

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 817 IBT WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1964
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) TEAMSTERS LOCAL 817 WELFARE FUND 817 OLD CUTTERMILL ROAD GREAT NECK, NY 11021
2b Employer Identification Number (EIN) 13-6210566
2c Plan Sponsor's telephone number 516-365-3470
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for THOMAS J. O'DONNELL, TRUSTEE and ALLAN KHARIEH, TRUSTEE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1323
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1174
	<b>6a(2)</b>	539
	<b>6b</b>	117
	<b>6c</b>	31
	<b>6d</b>	687
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	322

**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 4H 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LOCAL 817 IBT WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 817 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-6210566</b></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  
**RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK**

(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
53-0242530	61360	72145-0 EXRK	625	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><b>(a)</b> Total amount of commissions paid <b>85974</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></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  
**THE SEGAL COMPANY EASTERN STATES PO BOX 4058 CHURCH STREET STATION NEW YORK, NY 10261-4058**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85974		COMMISSION EXPENSE	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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) ▶ **INDIVIDUAL EXCESS RISK**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1719470
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>LOCAL 817 IBT WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 817 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6210566</b>

**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  
**HARTFORD LIFE & ACCIDENT**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
06-0838648	70815	709400 & 805889	1785	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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>10295</b>
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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  
**THE SEGAL COMPANY EASTERN STATES** 1800 M STREET NW, STE 900 S  
WASHINGTON, DC 20036

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
	10295		3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT/ST**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	550251
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

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

<b>A</b> Name of plan <b>LOCAL 817 IBT WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 817 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6210566</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**(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)

AETNA LIFE INSURANCE COMPANY

151 FARMINGTON AVENUE  
HARTFORD, CT 06156

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	1067125	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)

KATHLEEN KREINBIHL

817 OLD CUTTER MILL ROAD  
GREAT NECK, NY 11021

13-6210566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	158967	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)

CHRISTOPHER O'DONNELL

817 OLD CUTTER MILL ROAD  
GREAT NECK, NY 11021

13-6210566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	128560	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)

DAVISVISION

159 EXPRESS STREET  
PLAINVIEW, NY 11803

11-3051991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	115351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

ONE PARK AVENUE  
NEW YORK, NY 10016

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 53	NONE	74241	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ANGELINA SARRO

817 OLD CUTTER MILL ROAD  
GREAT NECK, NY 11021

13-6210566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63655	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)

NICHOLAS BERTO

817 OLD CUTTER MILL ROAD  
GREAT NECK, NY 11021

13-6210566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57975	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)

KEVIN LYNCH

817 OLD CUTTER MILL ROAD  
GREAT NECK, NY 11021

13-6210566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56966	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)

STACEY BRAUN ASSOCIATES, INC.

377 BROADWAY  
NEW YORK, NY 10013

13-2889432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	51734	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

CAPITAL ASSET ADVISORS

1029 FRIENDLY ROAD  
OYSTER BAY, NY 11771

06-1218195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	50000	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)

MSPC CERTIFIED PUBLIC ACCOUNTANTS

340 NORTH AVENUE EAST  
CRANFORD, NJ 07016

22-2951202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	23250	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)

THOMSON REUTERS INC,

75-1297386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22542	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)

FRIEDMAN & ANSPACH

1500 BROADWAY  
NEW YORK, NY 10036

13-3403675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21913	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)

BNG CONSULTING INC

37 HAWTHORN DRIVE  
PLAINSBORO, NJ 08536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	14000	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)

US BANK

2204 LAKESHORE DRIVE  
BIRMINGHAM, AL 35209

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	6157	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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LOCAL 817 IBT WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 817 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6210566</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3389225	4972289
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2346235	2381042
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1383393	1817578
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	35262	321980
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	111646	54143
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	21833854	17246769
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	45677528	71774344

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	26702	32080
f Total assets (add all amounts in lines 1a through 1e).....	1f	74803845	98600225
<b>Liabilities</b>			
g Benefit claims payable.....	1g	5813100	3755900
h Operating payables.....	1h	109698	69463
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	145149	279726
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6067947	4105089
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	68735898	94495136

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	43783164	
(B) Participants.....	2a(1)(B)	1526084	
(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)		45309248
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15842	
(B) U.S. Government securities.....	2b(1)(B)	3994	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		19836
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	182266	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		182266
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	31682195	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	25502870	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6179325
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	10839221	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		62529896

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	28025010	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2224098	
(3) Other .....	<b>2e(3)</b>	5420947	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		35670055
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	466320	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	45967	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	115734	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	6157	
(7) Actuarial fees .....	<b>2i(7)</b>	74241	
(8) Legal fees .....	<b>2i(8)</b>	21913	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	370271	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1100603
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		36770658

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25759238
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

(2) EIN: **22-2951202**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Theatrical Teamsters Local 817 International  
Brotherhood of Teamsters Welfare Fund  
Great Neck, New York

### *Opinion*

We have audited the financial statements of Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with 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 Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *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 Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***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 Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare 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 audits.

### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - 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. The supplemental Schedule of Administrative Expenses is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

A handwritten signature in black ink, appearing to read 'MSPC', written in a cursive style.

**MSPC**  
Certified Public Accountants and Advisors,  
A Professional Corporation

Cranford, New Jersey  
October 14, 2025

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d)  <u>Cost</u>	(e)  <u>Current Value</u>
<b>Interest Bearing Cash and Money Market Accounts:</b>				
	Federated Trust For US Treasury Obligation	34,947	\$ 321,980	\$ 321,980
<b>Common Stocks:</b>				
	3M Co	700	72,851	90,363
	Alphabet Inc Cl A	2,150	72,678	406,995
	Alphabet Inc Cl C	1,575	107,307	299,943
	Amazon Com Inc	30,025	269,014	663,655
	Ameren Corp	1,125	71,642	100,282
	American Express Co	700	124,981	207,753
	Amgen	320	95,003	83,405
	Apple Inc	3,725	99,322	932,814
	Applovin Corp	1,350	71,251	437,170
	Arista Networks	2,200	73,360	243,166
	Arch Cap Group	1,445	89,349	133,446
	AutoZone Inc	55	137,896	176,110
	Bank Of America	4,225	114,369	185,688
	Berkshire	420	72,367	190,377
	Bellring Brands Inc	2,375	142,435	178,932
	Blackrock Inc	150	111,052	153,766
	Boston Scientific Corp	2,000	135,889	178,640
	Bristol Myers Squibb Co	1,900	110,656	107,464
	Broadcom Inc	1,400	78,594	324,576
	Chart Inds Inc	900	178,897	171,756
	Caterpillar Inc	200	71,486	72,552
	ConocoPhillips	1,000	74,673	99,170
	Coca Cola Company	1,976	131,158	123,026
	Costco Whse	205	35,896	187,835
	Colgate Palmolive Co	1,500	148,171	136,365
	Concept Therapeutics Inc	1,575	85,183	79,365
	Danaher Corp	390	61,385	89,524
	Dycom Inds Inc	525	101,408	91,381
	Deere Co	150	16,817	63,555
	DraftKings Inc	2,000	83,664	74,400
	Easton Corp	275	45,480	91,265
	Entergy Corporation	1,930	100,704	146,334
	Eli Lilly	335	64,578	258,620
	Exxon Mobil	2,413	192,250	259,566
	Evercore Inc	800	140,223	221,752
	Encompass	1,200	118,213	110,820
	Ge Healthcare	1,325	103,968	103,589
	Global	750	100,300	84,045
	Home Depot Inc	400	83,548	155,596
	Howmet	2,050	72,795	224,209
	Itron Inc	1,675	117,244	181,872
	J P Morgan	1,065	64,649	255,291

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d)  <u>Cost</u>	(e)  <u>Current Value</u>
	Linde Plc	275	124,019	115,134
	Lam Research	2,050	56,506	148,071
	Leidos	1,225	129,313	176,473
	Liberty Media Corp Del Com	2,300	162,355	213,118
	Life Time Group Holdings Inc	7,865	159,564	173,974
	Marvell Technology	1,550	110,466	171,197
	Manhattan	625	89,648	168,900
	Marriott Intl	650	116,443	181,311
	Mastercard Inc	330	43,601	173,768
	MetLife Inc	1,450	98,546	118,726
	McKesson Corporation	250	60,891	142,477
	Meta Platforms Inc	750	193,632	439,132
	Micron Technology	1,525	116,445	128,344
	Microsoft Corp	1,955	95,995	824,032
	Nasdaq	2,425	136,007	187,477
	Nucor Corp	750	42,530	87,533
	Nvidia Corp	7,400	121,299	993,746
	New York Times Co	1,925	103,946	100,196
	Onto Innovation Inc	800	175,974	133,336
	Palo Alto	1,010	97,218	183,780
	Procter & Gamble	925	106,838	155,076
	Post Holdings Inc	1,550	178,796	177,413
	Quanta Svcs	675	75,950	213,334
	Regeneron Pharmaceuticals	150	103,130	106,850
	Sharkininja Inc	1,350	141,513	131,436
	ServiceNow	190	96,382	201,423
	Sarepta Therapeutics Inc	575	75,194	69,914
	Teck Resources Limited	2,825	118,750	114,497
	Thermo Fisher	180	42,552	93,641
	TG Therapeutics Inc	2,550	79,134	76,755
	Targa Resources Corp	1,075	165,307	191,887
	TJX Companies Inc	1,600	145,848	193,296
	T Mobile US Inc	975	139,972	215,211
	Texas Roadhouse	950	86,364	171,409
	Trade Desk Inc Com CL A	1,720	125,755	202,152
	Travelers Cos	760	138,809	183,076
	UnitedHealth	250	43,031	126,465
	Vertex Pharmaceuticals	250	111,799	100,675
	Vertiv	3,100	112,849	352,192
	Verra Mobility Corp	6,275	144,975	151,730
	Vici Pptys Inc	5,900	188,965	172,340
	Wec Energy Group	1,925	160,192	181,028
	Wells Fargo	3,175	164,390	223,012
	Welltower Inc	1,625	165,038	204,799
	<b>Total Common Stocks</b>		<u>9,388,637</u>	<u>17,246,769</u>

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d)  <u>Cost</u>	(e)  <u>Current Value</u>
<b>U.S. Government Securities:</b>				
	GNMA #735348	662 4.50% 2/15/2040	700	642
	GNMA #738946	938 3.50% 11/15/2041	1,025	863
	GNMA #741379	979 4.50% 8/15/2040	1,036	948
	GNMA #720162	1,258 4.50% 7/15/2039	1,327	1,220
	GNMA #721203	1,019 5.00% 9/15/2039	1,131	1,009
	GNMA #604654	369 6.00% 1/15/2036	377	381
	GNMA #569215	737 6.00% 3/15/2032	736	750
	GNMA #569238	119 6.50% 3/15/2032	124	122
	GNMA #569239	1,456 6.00% 3/15/2032	1,452	1,466
	GNMA #569549	748 6.50% 1/15/2032	753	764
	GNMA#569572	140 6.50% 1/15/2032	140	143
	GNMA #579546	357 6.00% 3/15/2032	355	365
	GNMA #579667	708 6.00% 3/15/2032	703	734
	GNMA #581154	364 6.00% 3/15/2032	361	371
	GNMA #581836	279 6.00% 1/15/2032	276	283
	GNMA #582089	1 6.50% 4/15/2032	1	1
	GNMA #582382	641 6.00% 11/15/2032	630	621
	GNMA #584411	565 6.50% 5/15/2032	575	584
	GNMA #584426	1,160 6.00% 5/15/2032	1,147	1,171
	GNMA #587074	406 6.00% 5/15/2032	403	424
	GNMA #587625	32 6.50% 3/15/2032	37	37
	GNMA #485688	573 6.50% 8/15/2031	580	589
	GNMA #510404	262 4.50% 1/15/2032	258	260
	GNMA #537487	417 6.50% 7/15/2031	418	431
	GNMA #544477	349 6.50% 4/15/2031	349	361
	GNMA #545898	281 6.50% 8/15/2031	282	285
	GNMA #555688	136 6.00% 1/15/2032	136	138
	GNMA #557386	674 6.50% 5/15/2031	673	682
	GNMA #557574	386 6.50% 7/15/2031	384	394
	GNMA #567619	489 6.00% 4/15/2032	482	495
	GNMA #758024	847 4.50% 2/15/2041	928	819
	GNAM #782472	1,454 5.00% 11/15/2038	1,476	1,444
	GNMA #613033	2,155 5.00% 9/15/2033	2,119	2,152
	GNMA #628129	1,244 5.00% 5/15/2034	1,225	1,244
	GNMA #641944	327 5.00% 5/15/2035	328	323
	GNMA #644598	1,681 5.50% 8/15/2035	1,683	1,711
	GNMA #644772	2,295 5.00% 10/15/2035	2,261	2,256
	GNMA #663141	1,741 5.00% 3/15/2037	1,728	1,748
	GNMA #666087	3,027 5.00% 3/15/2038	3,070	3,008
	GNMA #675072	52 5.00% 1/15/2038	53	53
	GNMA #675374	404 5.00% 5/15/2038	401	398
	GNMA #683353	2,362 5.00% 4/15/2038	2,419	2,362
	GNMA #688091	959 5.00% 11/15/2038	948	961
	GNMA #690950	985 5.00% 6/15/2038	950	966
	GNMA #692304	1,277 5.00% 1/15/2039	1,328	1,259

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>			(d) <u>Cost</u>	(e) <u>Current Value</u>
	GNMA #692304	1,277	5.00%	1/15/2039	1,328	1,259
	GNMA #695245	770	5.00%	9/15/2038	780	771
	GNMA #696494	1,633	5.00%	8/15/2038	1,629	1,612
	GNMA #700830	719	5.00%	10/15/2038	708	708
	GNMA #700925	924	5.00%	11/15/2038	920	917
	GNMA #700950	2,311	5.50%	11/15/2038	2,420	2,353
	GNMA #704058	2,545	5.00%	11/15/2038	2,512	2,505
	GNMA #708361	1,435	5.00%	3/15/2039	1,492	1,429
	GNAM #710182	594	5.00%	3/15/2039	611	590
	GNMA #712415	2,449	5.00%	5/15/2039	2,548	2,419
	GNMA #713877	1,529	4.00%	8/15/2039	1,635	1,445
	GNMA #714189	2,157	5.00%	3/15/2039	2,213	2,156
	<b>Total U.S. Government Securities</b>	54,381			<u>55,236</u>	<u>54,143</u>
	<b>Hedge Funds:</b>					
	LibreMax Core Securitized Credit Offshore Fund Ltd				11,513,045	18,815,705
	Vibrant Sente Fund, Ltd				11,459,157	16,421,834
	Vibrant Opportunity Fund, Ltd				6,000,000	6,437,121
	LibreMax Core Fund, LP				<u>26,084,758</u>	<u>27,355,726</u>
	<b>Total Hedge Funds</b>				<u>55,056,960</u>	<u>69,030,386</u>
	<b>Private Equity Venture Capital Fund:</b>					
	DAE 3.0 Fund (ERISA), LP				<u>3,000,000</u>	<u>2,743,958</u>
	<b>Totals</b>				<u>\$ 67,822,813</u>	<u>\$ 89,397,236</u>

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817**  
**INTERNATIONAL BROTHERHOOD OF TEAMSTERS**  
**WELFARE FUND**

**FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED**  
**DECEMBER 31, 2024 AND 2023**

**MSPC**  
Certified Public  
Accountants and Advisors, P.C.



**MOORE**

An independent firm associated with  
Moore Global Network Limited

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Index to Financial Statements**

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Theatrical Teamsters Local 817 International  
Brotherhood of Teamsters Welfare Fund  
Great Neck, New York

### *Opinion*

We have audited the financial statements of Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with 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 Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *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 Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

### ***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 Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare 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 audits.

### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - 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. The supplemental Schedule of Administrative Expenses is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

A handwritten signature in black ink, appearing to read 'MSPC', is positioned above the printed name of the firm.

**MSPC**  
Certified Public Accountants and Advisors,  
A Professional Corporation

Cranford, New Jersey  
October 14, 2025

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Statements of Net Assets Available for Benefits**

	<b>December 31,</b>	
	<b><u>2024</u></b>	<b><u>2023</u></b>
<i>Assets:</i>		
<b>Investments at Fair Value:</b>		
Short-Term Investments	\$ 321,980	\$ 35,262
Common Stocks	17,246,769	21,833,854
U.S. Government Securities	54,143	111,646
Hedge Fund	69,030,386	43,174,072
Private Equity Venture Capital Fund	<u>2,743,958</u>	<u>2,503,456</u>
<b>Total Investments at Fair Value</b>	<u>89,397,236</u>	<u>67,658,290</u>
<b>Receivables:</b>		
Employers' Contributions	2,381,042	2,346,235
Accrued Interest	5,851	18,649
Stop Loss Receivable	1,747,512	1,217,591
Due from Related Funds	<u>--</u>	<u>80,340</u>
<b>Total Receivables</b>	<u>4,134,405</u>	<u>3,662,815</u>
<b>Property and Equipment - Net</b>	<u>32,080</u>	<u>26,702</u>
<b>Right-of-Use Asset - Operating Lease</b>	<u>31,393</u>	<u>47,468</u>
<b>Prepaid Expenses</b>	<u>32,822</u>	<u>19,345</u>
<b>Cash</b>	<u>4,972,289</u>	<u>3,389,225</u>
<b>Total Assets</b>	<u>98,600,225</u>	<u>74,803,845</u>
<i>Liabilities:</i>		
Accrued Expenses	69,463	109,698
Payroll Withholdings Payable	224,535	97,681
Operating Lease Liability	31,393	47,468
Due to Related Funds	<u>23,798</u>	<u>--</u>
<b>Total Liabilities</b>	<u>349,189</u>	<u>254,847</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 98,251,036</u>	<u>\$ 74,548,998</u>

See Accompanying Notes to Financial Statements.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Statements of Changes in Net Assets Available for Benefits**

	<u>Years ended</u> <u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>Additions to Net Assets Attributed to:</b>		
<b>Investment Income:</b>		
Net Appreciation in Fair Value of Investments	\$ 17,018,546	\$ 8,588,443
Interest and Dividends	<u>202,102</u>	<u>307,350</u>
Totals	17,220,648	8,895,793
Less: Investment Expenses	<u>121,891</u>	<u>119,527</u>
<b>Net Investment Income</b>	17,098,757	8,776,266
<b>Employers' Contributions</b>	43,783,164	25,807,718
<b>COBRA</b>	1,526,084	60,122
<b>Other Income:</b>		
Miscellaneous	<u>--</u>	<u>1,737</u>
<b>Total Additions - Forward</b>	<u>62,408,005</u>	<u>34,645,843</u>
<b>Deductions from Net Assets Attributed to:</b>		
<b>Benefit Payments:</b>		
Third Party Providers:		
Prescriptions	5,304,366	6,181,387
Stop Loss Insurance	1,719,470	3,050,885
Health Insurance Premiums	503,920	1,048,544
Optical	115,351	169,890
Health Insurance Plan	708	7,907
Physicals	<u>1,230</u>	<u>2,060</u>
Totals	<u>7,645,045</u>	<u>10,460,673</u>
Directly to Participants:		
Medical	27,471,728	39,765,944
Vacation	3,871,500	5,032,500
Holiday	1,236,000	2,557,800
Payroll Taxes Holiday/Vacation	769,078	999,226
Optical	<u>10,303</u>	<u>5,501</u>
Totals	<u>33,358,609</u>	<u>48,360,971</u>
Total Benefit Payments	41,003,654	58,821,644
Less: Stop Loss Insurance Refunds	<u>3,276,399</u>	<u>2,860,823</u>
<b>Total Benefit Payments - Forward</b>	<u>37,727,255</u>	<u>55,960,821</u>

See Accompanying Notes to Financial Statements.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Statements of Changes in Net Assets Available for Benefits**

	<b>Years ended December 31,</b>	
	<b><u>2024</u></b>	<b><u>2023</u></b>
<b>Total Additions - Forwarded</b>	\$ <u>62,408,005</u>	\$ <u>34,645,843</u>
<b>Total Benefit Payments - Forwarded</b>	<u>37,727,255</u>	<u>55,960,821</u>
<b>Administrative Expenses:</b>		
Salaries	466,320	376,910
Employee Benefits	179,462	146,082
Actuarial Fees	74,241	60,175
Auditing and Accounting	45,967	43,183
Computer Fees and Consulting	40,874	28,390
Office Expense, Supplies and Postage	37,072	35,383
Payroll Taxes	35,233	27,716
Insurance	29,093	27,871
Legal	21,913	14,841
Lease Expense	18,038	17,511
Conferences, Seminars and Trustee Expenses	10,759	19,079
Depreciation	8,121	18,051
PCORI Fees	6,909	11,038
Dues and Memberships	2,265	1,585
Auto	1,407	1,708
Telephone	709	858
Bank Charges	<u>329</u>	<u>1,487</u>
<b>Total Administrative Expenses</b>	<u>978,712</u>	<u>831,868</u>
<b>Total Deductions</b>	<u>38,705,967</u>	<u>56,792,689</u>
<b>Net Increase (Decrease) in Net Assets Available for Benefits</b>	23,702,038	(22,146,846)
<b>Net Assets Available for Benefits - Beginning of Years</b>	<u>74,548,998</u>	<u>96,695,844</u>
<b>Net Assets Available for Benefits - End of Years</b>	<u>\$ 98,251,036</u>	<u>\$ 74,548,998</u>

See Accompanying Notes to Financial Statements.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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***(1) Description of the Plan***

The following brief description of the Theatrical Teamsters Local 817 International Brotherhood of Teamsters Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

***General*** - The Plan is a multiemployer, defined benefit health and welfare fund which was established in accordance with an agreement entered into between Theatrical Teamsters Local 817 and various employers. The Plan is administered by a Board of Trustees, comprised of union officials and management of certain employers, covering eligible employees pursuant to a collective bargaining agreement between the Union and various employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

***Contributions*** - Contributing employers are required to make contributions to the Plan on behalf of each participant in the amounts required by the applicable collective bargaining agreements in effect, with contributions ranging between 6% and 20.5% of covered employee compensation.

***Group Insurance Plan Eligibility*** - Permanent employees of contributing employers are covered on the first day of employment. If your hours are variable, you must have worked 200 units ("hours requirement") in covered employment over a calendar year (January 1 to December 31) to be eligible for health and dental from the Local 817 Welfare Fund. Once you have met this requirement, eligibility begins on the February 1 following the calendar year during which you met the eligibility requirement and would continue for 12 months. Death, dental, and disability benefits are fully insured. In the event of the death of an active employee, their beneficiary shall receive a principal sum, currently \$50,000. The Plan also pays weekly benefits while an employee is unable to work because of non-occupational accident or sickness.

***Health Care Plan and Eligibility*** - Permanent employees of contributing employers are covered on the first day of employment. If your hours are variable, you must have worked 200 units ("hours requirement") in covered employment over a calendar year (January 1 to December 31) to be eligible for health, dental, and optical benefits from the Local 817 Welfare Fund. Once you have met this requirement, eligibility begins on the February 1 following the calendar year during which you met the eligibility requirement and would continue for 12 months. Retired members who have reached the age of 55 and have 30 years of service are also eligible for the health care benefits. For pensioners over age 65 or eligible for Medicare, these benefits will be supplemental to the benefits provided by Medicare.

Effective May 1, 1986, all medically insured employees who retire on a Regular, Early, Vested, or Disability Pension from the Local 817, IBT Pension Fund will be covered with a \$10,000 life insurance benefit.

***Benefits*** - The Plan provides health benefits (hospital, major medical, optical, dental, and prescription drugs) for participants and their dependents. The Plan also provides certain health benefits for retirees.

The Plan also provides holiday pay benefits to members who are covered medically, if not compensated by employer. The Plan also provides holiday pay to employees who accumulate 17 day units of work with contributing employers during the 30 day period preceding the holiday, if not compensated by employer.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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**(1) Description of the Plan (Continued)**

**Benefits (Continued)** - The Plan also provides vacation benefits. If covered medically, employees qualify for all uncompensated holiday and vacation benefits. The Plan provides one week of vacation pay to employees who have accumulated 200 days of work during the preceding year, with a contributing employer. After an employee has earned two weeks of vacation, the following schedule applies:

<u>Consecutive Years Accumulating 200 Day Units</u>	<u>Number of Vacation Weeks Earned</u>
3 to 14	3
15 to 24	4
Over 25	5

**Self-insured Benefits** - All other Plan benefits are self-insured. The claims for self-insured benefits (other than short-term disability) are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

**(2) Summary of Significant Accounting Policies**

**Basis of Accounting** - The accompanying financial statements are prepared on the accrual basis of accounting.

**Adoption of Recent Accounting Pronouncements** - Effective January 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that is subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

On July 30, 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets. This standard allows entities to elect a practical expedient that assumes that current conditions as of the fiscal year-end do not change for the remaining life of the asset. In addition, the standard provides for consideration of subsequent collections in developing reasonable and supportable forecasts as part of estimating expected credit losses. The Plan elected to early adopt this standard in the reporting period ended December 31, 2024.

**Leases** - Leases are categorized at their inception as either operating or financing leases. Operating right-of-use assets and liabilities are recognized at the lease commencement date based on the present value of the lease payments over the lease term. Leased assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease. The lease term may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Plan uses a risk-free discount rate when the rate implicit in the contract is not readily determinable.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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**(2) Summary of Significant Accounting Policies (Continued)**

**Use of Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported ("IBNR"), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition** - Certain investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plans custodian. 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 Contributions Receivable** - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on an agreed upon hourly rate and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection, including subsequent period collection activity. As of December 31, 2024 and 2023, the Plan did not record a credit loss allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

**Property and Equipment** - Property and equipment assets employed in operations are recorded at cost and depreciation is computed using the straight-line method over the estimated useful life of the asset. Gain or loss, if any, is recognized upon the disposal of fixed assets and the asset and related accumulated depreciation are removed from the accounts. The other affiliated funds of the Plan are charged for a portion of depreciation expense. Depreciation charged to expenses for the years ended December 31, 2024 and 2023 was \$8,121 and \$18,051, respectively.

**Long-Lived Asset Impairment** - The Plan reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence and other economic factors. For the years ended December 31, 2024 and 2023, the Plan recorded no impairment charges against the carrying value of property and equipment.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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**(2) Summary of Significant Accounting Policies (Continued)**

**Stop Loss Coverage** - The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling \$3,276,399 and \$2,860,823 for the years ended December 31, 2024 and 2023, respectively, have been netted against benefits paid in the accompanying statement of changes in net assets.

**Plan Benefit Obligations** - Plan obligations at December 31, 2024 and 2023, for claims incurred but not reported and claims payable by active participants at that date and for accumulated eligibility of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claim's experience.

**Payment of Benefits** - Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

**Administrative Expenses** - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to other plans. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**Subsequent Events** - The Plan has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued.

**(3) Benefit Obligations**

**Postretirement Benefits** - The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

**(3) Benefit Obligations (Continued)**

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

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

<u>Assumption</u>	<u>2024</u>	<u>2023</u>
Discount Rate	5.50%	5.00%
Health Trend Rates:		
Medical/Hospital Pre 65 years	6.0% in 2025 graded to 4.5% over 6 years	6.0% in 2024 graded to 4.5% over 6 years
Pre-Medicare Prescription Drugs	6.0% in 2025 graded to 4.5% over 6 years	6.0% in 2024 graded to 4.5% over 6 years
Post-Medicare Prescription Drugs	9.50% in 2025, then 5.75% in 2026 graded	10.0% in 2024, then 5.75% in 2025 graded to 4.5% over 5 years
Dental/Optical/Hearing	3.0%	3.0%
Medicare Part D Subsidy	N/A	10.0% in 2024, then 5.75% in 2025 graded to 4.5% over 5 years
Administrative Expenses Increase Rate:	3.0%	3.0%
Post Retirement Mortality Rates: Healthy	Headcount-weighted RP-2014 Blue Collar Healthy Employee/ Annuitant Mortality Tables, adjusted backward to the base year of 2006 using Scale MP-2014, then projected forward generationally using Scale MP-2019	Headcount-weighted RP-2014 Blue Collar Healthy Employee/ Annuitant Mortality Tables, adjusted backward to the base year of 2006 using Scale MP-2014, then projected forward generationally using Scale MP-2019
Disabled	Headcount-weighted RP-2014 Disabled Annuitant Mortality Table, adjusted backward to the base year of 2006 using Scale MP-2014, then projected forward generationally using Scale MP-2019	Headcount-weighted RP-2014 Disabled Annuitant Mortality Table, adjusted backward to the base year of 2006 using Scale MP-2014, then projected forward generationally using Scale MP-2019

If the medical cost inflation assumption is increased by 1%, the benefit obligations would increase by \$17,147,625 and \$32,106,897 as of December 31, 2024 and 2023, respectively.

The following tables present the components of the Plan's benefit obligations and the related changes in the Plan's benefit obligations.

**Benefit Obligations:**

	<u>2024</u>	<u>December 31, 2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Health Claims Payable and Claims Incurred but not Reported	\$ 3,755,900	\$ 5,813,100
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts - Net of Amounts Currently Payable:		
Accumulated Eligibility Credits	<u>38,100</u>	<u>39,700</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>3,794,000</u>	<u>5,852,800</u>
Postretirement Benefit Obligations:		
Current Retirees, Spouses and Beneficiaries	30,206,690	47,128,515
Other Participants Fully Eligible for Benefits	17,448,283	24,048,864
Other Participants Not Yet Fully Eligible for Benefits	<u>46,569,321</u>	<u>77,016,859</u>
Totals	<u>92,224,294</u>	<u>148,194,238</u>
<b><u>Total Benefit Obligations</u></b>	<b><u>\$ 98,018,294</u></b>	<b><u>\$ 154,047,038</u></b>

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

**(3) Benefit Obligations (Continued)**

Changes in Benefit Obligations:

	<u>Years ended</u>	
	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance - Beginning of Years	\$ 5,813,100	\$ 4,464,100
Claims Reported and Approved for Payment	31,301,409	49,709,971
Claims Paid (Including Disability)	(33,358,609)	(48,360,971)
Balance - End of Years	3,755,900	5,813,100
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts - Net of Amounts Currently Payable:		
Balance - Beginning of Years	39,700	34,600
Net Change in Accumulated Eligibility Credits	(1,600)	5,100
Balance - End of Years	38,100	39,700
Total Obligations Other Than Postretirement Benefit Obligations	3,794,000	5,852,800
Postretirement Benefit Obligations:		
Balance - Beginning of Years	148,194,238	133,422,799
Benefits Earned net of Benefits Paid	9,494,520	7,699,430
Changes in Actuarial Assumptions	(1,400,535)	9,827,706
Plan Amendments	(56,968,498)	(4,331,002)
Actual Experience (Gain)/Loss	(5,095,431)	1,575,305
Balance - End of Years	94,224,294	148,194,238
<b><u>Total Benefit Obligations - End of Years</u></b>	<b>\$ 98,018,294</b>	<b>\$ 154,047,038</b>

The above figures for December 31, 2024 were prepared by the Plan's Consulting Actuary, and are based upon their latest actuarial valuation.

**(4) Fair Value Measurements**

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes framework for 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 to unadjusted quoted market 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 are described as follows:

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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***(4) Fair Value Measurements (Continued)***

**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:

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

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

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

The asset'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.

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

**Short-Term Investments:** Valued using amortized cost, which approximates fair value.

**Common Stocks:** Valued at the closing price reported on the active market on which the individual securities are traded.

**U.S. Government Securities:** Valued using pricing models maximizing the use of observable inputs for similar securities.

**Hedge Fund and Private Equity Venture Capital Fund:** Primarily valued at the net asset value (NAV), as a practical expedient, per shares based on quoted market price of underlying investments except as otherwise noted.

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.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

**(4) Fair Value Measurements (Continued)**

The following tables set 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 as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-Term Investments	\$ --	\$ 321,980	\$ --	\$ 321,980
Common Stocks	17,246,769	--	--	17,246,769
U.S. Government Securities	54,143	--	--	54,143
<b><u>Total Assets in the Fair Value Hierarchy</u></b>	<b>\$ 17,300,912</b>	<b>\$ 321,980</b>	<b>\$ --</b>	<b>17,622,892</b>
Investments Measured at Net Asset Value				<u>71,774,344</u>
<b><u>Total Assets at Fair Value</u></b>				<b>\$ 89,397,236</b>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Short-Term Investments	\$ --	\$ 35,262	\$ --	\$ 35,262
Common Stocks	21,833,854	--	--	21,833,854
U.S. Government Securities	111,646	--	--	111,646
<b><u>Total Assets in the Fair Value Hierarchy</u></b>	<b>\$ 21,945,500</b>	<b>\$ 35,262</b>	<b>\$ --</b>	<b>21,980,762</b>
Investments Measured at Net Asset Value				<u>45,677,528</u>
<b><u>Total Assets at Fair Value</u></b>				<b>\$ 67,658,290</b>

**Transfers Between Levels** - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following tables set forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Hedge Fund:				
LibreMax Core Securitized Credit Offshore Fund Ltd. (a)	\$ 18,815,705	None	*	*
LibreMax Core Fund, LP (b)	27,355,726	26,000,000	*	*
Vibrant Sente Fund, Ltd. (c)	16,421,834	None	*	*
Vibrant Opportunity Fund, Ltd. (e)	6,437,121	None	*	*
Private Equity Venture Capital Fund: DAE 3.0 Fund (ERISA), LP (d)	2,743,958	None	*	*
<b><u>Total</u></b>	<b>\$ 71,774,344</b>			

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

**(4) Fair Value Measurements (Continued)**

	December 31, 2023			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Hedge Fund:				
LibreMax Core Securitized Credit Offshore Fund Ltd. (a)	\$ 20,760,909	None	*	*
LibreMax Core Fund, LP (b)	84,758	None	*	*
Vibrant Sente Fund, Ltd. (c)	22,328,405	None	*	*
Private Equity Venture Capital Fund:				
DAE 3.0 Fund (ERISA), LP (d)	2,503,456	600,000	*	*
<b><u>Total</u></b>	<b>\$ 45,677,528</b>			

\*A partial or total redemption may be requested the last day of each calendar month by providing at least thirty calendar days prior written notice.

(a) LibreMax Core Securitized Credit Offshore Fund, Ltd., (the "Fund") was organized as an exempted company incorporated with limited liability under the laws of the Cayman Islands on February 24, 2017 and commenced operations on April 3, 2017. The Fund is registered with the Cayman Islands Monetary Authority. The Fund and LibreMax Core Securitized Credit Partners, LP (the "Partnership") invest all of their investable assets through a "master-feeder" structure in the LibreMax Core Securitized Credit Fund, Ltd. (the "Master Fund"), a Cayman Islands exempted company. LibreMax Capital, LLC, a Delaware limited liability company (the "Investment Manager") serves as the investment manager to the Fund and provides certain administrative services and investment management services to the Fund. The Investment Manager also serves as investment manager to the Master Fund and the Partnership. The Investment Manager is a registered investment adviser with the Securities and Exchange Commission under the Investment Advisers Act of 1940. The Fund's investment objective is to achieve, through its investment in the Master Fund, attractive risk-adjusted returns through investments in a variety of securitized products and credit instruments. To achieve the Fund's objective, the Investment Manager employs an extensive micro-credit analysis and rigorous security selection process. The Investment Manager employs various hedging strategies that seek to mitigate broader market and economic risks. The Investment Manager believes that a strategy based on the foregoing will generate attractive returns while limiting risk.

(b) LibreMax Core Fund, LP (the "Partnership") was organized as a Delaware limited partnership on November 17, 2023 and commenced operations on January 10, 2023. LibreMax GP, LLC (the "General Partner"), a Delaware limited liability company, will serve as the Partnership's general partner. The General Partner will have overall responsibility for the management of the Partnership's activities. The investment objective of the Partnership is to generate attractive, risk-adjusted returns through investments in a variety of securitized products and credit instruments. To achieve the Partnership's objective, the Investment Manager employs an extensive micro-credit analysis and rigorous security selection process. The Investment Manager supplements its extensive micro-credit analysis with a macroeconomic view to aid in determining the best sector allocations and hedging strategies. The Investment Manager believes that a strategy based on the foregoing will generate attractive returns while limiting risk.

(c) Vibrant Sente Fund, Ltd., is an exempted investment company which was formed under the acts of the Cayman Islands on March 28, 2014. The Fund was organized for the purpose of trading and investing in securities. Pursuant to an investment management agreement, the Fund is managed by DFG Investment Advisers, Inc. (the "Investment Manager"). The Investment Manager is registered as an investment adviser with the U.S. Securities and Exchange Commission pursuant to the Investment Advisers Act of 1940.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

**(4) Fair Value Measurements (Continued)**

(d) DAE 3.0 Fund (ERISA), LP (the "Fund"), a Delaware limited partnership, was organized on March 23, 2022. The Fund was organized to acquire, own and hold a limited partner interest in 10T DAE 3.0 Fund, LP (the "Main Fund"). The Main Fund's objective is to make investments in mid-to-late stage companies which enable the Digital Asset Ecosystem ("DAE"). The Fund is managed by DAE Expansion Fund (ERISA) GP, LLC (the "General Partner") and 10T Holdings, LLC (the "Manager"). The Manager is registered with the U.S. Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940.

e) Vibrant Opportunity Fund, Ltd., is an exempted investment company which was formed under the acts of the Cayman Islands on December 10, 2020. The Fund was organized for the purpose of trading and investing in securities. Pursuant to an investment management agreement, the Fund is managed by DFG Investment Advisers, Inc. (the "Investment Manager"). The Investment Manager is registered as an investment adviser with the U.S. Securities and Exchange Commission pursuant to the Investment Advisers Act of 1940.

**(5) Property and Equipment**

Property and equipment consist of the following:

	<u>December 31,</u>		
	<u>2024</u>	<u>2023</u>	<u>Useful Life</u>
Automobile	\$ 31,018	\$ 31,018	5 Years
Office Furniture, Fixtures and Equipment	<u>101,258</u>	<u>87,759</u>	5 Years
Totals	132,276	118,777	
Less: Accumulated Depreciation	<u>(100,196)</u>	<u>(92,075)</u>	
<b><u>Property and Equipment - Net</u></b>	<b><u>\$ 32,080</u></b>	<b><u>\$ 26,702</u></b>	

**(6) Lease Obligations**

The Plan occupies a building owned by Local 817 Real Estate Holding Corp., which is a subsidiary of Theatrical Teamsters Local 817. The Plan leases the office facilities under a jointly executed lease with the Theatrical Teamsters Local 817 International Brotherhood of Teamsters Pension and Scholarship Funds. The Plan's percentage of the lease payments was 33.33% for each of the years ended December 31, 2024 and 2023. The lease agreement contains a renewal option and does not contain a guarantee of the residual value at the end of the lease term or restrictive financial or other covenants. Lease payments related to periods subject to renewal options are excluded from the amounts used to determine the present value of the remaining lease payments unless the Plan is reasonably certain to exercise the option to extend the lease. The Plan has made an accounting policy election not to separate lease components from non-lease components in contracts when determining its lease payments.

Monthly minimum rental payments of \$4,476 during the lease term are based on the contractual lease agreement and are shared by the related plans with the final payment due in October 2026. There are no variable lease payments required for real estate taxes, common areas expenses, or other variable payments required by the provisions of the lease agreement. Annual contractual rental payments for the plans during the years ended December 31, 2024 and 2023 were \$54,114 and \$52,534, respectively. The Plan's allocated share of contractual rental payments under this operating lease totaled \$18,038 and \$17,511 for the years ended December 31, 2024 and 2023, respectively.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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***(6) Lease Obligations (Continued)***

Because the initial term of the lease is greater than a year, the Plan records the related right-of-use assets and liabilities at the present value of the lease payments to be paid over the life of the related lease. The present value of lease payments is calculated by utilizing the discount rate stated in the lease when readily determinable.

Because the Plan does not have access to the rate implicit in the lease, the Plan utilizes the risk free interest rate as the discount rate. The risk free discount rate for the lease is 4.88%.

At December 31, 2024, the Plan's portion of the future minimum lease payments under the lease reconciled to the lease liability is as follows:

<u>Years ending December 31,</u>	<u>Office Space Lease</u>
2025	18,581
2026	14,246
Less: Imputed interest	<u>(1,434)</u>
<b><u>Total Operating Lease Liabilities</u></b>	<b><u>\$ 31,393</u></b>

***(7) Transactions with Related Parties***

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

The Plan provides bookkeeping, clerical and other related administrative expenses for which the Theatrical Teamsters Local 817 International Brotherhood of Teamsters Pension and Scholarship Funds ("affiliated plans") reimburse the Plan for its proportionate share. These reimbursements totaled \$374,943 and \$364,686 for the years ended December 31, 2024 and 2023. The Plan had a balance of \$23,798 due to affiliated funds and \$80,340 due from affiliated funds as of December 31, 2024 and 2023, respectively.

Welfare, Pension, and Scholarship contributions for Plan employees are charged to the Welfare, Scholarship, and Pension Funds through the allocation of expenses. The Plan also contributes to the Teamsters Local 817 Welfare Fund 401(k) Plan on behalf of its employees on a pro rata basis.

Contributions to the benefit plans during the years ended December 31, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Local 817 Welfare Fund	\$ 86,233	\$ 69,689
Local 817 Pension Fund	55,935	45,204
Local 817 Scholarship Fund	11,653	9,418
Teamsters Local 817 Welfare Fund 401(k) Plan	<u>25,641</u>	<u>21,771</u>
<b><u>Total Contributions Income</u></b>	<b><u>\$ 179,461</u></b>	<b><u>\$ 146,082</u></b>

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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**(8) Defined Benefit Plans**

**Multiemployer Pension Plan** - The Plan contributes to a multiemployer defined benefit pension plan, the Theatrical Teamsters Local 817 International Brotherhood of Teamsters Pension Fund. The following table outlines our participation in this plan for the years ended December 31, 2018 and 2017 and sets forth our fiscal year contributions into the plan. The Employee Identification Number (EIN) and the three-digit plan number for the Plan is 11-2610489-001. The most recent Pension Protection Act zone status available in 2018 relates to the plan's most recent fiscal year-end. The zone status is based on information that we received from the plan's administrator and is certified by the plan's actuary. Among other factors, plans certified in the red zone are generally less than 65% funded, plans certified in the orange zone are both less than 80% funded and have an accumulated funding deficiency or are expected to have a deficiency in any of the next six plan years, plans certified in the yellow zone are less than 80% funded, and plans certified in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan ("FIP") for yellow/orange zone plans, or a rehabilitation plan ("RP") for red zone plans, is either pending or has been implemented. As of December 31, 2024 and 2023, the plan did not have either a FIP or RP requirement.

<u>Year</u>	<u>Pension Protection Act Zone Status</u>	<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions by the Plan</u>	<u>Surcharge Imposed</u>
2024	Green	N/A	\$ 55,935	N/A
2023	Green	N/A	\$ 45,204	N/A

**(9) Tax Status**

The Plan obtained a favorable determination letter dated January 1, 1964, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**(10) Plan Termination**

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

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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***(11) Significant Participating Employers***

Plan had the following participating employers which individually represented more than ten percent of total employer contributions for the year ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Employer A	63%	57%
Employer B	20%	20%
Employer C	6%	11%
<b><u>Totals</u></b>	<u>89%</u>	<u>88%</u>

***(12) Risks and Uncertainties***

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

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

***Credit Risk*** - Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At December 31, 2024 and 2023, the Plan's cash exceeded federally insured limits by approximately \$5,104,000 and \$3,426,000, respectively.

***(13) Reconciliation of Financial Statements to Form 5500***

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

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 98,251,036	\$ 74,548,998
Benefit Obligations Currently Payable	(3,755,900)	(5,813,100)
<b><u>Net Assets Available for Benefits per the Form 5500</u></b>	<u>\$ 94,495,136</u>	<u>\$ 68,735,898</u>

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND**

**Notes to Financial Statements**

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*(13) Reconciliation of Financial Statements to Form 5500 (Continued)*

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

	<u>Year ended</u> <u>December 31,</u> <u>2024</u>
Benefits Paid to Participants per the Financial Statements	\$ 37,727,255
Add: Amounts Payable at December 31, 2024	3,755,900
Less: Amounts Payable at December 31, 2023	<u>(5,813,100)</u>
<b><u>Benefits Paid to Participants per the Form 5500</u></b>	<b><u>\$ 35,670,055</u></b>

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**SUPPLEMENTARY INFORMATION**

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d)  <u>Cost</u>	(e)  <u>Current Value</u>
<b>Interest Bearing Cash and Money Market Accounts:</b>				
	Federated Trust For US Treasury Obligation	34,947	\$ 321,980	\$ 321,980
<b>Common Stocks:</b>				
	3M Co	700	72,851	90,363
	Alphabet Inc Cl A	2,150	72,678	406,995
	Alphabet Inc Cl C	1,575	107,307	299,943
	Amazon Com Inc	30,025	269,014	663,655
	Ameren Corp	1,125	71,642	100,282
	American Express Co	700	124,981	207,753
	Amgen	320	95,003	83,405
	Apple Inc	3,725	99,322	932,814
	Applovin Corp	1,350	71,251	437,170
	Arista Networks	2,200	73,360	243,166
	Arch Cap Group	1,445	89,349	133,446
	AutoZone Inc	55	137,896	176,110
	Bank Of America	4,225	114,369	185,688
	Berkshire	420	72,367	190,377
	Bellring Brands Inc	2,375	142,435	178,932
	Blackrock Inc	150	111,052	153,766
	Boston Scientific Corp	2,000	135,889	178,640
	Bristol Myers Squibb Co	1,900	110,656	107,464
	Broadcom Inc	1,400	78,594	324,576
	Chart Inds Inc	900	178,897	171,756
	Caterpillar Inc	200	71,486	72,552
	ConocoPhillips	1,000	74,673	99,170
	Coca Cola Company	1,976	131,158	123,026
	Costco Whse	205	35,896	187,835
	Colgate Palmolive Co	1,500	148,171	136,365
	Concept Therapeutics Inc	1,575	85,183	79,365
	Danaher Corp	390	61,385	89,524
	Dycom Inds Inc	525	101,408	91,381
	Deere Co	150	16,817	63,555
	DraftKings Inc	2,000	83,664	74,400
	Easton Corp	275	45,480	91,265
	Entergy Corporation	1,930	100,704	146,334
	Eli Lilly	335	64,578	258,620
	Exxon Mobil	2,413	192,250	259,566
	Evercore Inc	800	140,223	221,752
	Encompass	1,200	118,213	110,820
	Ge Healthcare	1,325	103,968	103,589
	Global	750	100,300	84,045
	Home Depot Inc	400	83,548	155,596
	Howmet	2,050	72,795	224,209
	Itron Inc	1,675	117,244	181,872
	J P Morgan	1,065	64,649	255,291

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Linde Plc	275	124,019	115,134
	Lam Research	2,050	56,506	148,071
	Leidos	1,225	129,313	176,473
	Liberty Media Corp Del Com	2,300	162,355	213,118
	Life Time Group Holdings Inc	7,865	159,564	173,974
	Marvell Technology	1,550	110,466	171,197
	Manhattan	625	89,648	168,900
	Marriott Intl	650	116,443	181,311
	Mastercard Inc	330	43,601	173,768
	MetLife Inc	1,450	98,546	118,726
	McKesson Corporation	250	60,891	142,477
	Meta Platforms Inc	750	193,632	439,132
	Micron Technology	1,525	116,445	128,344
	Microsoft Corp	1,955	95,995	824,032
	Nasdaq	2,425	136,007	187,477
	Nucor Corp	750	42,530	87,533
	Nvidia Corp	7,400	121,299	993,746
	New York Times Co	1,925	103,946	100,196
	Onto Innovation Inc	800	175,974	133,336
	Palo Alto	1,010	97,218	183,780
	Procter & Gamble	925	106,838	155,076
	Post Holdings Inc	1,550	178,796	177,413
	Quanta Svcs	675	75,950	213,334
	Regeneron Pharmaceuticals	150	103,130	106,850
	Sharkininja Inc	1,350	141,513	131,436
	ServiceNow	190	96,382	201,423
	Sarepta Therapeutics Inc	575	75,194	69,914
	Teck Resources Limited	2,825	118,750	114,497
	Thermo Fisher	180	42,552	93,641
	TG Therapeutics Inc	2,550	79,134	76,755
	Targa Resources Corp	1,075	165,307	191,887
	TJX Companies Inc	1,600	145,848	193,296
	T Mobile US Inc	975	139,972	215,211
	Texas Roadhouse	950	86,364	171,409
	Trade Desk Inc Com CL A	1,720	125,755	202,152
	Travelers Cos	760	138,809	183,076
	UnitedHealth	250	43,031	126,465
	Vertex Pharmaceuticals	250	111,799	100,675
	Vertiv	3,100	112,849	352,192
	Verra Mobility Corp	6,275	144,975	151,730
	Vici Pptys Inc	5,900	188,965	172,340
	Wec Energy Group	1,925	160,192	181,028
	Wells Fargo	3,175	164,390	223,012
	Welltower Inc	1,625	165,038	204,799
	<b>Total Common Stocks</b>		<u>9,388,637</u>	<u>17,246,769</u>

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b)	(c)			(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>			<u>Cost</u>	<u>Current Value</u>
<b>U.S. Government Securities:</b>						
	GNMA #735348	662	4.50%	2/15/2040	700	642
	GNMA #738946	938	3.50%	11/15/2041	1,025	863
	GNMA #741379	979	4.50%	8/15/2040	1,036	948
	GNMA #720162	1,258	4.50%	7/15/2039	1,327	1,220
	GNMA #721203	1,019	5.00%	9/15/2039	1,131	1,009
	GNMA #604654	369	6.00%	1/15/2036	377	381
	GNMA #569215	737	6.00%	3/15/2032	736	750
	GNMA #569238	119	6.50%	3/15/2032	124	122
	GNMA #569239	1,456	6.00%	3/15/2032	1,452	1,466
	GNMA #569549	748	6.50%	1/15/2032	753	764
	GNMA#569572	140	6.50%	1/15/2032	140	143
	GNMA #579546	357	6.00%	3/15/2032	355	365
	GNMA #579667	708	6.00%	3/15/2032	703	734
	GNMA #581154	364	6.00%	3/15/2032	361	371
	GNMA #581836	279	6.00%	1/15/2032	276	283
	GNMA #582089	1	6.50%	4/15/2032	1	1
	GNMA #582382	641	6.00%	11/15/2032	630	621
	GNMA #584411	565	6.50%	5/15/2032	575	584
	GNMA #584426	1,160	6.00%	5/15/2032	1,147	1,171
	GNMA #587074	406	6.00%	5/15/2032	403	424
	GNMA #587625	32	6.50%	3/15/2032	37	37
	GNMA #485688	573	6.50%	8/15/2031	580	589
	GNMA #510404	262	4.50%	1/15/2032	258	260
	GNMA #537487	417	6.50%	7/15/2031	418	431
	GNMA #544477	349	6.50%	4/15/2031	349	361
	GNMA #545898	281	6.50%	8/15/2031	282	285
	GNMA #555688	136	6.00%	1/15/2032	136	138
	GNMA #557386	674	6.50%	5/15/2031	673	682
	GNMA #557574	386	6.50%	7/15/2031	384	394
	GNMA #567619	489	6.00%	4/15/2032	482	495
	GNMA #758024	847	4.50%	2/15/2041	928	819
	GNAM #782472	1,454	5.00%	11/15/2038	1,476	1,444
	GNMA #613033	2,155	5.00%	9/15/2033	2,119	2,152
	GNMA #628129	1,244	5.00%	5/15/2034	1,225	1,244
	GNMA #641944	327	5.00%	5/15/2035	328	323
	GNMA #644598	1,681	5.50%	8/15/2035	1,683	1,711
	GNMA #644772	2,295	5.00%	10/15/2035	2,261	2,256
	GNMA #663141	1,741	5.00%	3/15/2037	1,728	1,748
	GNMA #666087	3,027	5.00%	3/15/2038	3,070	3,008
	GNMA #675072	52	5.00%	1/15/2038	53	53
	GNMA #675374	404	5.00%	5/15/2038	401	398
	GNMA #683353	2,362	5.00%	4/15/2038	2,419	2,362
	GNMA #688091	959	5.00%	11/15/2038	948	961
	GNMA #690950	985	5.00%	6/15/2038	950	966
	GNMA #692304	1,277	5.00%	1/15/2039	1,328	1,259

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>			(d) <u>Cost</u>	(e) <u>Current Value</u>
	GNMA #692304	1,277	5.00%	1/15/2039	1,328	1,259
	GNMA #695245	770	5.00%	9/15/2038	780	771
	GNMA #696494	1,633	5.00%	8/15/2038	1,629	1,612
	GNMA #700830	719	5.00%	10/15/2038	708	708
	GNMA #700925	924	5.00%	11/15/2038	920	917
	GNMA #700950	2,311	5.50%	11/15/2038	2,420	2,353
	GNMA #704058	2,545	5.00%	11/15/2038	2,512	2,505
	GNMA #708361	1,435	5.00%	3/15/2039	1,492	1,429
	GNAM #710182	594	5.00%	3/15/2039	611	590
	GNMA #712415	2,449	5.00%	5/15/2039	2,548	2,419
	GNMA #713877	1,529	4.00%	8/15/2039	1,635	1,445
	GNMA #714189	2,157	5.00%	3/15/2039	<u>2,213</u>	<u>2,156</u>
	<b>Total U.S. Government Securities</b>	54,381			<u>55,236</u>	<u>54,143</u>
	<b>Hedge Funds:</b>					
	LibreMax Core Securitized Credit Offshore Fund Ltd				11,513,045	18,815,705
	Vibrant Sente Fund, Ltd				11,459,157	16,421,834
	Vibrant Opportunity Fund, Ltd				6,000,000	6,437,121
	LibreMax Core Fund, LP				<u>26,084,758</u>	<u>27,355,726</u>
	<b>Total Hedge Funds</b>				<u>55,056,960</u>	<u>69,030,386</u>
	<b>Private Equity Venture Capital Fund:</b>					
	DAE 3.0 Fund (ERISA), LP				<u>3,000,000</u>	<u>2,743,958</u>
	<b>Totals</b>				<u>\$ 67,822,813</u>	<u>\$ 89,397,236</u>

See Independent Auditors' Report.

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
U.S. Bank	Federated Hermes Trust for US Treasury Obligations	\$ 14,795,201 N/A	N/A \$14,508,303	N/A N/A	N/A N/A	\$ 14,795,201 \$ 14,508,303	\$ 14,795,201 \$ 14,508,303	\$ -- \$ --
LibreMax Capital	LibreMax Offshore Fund, Ltd.	N/A	\$ 3,999,999	N/A	N/A	\$ 3,999,999	\$ 3,999,999	\$ --
LibreMax Capital	LibreMax Core Fund, LP	\$ 26,000,000	N/A	N/A	N/A	\$ 26,000,000	\$ 26,000,000	\$ --
DFG Investment Advisers	DFG Investment Advisers	\$ 6,000,000	N/A	N/A	N/A	\$ 6,000,000	\$ 6,000,000	\$ --

See Independent Auditors' Report.

**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 4085 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**

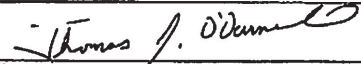

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan <b>LOCAL 817 IBT WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>2a</b> 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) <b>TEAMSTERS LOCAL 817 WELFARE FUND</b>  <b>817 OLD CUTTERMILL ROAD</b>  <b>GREAT NECK NY 11021</b>	<b>1c</b> Effective date of plan <b>01/01/1964</b>	<b>2b</b> Employer Identification Number (EIN) <b>13-6210566</b>
	<b>2c</b> Plan Sponsor's telephone number <b>516-365-3470</b>	<b>2d</b> Business code (see instructions) <b>525100</b>

**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.

<b>SIGN HERE</b>		10/13/2025	<b>THOMAS J. O'DONNELL, TRUSTEE</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		10/13/2025	<b>ALLAN KHARIEH, TRUSTEE</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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

**THEATRICAL TEAMSTERS LOCAL 817 INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS WELFARE FUND  
EIN #13-6210566 PLAN NO. 501  
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
U.S. Bank	Federated Hermes Trust for US Treasury Obligations	\$ 14,795,201 N/A	N/A \$14,508,303	N/A N/A	N/A N/A	\$ 14,795,201 \$ 14,508,303	\$ 14,795,201 \$ 14,508,303	\$ -- \$ --
LibreMax Capital	LibreMax Offshore Fund, Ltd.	N/A	\$ 3,999,999	N/A	N/A	\$ 3,999,999	\$ 3,999,999	\$ --
LibreMax Capital	LibreMax Core Fund, LP	\$ 26,000,000	N/A	N/A	N/A	\$ 26,000,000	\$ 26,000,000	\$ --
DFG Investment Advisers	DFG Investment Advisers	\$ 6,000,000	N/A	N/A	N/A	\$ 6,000,000	\$ 6,000,000	\$ --

See Independent Auditors' Report.