625%	11/15/2044	247,000	248,717	239,746
	US Treasury	4.250%	11/30/2026	248,000	248,441	247,933
	US Treasury	4.125%	11/30/2029	21,000	20,922	20,759
	US Treasury N/B	4.000%	1/15/2027	73,000	72,780	72,635
	US Treasury N/B	4.250%	3/15/2027	300,000	299,120	299,895
	US Treasury N/B	4.500%	5/15/2027	299,000	298,912	300,459
	US Treasury N/B	4.625%	6/15/2027	130,000	130,407	131,076
	US Treasury N/B	4.375%	7/15/2027	400,000	405,459	400,984
	US Treasury N/B	3.375%	9/15/2027	715,000	704,888	698,634

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes
Employer-Teamsters Local Nos. 175 & 505 Health & Welfare Trust Fund
EIN: 55-0422384
PN: 501
12/31/2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current Value
<u>U.S. Government Obligations</u>						
	US Treasury N/B	3.500%	9/30/2026	156,000	154,311	154,025
	US Treasury N/B	4.125%	11/15/2027	753,000	752,606	749,589
	US Treasury N/B	4.250%	2/15/2054	262,000	251,448	239,423
	US Treasury N/B	4.625%	5/15/2024	124,000	126,683	120,687
	US Treasury N/B	4.250%	8/15/2054	301,000	288,413	275,367
	US Treasury N/B	3.500%	9/30/2029	487,000	471,838	468,528
	US Treasury N/B	4.125%	10/31/2029	271,000	270,301	267,846
	US Treasury N/B	4.250%	11/15/2034	200,000	199,165	194,844
	US Treasury N/B	4.125%	11/15/2027	284,000	283,727	282,713
	US Treasury N/B	4.125%	11/30/2031	362,000	361,410	354,250
					\$ 7,186,313	\$ 7,116,404

Mortgage Backed Securities

	Fannie Mae FN FM3494	2.500%	4/1/2048	428,510	\$ 367,916	\$ 357,686
	Fannie Mae Pool #BC0629	3.500%	3/1/2046	4,910	5,144	4,410
	Fannie Mae Pool AB8464	2.500%	2/1/2043	16,258	15,610	13,696
	Fannie Mae Pool AO0800	3.000%	4/1/2027	2,467	2,571	2,426
	Fannie Mae Pool AT8912	3.000%	7/1/2043	6,614	6,639	5,828
	Fannie Mae Pool FN AL5759	3.500%	7/1/2029	111,606	107,438	109,437
	Fannie Mae Pool FN MA4465	2.000%	11/1/2051	228,287	182,094	178,488
	FGLMC Pool #G08699	4.000%	3/1/2046	12,860	13,740	11,954
	FGLMC Pool CO9044	3.500%	7/1/2043	15,160	15,690	13,794
	FHLMC 3.000	3.000%	8/1/2052	44,949	39,344	38,529
	FHLMC Pool FN CB2009	2.000%	10/1/2031	68,843	63,475	64,188
	FHLMC Pool FR RA6817	2.500%	2/1/2052	257,247	215,686	211,190
	FHLMC Pool FR RD5115	4.000%	8/1/2032	64,802	64,083	63,371
	FHLMC Pool FR RD5144	5.500%	4/1/2033	65,709	66,735	66,499
	FHLMC Pool FR SD1684	4.500%	9/1/2052	337,416	325,184	318,372
	FHLMC Pool FR SD3235	5.500%	6/1/2053	223,197	223,197	221,241
	FHLMC Pool FR SD4113	6.000%	11/1/2053	266,346	262,569	269,715
	FHLMC Pool FR SD8182	2.000%	12/1/2051	221,545	176,682	173,098
	FHLMC Pool FR SD8276	5.000%	12/1/2052	440,125	436,257	425,979
	FHLMC Pool FR ZK7573	3.500%	1/1/2029	23,831	22,967	23,407
	FNCL Pool 995681	6.000%	5/1/2038	859	937	888

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value			(d) Cost	(e) Current Value
<u>Mortgage Backed Securities</u>						
	FNCL Pool FN AB9101	3.000%	4/1/2033	17,868	19,351	16,806
	FNMA 2.500	2.500%	8/1/2051	281,176	235,749	232,808
	FNMA 4.500	4.500%	4/1/2053	44,988	42,317	42,370
	FNMA 4.500	4.500%	11/1/2054	53,561	50,615	50,603
	FNMA Pool 257003	5.500%	12/1/2037	730	784	733
	FNMA Pool FN AL8213	3.000%	2/1/2031	106,963	102,350	103,245
	FNMA Pool FN AT3812	2.000%	4/1/2028	123,182	115,310	119,218
	FNMA Pool FN FM8479	3.000%	8/1/2051	523,391	441,571	448,693
	FNMA Pool FN MA4644	4.000%	5/1/2052	238,975	236,642	218,933
	FNMA Pool FN MA4807	5.500%	11/1/2052	253,120	248,077	251,055
	Freddie Mac Pool #RB5048	2.500%	5/1/2040	92,930	96,829	81,583
	Freddie Mac Pool FR RB5095	2.000%	1/1/2041	336,870	286,077	281,162
	Freddie Mac Pool FR RB5154	2.500%	4/1/2042	147,851	127,799	125,449
	Freddie Mac Super FR SB8208	5.500%	1/1/2038	115,049	114,942	115,910
	Ginnie Mae Pool G2 MA6311	3.500%	12/20/2034	7,573	8,018	7,169
	GNMA 3.000	3.000%	3/20/2052	60,892	52,872	52,324
	GNMA MBS	6.000%	9/15/2038	3,000	3,298	3,107
	Mega Pool Pool AE0217	4.500%	8/1/2040	2,916	3,088	2,826
	Wells Fargo Bank, NA	6.000%	9/1/2036	810	879	839
					\$ 4,800,526	\$ 4,729,029

Collateralized Mortgage Obligations

	Axis Equip Finance	1.640%	10/20/2027	12,463	\$ 12,461	\$ 12,378
	BMW Vehicle Owner Trust	5.470%	2/25/2028	74,000	73,987	74,680
	Carmax Auto Owner Trust	6.000%	7/17/2028	90,000	89,982	91,614
	Carmax Auto Owner Trust	5.500%	1/16/2029	64,000	63,998	65,020
	Carvana Auto Receivables	5.820%	8/10/2028	135,000	134,988	136,636
	Carvana Auto Receivables Trust	0.700%	1/10/2028	1,074	1,074	1,044
	Carvana Auto Receivables Trust	1.270%	3/10/2027	245,000	244,931	235,487
	Citizens Auto Rec Trust Series	5.110%	4/17/2028	200,000	199,999	201,341
	CNH Equipment Trust Series 24-B	5.190%	9/17/2029	90,000	89,992	91,158
	Dell Equipment Finance Trust	5.930%	4/23/2029	200,000	201,431	202,624
	Enterprise Fleet Financing LLC	5.230%	3/20/2030	91,843	91,830	92,499
	Fannie Mae Series 12-129	1.500%	12/25/2027	30,462	28,420	29,373

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<u>Collateralized Mortgage Obligations</u>						
	Fannie Mae Series 12-17	2.000%	3/25/2041	2,967	3,036	2,890
	Fannie Mae Series 12-22	2.000%	3/25/2041	4,285	4,093	4,222
	Fannie Mae Series 12-63	2.000%	8/25/2041	3,903	3,976	3,812
	Fannie Mae Series 13-135	3.000%	7/25/2032	8,727	8,482	8,645
	Fannie Mae Series 13-30	1.750%	4/25/2028	44,270	41,376	42,713
	Fannie Mae Series 13-75	2.500%	2/25/2043	36,939	38,624	33,726
	Fannie Mae Series 17-46	3.500%	9/25/2028	67,767	64,442	66,243
	Fannie Mae Series 17-49	4.000%	7/25/2053	5,617	5,921	5,567
	Fannie Mae Series 20-38	2.000%	1/25/2044	52,115	45,910	48,647
	Fannie Mae Series 24-9 Class NP	5.500%	6/25/2044	69,417	69,178	70,207
	FannieMae-Aces Series 18-70	3.500%	10/25/2056	6,823	7,213	6,607
	FGLMC Series 4320	3.500%	7/15/2039	52,399	50,671	50,748
	FHLMC MultiFamily Structured	2.250%	1/15/2033	100,472	95,919	97,334
	FHLMC MultiFamily Structured	3.000%	6/15/2044	32,600	34,077	30,355
	FHLMC MultiFamily Structured	3.000%	11/15/2044	102,098	97,631	98,108
	FHLMC Series 4639	3.250%	4/15/2053	45,027	42,780	43,519
	Flagship Credit Auto Trust	1.790%	10/15/2026	324	324	324
	FNCL Series 12-103 Class NG	1.750%	11/25/2041	5,543	5,633	5,199
	FNCL Series 12-98 Class MA	2.000%	8/25/2031	1,164	1,187	1,153
	Freddie Mac Series 3563	4.000%	8/15/2029	11,107	10,725	10,940
	Freddie Mac Series 4060	2.500%	6/15/2027	52,774	49,987	51,654
	Freddie Mac Series 4135	1.500%	11/15/2027	3,459	3,533	3,337
	Freddie Mac Series 4170	1.750%	2/15/2028	131,880	125,286	127,652
	Freddie Mac Series 4340	3.000%	7/15/2039	20,682	19,900	20,237
	Freddie Mac Series 4446	2.500%	7/15/2038	6,072	6,380	5,641
	Freddie Mac Series 4948	2.500%	10/25/2048	58,172	51,746	51,600
	GM Financial Sec Series	4.850%	12/18/2028	197,000	196,960	198,006
	GM Financial Securitized Term	4.400%	8/16/2029	35,000	34,813	34,892
	GNMA Sereis 03-65 Class AP	5.500%	8/20/2033	35,273	35,185	35,500
	GNMA Series 09-50 Class KG	4.250%	6/20/2039	3,132	3,259	3,118
	GNMA Series 11-128 Class BL	2.000%	9/16/2026	3,995	3,992	3,937
	GNMA Series 23-40 Class J	5.000%	2/20/2045	39,261	38,550	39,352
	GNR Series 13-106 Class PA	4.000%	2/20/2043	101,921	100,121	99,561
	Government National Mortgage	3.500%	11/16/2042	10,470	10,804	10,360
	Government National Mortgage	3.000%	7/20/2050	1,833	1,897	1,699
	Government National Mortgage	2.000%	2/20/2052	35,140	31,802	32,499

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<u>Collateralized Mortgage Obligations</u>						
	Government National Mortgage	5.500%	7/20/2050	40,663	40,034	41,140
	Government National Mortgage	2.500%	10/20/2051	86,877	71,144	70,587
	Government National Mortgage	6.000%	3/20/2042	39,776	43,343	40,180
	Government National Mortgage	5.500%	2/20/2054	64,567	70,439	64,814
	Govt National Mortgage	4.000%	11/20/2041	41,033	40,110	40,752
	Honda Auto Receivables	4.930%	11/15/2027	10,000	9,998	10,065
	Honda Auto Receivables	4.570%	3/21/2029	217,000	216,966	217,168
	Honda Auto Receivables	4.330%	5/15/2029	126,000	125,982	125,384
	Hyundai Auto Receivables	4.410%	5/15/2029	50,000	49,996	49,788
	Mercedes-Benz Auto Receivable	4.800%	4/16/2029	127,000	126,992	127,562
	Navient Student Loan Trust	0.840%	5/15/2069	29,926	29,921	26,964
	Nextgear Floorplan Mstr Owner	4.420%	9/17/2029	100,000	99,975	99,072
	Nissan Auto Receivables	5.930%	3/15/2028	67,000	66,986	68,073
	Nissan Auto Receivables Series	4.340%	3/15/2029	100,000	99,991	99,591
	Verizon Master Trust	5.670%	11/20/2029	195,000	195,614	198,935
	Verizon Master Trust	5.000%	12/20/2028	200,000	199,994	201,018
	Verizon Master Trust	5.340%	4/22/2023	80,000	79,982	79,982
	Verizon Master Trust	5.340%	4/22/2023	270,000	269,940	269,940
	Wells Fargo Commercial Mortg.	5.660%	2/15/2040	11,453	11,453	11,455
	World Omni Auto Receivables	4.660%	5/15/2028	20,000	19,996	20,019
					\$ 4,447,362	\$ 4,446,347

Corporate Bonds

	Alabama Power	3.450%	10/1/2049	35,000	\$ 25,700	\$ 24,747
	American Express Co	5.098%	2/16/2028	100,000	100,000	100,583
	American Express Co	5.043%	7/26/2028	81,000	81,000	81,416
	American Express Co	5.284%	7/26/2035	35,000	35,182	34,618
	American Honda Finance	4.900%	3/12/2027	50,000	49,977	50,106
	American Honda Finance	4.450%	10/22/2027	79,000	78,945	78,425
	American Honda Finance	2.000%	3/24/2028	50,000	45,938	45,738
	American Tower	3.800%	8/15/2029	50,000	47,637	47,369
	Apple Inc	2.950%	9/11/2049	45,000	31,171	30,035
	AT&T Inc	4.350%	3/1/2029	20,000	19,698	19,577
	Bank of America	1.658%	3/11/2027	145,000	139,120	139,716
	Bank of Mellon FXD-FRN SNR	5.060%	7/22/2032	50,000	50,297	49,898

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<u>Corporate Bonds</u>						
	Bank of Montreal	4.640%	9/10/2030	35,000	34,565	34,328
	Berkshire Hathaway Energy	3.700%	7/15/2030	15,000	14,235	14,118
	BP Cap Markets America	4.893%	9/11/2033	20,000	19,668	19,352
	Burlington North Santa Fe	4.550%	9/1/2044	85,000	76,387	74,130
	Canadian Imperial Bank	5.260%	4/8/2029	50,000	50,723	50,397
	Capital One Financial	1.878%	11/2/2027	30,000	28,264	28,343
	Capital One Financial	6.312%	6/8/2029	25,000	25,893	25,820
	Capital One Financial	5.463%	7/26/2030	20,000	20,188	20,059
	Charles Schwab	5.875%	8/24/2026	80,000	79,954	81,378
	Charles Schwab	5.643%	5/19/2029	25,000	25,624	25,508
	Cigna Corp	5.000%	5/15/2029	40,000	40,100	39,977
	CISCO Systems Inc	4.950%	2/26/2031	30,000	30,400	30,097
	Citigroup Inc	5.174%	2/13/2030	40,000	40,263	39,962
	Coca Cola Co	1.650%	6/1/2030	32,000	27,489	27,288
	Coca Cola Co	5.000%	5/13/2034	24,000	24,353	24,012
	Comcast	3.250%	11/1/2039	65,000	50,597	49,301
	ConocoPhillips Company	5.300%	5/15/2053	60,000	57,558	55,569
	ConocoPhillips Company	5.000%	1/15/2035	25,000	24,882	24,272
	Duke Energy Carolinas	5.300%	2/15/2040	120,000	120,451	117,480
	Duke Energy Corp	4.850%	1/5/2027	200,000	199,981	200,620
	Eli Lilly & Co	5.000%	2/9/2054	25,000	23,929	22,990
	Energy Transfer Equity LP	6.400%	12/1/2030	25,000	26,558	26,417
	Entergy Corp	1.900%	6/15/2028	25,000	22,722	22,579
	Enterprise Products Operating	4.800%	2/1/2049	30,000	27,160	25,855
	Enterprise Products Operating	4.950%	2/15/2035	60,000	59,205	58,094
	Exxon Mobil	4.327%	3/19/2050	95,000	81,626	78,232
	Florida Power & Light	5.300%	4/1/2053	35,000	34,921	33,417
	FNB Corp	5.150%	8/25/2025	37,000	36,982	36,923
	Ford Motor	3.250%	2/12/2032	50,000	42,329	41,588
	Fox	6.500%	10/13/2033	55,000	58,757	57,974
	General Motors Finl	5.550%	7/15/2029	45,000	45,797	45,491
	Generla Motors Finl Co	3.800%	4/7/2025	84,000	83,997	83,735
	Goldman Sachs Bank USA	5.283%	3/18/2027	200,000	200,000	201,094
	Goldman Sachs Bank USA	5.414%	5/21/2027	25,000	25,212	25,195
	Goldman Sachs Group Inc	5.798%	8/10/2026	135,000	135,000	135,747
	Goldman Sachs Group Inc	1.992%	1/27/2032	115,000	96,000	94,968

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<u>Corporate Bonds</u>						
	Goldman Sachs Group Inc	1.431%	3/9/2027	90,000	86,100	86,398
	Honeywell Intl Inc	4.750%	2/1/2032	65,000	64,785	63,958
	HP Enterprise Co	4.400%	9/25/2027	110,000	109,948	108,859
	Intel Corp	5.700%	2/10/2053	20,000	18,828	17,714
	Intl Bk Recon & Development	2.700%	12/28/2037	237,000	188,154	182,362
	Intl Bk Recon & Development	4.700%	11/8/2034	100,000	99,541	96,969
	John Deere Capital	4.900%	3/7/2031	20,000	20,143	20,011
	John Deere Capital	4.400%	9/8/2031	20,000	19,556	19,390
	Johnson & Johnson	4.900%	6/1/2031	25,000	25,399	25,161
	JPMorgan Chase & Co	4.505%	10/22/2028	100,000	100,000	99,116
	JPMorgan Chase & Co	5.299%	7/24/2029	60,000	60,815	60,605
	Keurig Dr Pepper Inc	5.200%	3/15/2031	45,000	45,585	45,451
	Keycorp	3.878%	5/23/2025	55,000	55,000	55,049
	Kroger Company	5.500%	9/15/2054	20,000	19,525	18,861
	Lowe's Companies Inc	4.400%	9/8/2025	67,000	66,994	66,904
	McDonalds	3.600%	7/1/2030	23,000	21,826	21,580
	Meta Platforms Inc	5.600%	5/15/2053	20,000	20,727	20,035
	MidAmerican Energy Co	4.250%	7/15/2049	125,000	106,141	101,504
	Morgan Stanley	1.593%	5/4/2027	80,000	76,337	76,687
	National Rural Util Corp	5.100%	5/6/2027	150,000	149,922	151,189
	Nextera Energy Capital	2.250%	6/1/2030	15,000	13,085	12,972
	Nextera Energy Capital	4.900%	2/28/2028	21,000	21,059	21,028
	Oracle	3.600%	4/1/2040	45,000	36,165	35,235
	Oracle	2.300%	3/25/2028	35,000	32,384	32,356
	Pacific Gas & Electric	4.550%	7/1/2030	20,000	19,452	19,356
	Pfizer Investment Enterprises	4.750%	5/19/2033	10,000	9,790	9,685
	Philip Morris Intl Inc	5.125%	2/15/2030	25,000	25,312	25,118
	Phillips 66 Co	5.250%	6/15/2031	50,000	50,618	50,153
	PNC Financial	5.812%	6/12/2026	140,000	139,813	140,595
	PNC Financial	6.875%	10/20/2034	20,000	22,212	21,871
	Procter & Gamble Co	4.550%	1/29/2034	14,000	13,593	13,641
	Royal Bank of Canada	5.200%	7/20/2026	110,000	109,811	111,011
	Royal Bank of Canada	4.650%	10/18/2030	25,000	24,748	24,482
	Starbucks	5.000%	2/15/2034	20,000	19,860	19,586
	State Street Corp	4.993%	3/18/2027	180,000	180,000	181,481
	State Street Corp	4.530%	2/20/2029	88,000	88,000	87,006
	Toronto-Dominion Bank	3.200%	3/10/2032	30,000	26,698	26,217

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<u>Corporate Bonds</u>						
	Toronto-Dominion Bank	4.693%	9/15/2027	40,000	39,961	39,911
	Toronto-Dominion Bank	4.994%	4/5/2029	40,000	40,278	39,917
	TotalEnergies Capital SA	5.488%	4/5/2054	40,000	39,841	38,403
	United Air	5.800%	1/15/2036	29,330	30,159	29,912
	United Parcel Service Inc	5.150%	5/22/2034	13,000	13,201	12,982
	UnitedHealth Group Inc	5.300%	2/15/2030	20,000	20,505	20,318
	UnitedHealth Group Inc	5.375%	4/15/2054	25,000	24,542	23,476
	UnitedHealth Group Inc	5.150%	7/15/2034	50,000	50,451	49,323
	US Bancorp	5.727%	10/21/2026	121,000	120,817	121,811
	Verizon Communications Inc	4.016%	12/3/2029	55,000	52,829	52,770
	Verizon Communications Inc	2.650%	11/20/2040	75,000	52,765	51,342
	Verizon Communications Inc	4.780%	2/15/2035	30,000	28,988	28,566
	Virginia Electric & Power	5.400%	4/1/2053	60,000	59,755	57,187
	Walt Disney Co	3.500%	5/13/2040	45,000	36,898	36,115
	Waste Management Inc	4.950%	7/3/2027	90,000	89,891	90,947
	Waste Management Inc	4.950%	3/15/2035	20,000	19,840	19,505
	Wells Fargo & Company	5.707%	4/22/2028	200,000	200,000	203,316
	Wells Fargo & Company	4.897%	7/25/2033	35,000	34,339	33,796
	Wells Fargo & Company	5.574%	7/25/2029	30,000	30,644	30,463
	Wells Fargo & Company	6.303%	10/23/2029	40,000	41,892	41,624
					\$ 5,911,957	\$ 5,865,818

Common Stocks

Albemarle	1,258	\$	136,734	\$	108,289
Alphabet Inc	2,561		252,913		484,797
Amazon.com	3,044		415,325		667,823
Applied Materials Inc	780		150,115		126,851
Atlassian Corp	392		102,535		95,405
Blackrock Inc	235		204,586		240,901
CBRE Group Inc.	1,510		195,170		198,248
CSX Corp	6,668		225,637		215,176
Cadence Design System Inc.	728		210,823		218,735
Coca Cola	4,265		249,667		265,539
Copart Inc	4,278		119,224		245,514
Electronic Arts Inc	1,227		153,822		179,510
Epam Systems Inc	1,051		201,016		245,745

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<u>Common Stocks</u>				
	Evergy, Inc.	2,962	168,417	182,311
	Extra Space Storage	1,264	215,977	189,094
	Meta Platforms, Inc.	975	358,944	570,872
	Fiserv Inc	923	156,500	189,603
	Heico Corp	316	68,247	58,801
	Intercontinental Exchange Inc	428	53,691	63,776
	Intuitive Surgical Inc	303	69,378	158,154
	JPMorgan Chase & Co	274	68,665	65,681
	Johnson & Johnson	1,318	190,615	190,609
	L3Harris Technologies Inc	1,175	232,550	247,079
	MCSI Inc	194	95,065	116,402
	Masco	2,157	133,009	156,533
	Mastercard Inc	759	213,210	399,667
	Mercadolibre Inc	51	106,824	86,722
	Microsoft	817	344,120	344,365
	Moody's	339	101,937	160,472
	NASDAQ, Inc.	841	62,170	65,018
	Norfolk Southern Corp	253	69,836	59,379
	Northrop Grumman	274	123,250	128,585
	Nvidia Corp	2,401	327,967	322,430
	Rollins Inc	1,346	68,911	62,387
	S & P Global Inc.	265	113,608	131,978
	Salesforce Inc	678	231,319	226,676
	Servicenow Inc	289	224,735	306,375
	Thermo Fisher Scientific Inc	427	210,434	222,138
	Transunion	2,492	232,892	231,033
	Union Pacific PAC	422	91,315	96,233
	United Health Group Inc	288	173,713	145,688
	Vertex Pharmaceuticals Inc	228	52,880	91,816
	Visa Inc	1,144	217,893	361,550
	L'Air Liquide	4,093	155,262	131,999
	Astrazeneca PLC	4,674	313,673	306,240
	Bae Systems PLC	1,016	40,339	58,075
	Canadian National Railway Co	1,226	148,895	124,451
	Deutsche Boerse AG	4,773	95,976	109,827
	Experian PLC	2,138	103,273	91,357
	HDFC Bank Ltd.	2,114	113,272	135,000
	Hermes Intl-Unsponsored	323	72,103	77,207

Form 5500 Schedule H Part IV Line 4i - Schedule of Assets Held for Investment Purposes
Employer-Teamsters Local Nos. 175 & 505 Health & Welfare Trust Fund
EIN: 55-0422384
PN: 501
12/31/2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
<u>Common Stocks</u>				
	Infineon Tech		9,797	323,350
	LVMH Moet Hennessy		1,567	214,844
	Lonza Group		2,335	137,165
	Roche Holdings		7,693	260,606
	SMC Corp		7,882	172,415
	Sociedad Quimicayminera de Chile		5,345	208,150
	Sony Group		7,152	139,288
	Taiwan Semiconductors		1,255	124,883
	Techtronic Industries Co		2,027	136,727
	West Fraser Timber Co		1,082	107,427
	Alcon Inc.		1,585	136,495
	Globant SA		578	103,459
			<u>\$ 17,757,352</u>	<u>\$ 12,117,616</u>
	Total		<u><u>\$ 41,778,960</u></u>	<u><u>\$ 35,950,664</u></u>

Employer-Teamsters Local Nos. 175 & 505 Health & Welfare Trust Fund

EIN: 55-0422384

PLAN NO. 501

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
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Category (i) - single transaction in excess of 5% of Plan assets:

No Reportable Transactions over 5%

Category (ii) - series of transactions in excess of 5% of Plan assets:

No Reportable Transactions over 5%

Note: There were no category (iii) or (iv) reportable transactions during 2024 Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.