Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.**	**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.)
- [X] 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 VOLUNTARY LOCAL 4911 RETIREE MEDICAL FUND	**1b** Three-digit plan number (PN) ▶ 501 **1c** Effective date of plan 10/09/2022
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) LOCAL 4911 V.E.B.A C/O BENEFITS ADMINISTRATIVE SERVICE 26301 CURTISS-WRIGHT PARKWAY RICHMOND HEIGHTS, OH 44143	**2b** Employer Identification Number (EIN) 42-1572846 **2c** Plan Sponsor's telephone number 216-261-8414 **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.

SIGN HERE	Filed with authorized/valid electronic signature. **Signature of plan administrator**	09/27/2025 Date	RICHARD LICHTENSTEIN Enter name of individual signing as plan administrator
SIGN HERE	**Signature of employer/plan sponsor**	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	**Signature of DFE**	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE C/O BENEFITS ADMIN SERVICES CO 26301 CURTISS-WRIGHT PKWY STE 105 RICHMOND HEIGHTS, OH 44143	**3b** Administrator's EIN 20-8994719 **3c** Administrator's telephone number 216-261-8414
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN

5	Total number of participants at the beginning of the plan year	**5**	3239
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2597
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2656
b	Retired or separated participants receiving benefits	**6b**	221
c	Other retired or separated participants entitled to future benefits	**6c**	460
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3337
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached ______

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ **A** (Insurance Information) – Number Attached 1

(4) ☒ **C** (Service Provider Information)

(5) ☐ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
VOLUNTARY LOCAL 4911 RETIREE MEDICAL FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 4911 V.E.B.A C/O BENEFITS ADMINISTRATIVE SERVICE

D Employer Identification Number (EIN)
42-1572846

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
BLUE CROSS BLUE SHIELD OF MICHIGAN

(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	Policy or contract year **(g)** To
38-2069753	54291	60426-600	219	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

(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 **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	688102
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan VOLUNTARY LOCAL 4911 RETIREE MEDICAL FUND	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 4911 V.E.B.A C/O BENEFITS ADMINISTRATIVE SERVICE	**D** Employer Identification Number (EIN) 42-1572846

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

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)

MORGAN STANLEY SMITH BARNEY

26-4610632

(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		196481	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [ ]

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

CIUNI & PANICHI, INC.

34-1322309

(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		34000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFITS ADMINISTRATIVE SERVICES CO

34-1627054

(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 38 50		32115	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
23 31		25037	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [ ]

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

MILLIMAN

91-0675641

(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		20645	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHARD L. LICHTENSTEIN

20-8994719

(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?
20 50		17000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

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

A Name of plan
VOLUNTARY LOCAL 4911 RETIREE MEDICAL FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 4911 V.E.B.A C/O BENEFITS ADMINISTRATIVE SERVICE

D Employer Identification Number (EIN)
42-1572846

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	313500	274853
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	757868	818120
(2) U.S. Government securities	1c(2)	2747393	2864080
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3651980	4073273
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19136207	21601308
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4040241	3973986
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	16760	7895

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30663949	33613515
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8823	8637
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	5859
k Total liabilities (add all amounts in lines 1g through1j)	1k	8823	14496
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	30655126	33599019

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1377217	
(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)		1377217
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11189	
(B) U.S. Government securities	2b(1)(B)	92807	
(C) Corporate debt instruments	2b(1)(C)	160122	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2984	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		267102
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	336323	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	188747	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		525070
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10440460	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10285665	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		154795
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1635871	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1635871

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3960055

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	688102	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		688102
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	32115	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36500	
(5) Investment advisory and investment management fees	2i(5)	196481	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	45682	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17282	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		328060
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1016162

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		2943893
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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)** [X] 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: CIUNI & PANICHI, INC. **(2)** EIN: 34-1322309

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

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

Part IV Compliance Questions

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

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

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

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

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

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

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

Ciuni & Panichi
CPAs and Business Advisors

Where Relationships Count.

Independent Auditor's Report

To the Election Committee
Voluntary Local 4911 Retiree Medical Fund

Opinion

We have audited the financial statements of Voluntary Local 4911 Retiree Medical Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations 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 and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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To the Election Committee
Voluntary Local 4911 Retiree Medical Fund

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our 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) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

To the Election Committee
Voluntary Local 4911 Retiree Medical Fund

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Ciuni & Panichi, Inc.

Cleveland, Ohio
September 17, 2025

Voluntary Local 4911 Retiree Medical Fund

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

Assets	2024	2023
Investments, at fair value:		
Bank deposits	$ 818,120	$ 757,868
Mutual funds	3,895,630	3,837,264
Exchange-traded fund	78,356	202,977
Common stocks	21,601,308	19,136,207
Corporate fixed income	4,073,273	3,651,980
Government securities	2,864,080	2,747,393
Total investments, at fair value	33,330,767	30,333,689
Other assets:		
Cash - Chase Bank	274,853	313,500
Prepaid insurance	7,895	11,616
Other assets	-	5,144
Total assets	33,613,515	30,663,949
Liabilities		
Administrative expenses payable	8,637	8,823
Other liabilities	5,859	-
Total liabilities	14,496	8,823
Net assets available for benefits	$ 33,599,019	$ 30,655,126

The accompanying notes are an integral part of these financial statements

Voluntary Local 4911 Retiree Medical Fund

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

	2024	2023
Additions:		
Contributions:		
Participants' contributions	$ 1,377,217	$ 1,373,686
Investment income:		
Interest and dividends	792,172	654,910
Net appreciation in fair value of investments	1,790,666	3,524,841
Total investment income	2,582,838	4,179,751
Miscellaneous income	-	25
Total additions	3,960,055	5,553,462
Deductions:		
Insurance premiums paid on behalf of participants	688,102	592,317
Administrative expenses	328,060	317,990
Total deductions	1,016,162	910,307
Net increase	2,943,893	4,643,155
Net assets available for benefits:		
Beginning of year	30,655,126	26,011,971
End of year	$ 33,599,019	$ 30,655,126

The accompanying notes are an integral part of these financial statements

Voluntary Local 4911 Retiree Medical Fund

Statements of Plan Benefit Obligations

December 31, 2024 and 2023

	2024	2023
Postretirement benefit obligations to participants:		
Retired employees	$ 30,049,090	$ 22,721,669
Participants fully eligible for benefits	17,864,138	13,198,848
Participants not yet fully eligible for benefits	12,272,453	9,035,583
Total plan benefit obligations	$ 60,185,681	$ 44,956,100

The accompanying notes are an integral part of these financial statements

Voluntary Local 4911 Retiree Medical Fund

Statements of Changes in Plan Benefit Obligations

For the years ended December 31, 2024 and 2023

	2024	2023
Postretirement benefit obligations to participants fully eligible for benefits:		
Total plan benefit obligations at beginning of year	$ 44,956,100	$ 40,572,748
Increase due to benefits accumulated	1,310,938	1,093,701
Increase for interest due to decrease in discount period	2,134,749	2,005,331
Increase (decrease) due to yearly experience	11,485,141	(1,119,394)
Increase (decrease) due to change in discount rate	(7,113,220)	1,450,740
Increase due to change in assumptions	8,099,936	627,868
Increase due to legislative changes	-	941,886
Decrease due to benefits paid	(687,963)	(616,780)
Total increase during the year	15,229,581	4,383,352
Total plan benefit obligations at end of year	$ 60,185,681	$ 44,956,100

The accompanying notes are an integral part of these financial statements

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan

The following description of the Voluntary Local 4911 Retiree Medical Fund (the "Plan") provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

The Plan provides supplemental medical benefits covering retired workers of U.A.W. Local 4911 from Sparrow Hospital (the Hospital). The Plan and related trust (Trust) were established on October 9, 2002, pursuant to a collective bargaining agreement between the Hospital and the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan's Election Committee contains the following individuals, whose purpose is to elect the Plan Trustee:

Kurt Batteen
Cindy LaFountain
William Howe
Erin Flood
Muhammed Qawwee
Scott Dedic
Charlene Watson

The Plan provides premium payments to fund retiree medical benefits as a supplement to Medicare coverage for retirees. Benefit coverage is provided by Blue Cross Blue Shield of Michigan (Medicare Plus Group PPO Plan effective January 1, 2014). By including the U.A.W. Local 4911 retirees, the Plan provides much higher benefit levels than would otherwise be provided for the cost. The coverage closely resembles what is currently provided to active employees. To be eligible for benefits, a retiree is any associate who satisfies each of the following criteria:

(i) Working a minimum of 18,720 hours of service in a bargaining unit position (Service, Technical, and/or Skilled Maintenance) who leaves employment after reaching age 55. This excludes any caregiver who is age 55 as of January 1, 2019;

(ii) Currently receiving Medicare benefits from the Social Security Administration, and;

(iii) Employed in a classification of associates that constitute the bargaining unit for the 60 consecutive month period preceding their retirement from the Hospital as described in paragraph (i) above; including time for layoff, sick leave, disability leave, Family and Medical Leave, union leave, and military leave as specifically recognized and provided for under the terms of the collective bargaining agreements.

The Plan specifically provides that an associate who fails to qualify as a retiree will neither be entitled to a refund of contributions made to the Trust nor to any benefits under the Plan.

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan (continued)

In accordance with the collective bargaining agreement, the Hospital agreed to make an initial contribution of $500,000 to the Plan, $200,000 in 2002 and $300,000 in 2003. In December 2009, the Union reached an agreement with the Hospital whereby the Hospital contributed an additional $300,000 in 2010, $200,000 in 2011, $300,000 in 2012, and $375,000 in 2016 to the Plan.

Other than the previously agreed upon contributions, the Hospital has no obligation to make any further contributions to the Plan, to pay or cure any deficiencies of the Plan, or to provide retiree medical benefits under this Plan or any related Plan arrangement. As no further Hospital contributions are required to pay or cure any deficiencies of the Plan, the Plan's benefit obligation will be limited to the amount of net assets available for benefits, regardless of the funded status of the Plan at any point in time (See Note 5).

Eligible union members make contributions to the Plan through payroll deductions. For the years ended December 31, 2024 and 2023, the deductions were $0.41 per straight time hour.

Eligible retirees pay a 20% share of the monthly premium in 2024 and 2023. The monthly share of the premium was $49.12 for the years ended December 31, 2024 and 2023.

Note 2: Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared in accordance with U.S. generally accepted accounting principles (GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

Cash

The Plan maintains its cash account at a national financial institution. The balance, at times, may exceed federally insured limits.

Payment of Benefits

The Plan makes premium payments to fund retiree medical benefits as a supplement to Medicare coverage for retirees. Payments by the Plan are recorded as insurance premiums paid on behalf of participants in the accompanying statements of changes in net assets available for benefits.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, and the actuary, as well as other professional fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Subsequent Events

Management has evaluated subsequent events for the Plan through September 17, 2025, the date the financial statements were available to be issued.

Note 3: Plan Termination

Although it has not expressed any intent to do so, the Election Committee has the right under the Plan to terminate the Plan subject to the provisions of ERISA and in accordance with the plan document. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Hospital or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 4: Fair Value Measurements

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 4: Fair Value Measurements (continued)

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;
- 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 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.

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.

Bank deposits: Valued at $1 per unit including applicable interest and fees.

Mutual funds and exchange traded fund: Investments in registered investment companies are valued at the daily closing price as reported by the fund manager. Funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

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

Corporate fixed income and government securities: Valued at the closing price reported on active and inactive markets for similarly traded assets.

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

	Level 1	Level 2	Level 3	2024 Total
Bank deposits	$ 818,120	$ -	$ -	$ 818,120
Mutual funds	3,895,630	-	-	3,895,630
Exchange traded fund	78,356	-	-	78,356
Common stocks	21,601,308	-	-	21,601,308
Corporate fixed income	-	4,073,273	-	4,073,273
Government securities	-	2,864,080	-	2,864,080
	$ 26,393,414	$ 6,937,353	$ -	$ 33,330,767

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 4: Fair Value Measurements (continued)

	Level 1	Level 2	Level 3	2023 Total
Bank deposits	$ 757,868	$ -	$ -	$ 757,868
Mutual funds	3,837,264	-	-	3,837,264
Exchange traded fund	202,977	-	-	202,977
Common stocks	19,136,207	-	-	19,136,207
Corporate fixed income	-	3,651,980	-	3,651,980
Government securities	-	2,747,393	-	2,747,393
	$ 23,934,316	$ 6,399,373	$ -	$ 30,333,689

Note 5: Post-Retirement Benefit Obligation

The amount reported as the post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to the 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.

The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employer and from existing plan assets. As no further participating employer (Hospital) contributions are required to pay or cure any deficiencies of the Plan, the Plan's benefit obligations will be limited to the amount of net assets available for benefits, regardless of the funded status of the Plan at any point in time.

Prior to an active employee's full eligibility date (See Note 1), the post-employment benefit obligation is the portion of the expected post-employment benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation was determined by the consulting actuaries, Milliman, for both 2024 and 2023. It represents the amount which results from applying actuarial assumptions to historical 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 between the valuation date and the expected date of payment. The change in the plan benefit obligation between December 31, 2024 and 2023 is a result of the changes in the actuarial assumptions noted below.

	2024	2023
Life Expectancy of Participants:		
Pre-retirement	RP-2021 Mortality Tables	RP-2021 Mortality Tables
Post-retirement	RP-2021 Mortality Tables	RP-2021 Mortality Tables
Retirement Age	65 years	65 years
Discount Rate	5.50%	4.80%

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Post-Retirement Benefit Obligation (continued)

For measurement purposes at December 31, 2024 and 2023, the assumed medical premium inflation rate was 2.30% and 2.30% for the 2024 and 2023 periods. The rate was assumed to increase to 16.40% in 2025, to 6.70% in 2026, and gradually decrease to 4.60% through 2033 and continue to decrease thereafter.

The weighted-average trend rate assumption has a significant effect on the amounts reported as post-retirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by $10,136,211 and $8,110,705, respectively.

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

Note 6: Risks and Uncertainties

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 and statement of changes in net assets available for benefits.

The actuarial present value of plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates and member 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.

Note 7: Income Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated March 22, 2004, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC) as a Voluntary Employee Beneficiary Association. The Plan is required to operate in conformity with the IRC to maintain tits qualification. Once qualified, the Election Committee and Plan Administrator believe the Plan is designed and operated in compliance with the applicable requirements of the IRC and therefore, believes the Plan is qualified and the related Trust is tax exempt. Therefore, no provision for income taxes has been included on the Plan’s financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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.

Voluntary Local 4911 Retiree Medical Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 8: Parties in Interest Transactions

The Plan investments are held by Morgan Stanley, LLC, the trustee of the Plan. The Plan invests in Morgan Stanley, LLC funds. The Plan pays administrative fees to third-party service providers. These transactions qualify as party in interest transactions.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Annual Return/Report of Employee Benefit Plan** This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code) ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	OMB Nos 1210-0110 1210-0089 **2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions)
- [x] 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
VOLUNTARY LOCAL 4911 RETIREE MEDICAL FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan
10/09/2022

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)

LOCAL 4911 V.E.B.A C/O BENEFITS ADMINISTRATIVE SERVICE

26301 CURTISS-WRIGHT PARKWAY

US RICHMOND HEIGHTS OH 44143

2b Employer Identification Number (EIN)
42-1572846

2c Plan Sponsor's telephone number
(216) 261-8414

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

SIGN HERE	X [signature]	X 09/27/2025	RICHARD LICHTENSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE C/O BENEFITS ADMIN SERVICES CO 26301 CURTISS-WRIGHT PKWY STE 105 US RICHMOND HEIGHTS OH 44143	**3b** Administrator's EIN 20-8994719 **3c** Administrator's telephone number (216) 261-8414	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	3,239
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2,597
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2,656
b Retired or separated participants receiving benefits	**6b**	221
c Other retired or separated participants entitled to future benefits	**6c**	460
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	3,337
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code ________________

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
	Bank deposits:					
*	MORGAN STANLEY BANK				$ 818,120	$ 818,120
	Total bank deposits				818,120	818,120
	Government securities:					
	UNITED STATES TREASURY NOTE	8/15/2034	3.875%	200,000	194,772	192,171
	UNITED STATES TREASURY NOTE	6/15/2034	3.875%	44,000	43,230	42,277
	UNITED STATES TREASURY NOTE	2/15/2034	4.000%	48,000	47,220	46,710
	UNITED STATES TREASURY BOND	5/15/2041	4.375%	42,000	42,328	40,274
	UNITED STATES TREASURY NOTE	8/15/2028	2.875%	356,000	361,509	342,650
	UNITED STATES TREASURY NOTE	5/15/2025	2.125%	44,000	43,440	43,777
	UNITED STATES TREASURY NOTE	2/15/2027	2.250%	256,000	252,214	247,940
	UNITED STATES TREASURY NOTE	10/31/2025	0.250%	51,000	48,191	49,388
	UNITED STATES TREASURY NOTE	9/30/2027	0.375%	112,000	101,084	100,906
	UNITED STATES TREASURY NOTE	5/31/2026	2.125%	50,000	47,396	48,654
	UNITED STATES TREASURY NOTE	5/15/2032	2.875%	208,000	197,605	187,716
	UNITED STATES TREASURY NOTE	2/15/2031	1.125%	52,000	43,887	43,159
	UNITED STATES TREASURY NOTE	11/15/2033	4.500%	23,000	23,273	23,046
	UNITED STATES TREASURY NOTE	6/30/2029	3.250%	401,000	393,687	382,798
	FEDERAL NATIONAL MTG ASSN POOL	4/1/2052	3.000%	246,000	198,840	190,815
	FEDERAL NATIONAL MTG ASSN POOL	7/1/2053	5.500%	49,000	43,953	42,698
	FEDERAL NATIONAL MTG ASSN POOL	5/1/2052	2.000%	352,000	249,635	237,779
	FEDERAL NATIONAL MTG ASSN POOL	5/1/2052	4.000%	291,000	228,882	223,211
	FEDERAL NATIONAL MTG ASSN POOL	11/1/2053	5.500%	120,000	112,681	108,427
	FEDERAL NATIONAL MTG ASSN POOL	11/1/2052	4.500%	49,000	43,468	42,414
	FHLMC 30 YR GOLD	1/1/2054	4.000%	9,000	7,903	7,709
	GOVERNMENT NATIONAL MTG ASSN POOL	11/20/2050	2.000%	31,000	15,919	15,405
	GOVERNMENT NATIONAL MTG ASSN POOL	10/20/2051	2.500%	182,000	121,470	116,037
	GOVERNMENT NATIONAL MTG ASSN POOL	6/20/2053	4.500%	100,000	91,167	88,119
	Total government securities				2,953,754	2,864,080

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
	Corporate fixed income:					
	APACHE CORP	1/15/2030	4.250%	103,000	98,576	98,900
	APPLE INC	8/8/2032	3.350%	63,000	59,184	58,577
	AT&T INC	2/1/2028	1.650%	81,000	78,542	74,238
	BANK OF AMERICA CORP FXD	11/10/2028	6.204%	72,000	75,339	75,181
	BANK OF MONTREAL FXD	1/22/2027	0.949%	52,000	50,600	50,158
	BHP BILLITON FINANCE USA LTD	9/30/2043	5.000%	64,000	62,936	60,939
	BRISTOL-MYERS SQUIBB CO	3/15/2032	2.950%	54,000	52,847	47,548
	CCO HOLDINGS LLC	5/1/2032	4.500%	167,000	155,257	144,900
	CITIGROUP INC FXD	11/17/2033	6.270%	55,000	59,546	58,072
	COMCAST CORP	11/15/2032	5.500%	57,000	60,184	58,770
	COMCAST CORP	10/15/2025	3.950%	49,000	50,573	49,155
	CONOCOPHILLIPS	2/1/2039	6.500%	56,000	63,825	62,749
	CVS HEALTH CORP	8/21/2027	1.300%	81,000	78,296	73,796
	FORD MOTOR CO	8/19/2032	6.100%	96,000	90,410	97,804
	GOLDMAN SACHS GROUP INC/THE	5/1/2029	4.223%	60,000	59,152	58,799
	GOLDMAN SACHS GROUP INC/THE	10/24/2034	6.561%	43,000	46,699	46,759
	GOODYEAR TIRE & RUBBER CO/THE	4/30/2031	5.250%	159,000	151,227	143,230
	HCA INC	2/1/2029	5.875%	118,000	128,220	123,362
	HONDA MOTOR CO LTD	3/10/2025	2.271%	48,000	47,685	48,117
	HOWMET AEROSPACE INC	1/15/2029	3.000%	105,000	90,639	98,990
	INTEL CORP	2/10/2053	5.700%	62,000	59,224	56,296
	JPMORGAN CHASE & CO FXD	10/23/2029	6.087%	45,000	47,434	47,187
	JPMORGAN CHASE & CO FXD	4/22/2052	3.328%	108,000	80,527	74,803
	KRAFT HEINZ FOODS CO	6/1/2026	3.000%	100,000	99,042	97,870
	LAMAR MEDIA CORP	2/16/2030	4.000%	159,000	153,334	145,040
	LOCKHEED MARTIN CORP	11/15/2027	5.100%	46,000	46,025	47,048
	LOWE'S COS INC	4/15/2053	5.625%	64,000	65,237	62,458
	MCDONALD'S CORP	7/1/2025	3.300%	50,000	51,017	50,479
	MDC HOLDINGS INC	1/15/2030	3.850%	100,000	94,754	95,951
	NAVIENT CORP	3/15/2029	5.500%	101,000	89,065	96,898
	NETFLIX INC	2/15/2025	5.875%	96,000	102,009	97,286
	NEXTERA ENERGY CAPITAL HOLDINGS INC	7/15/2027	4.625%	60,000	60,403	61,207
	NRG ENERGY INC	1/15/2028	5.750%	144,000	148,833	147,609
	OLIN CORP	2/1/2030	5.000%	151,000	148,075	145,256

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date			Cost	Current value
	ONEMAIN FINANCE CORP	9/15/2030	4.000%	161,000	142,368	144,703
	ORACLE CORP	3/25/2026	1.650%	50,000	49,182	48,428
	ORACLE CORP	11/9/2032	6.250%	56,000	61,098	59,892
	PEPSICO INC	5/1/2030	1.625%	56,000	53,385	47,929
	PFIZER INVESTMENT ENTERPRISES	5/19/2028	4.450%	48,000	47,819	47,859
	PULTEGROUP INC	1/15/2027	5.000%	97,000	95,853	99,418
	SEAGATE HDD CAYMAN	6/1/2027	4.875%	98,000	105,485	96,944
	SIX FLAGS ENTERTAINMENT CORP	4/15/2027	5.375%	97,000	94,428	97,004
	T-MOBILE USA INC	4/15/2031	3.500%	104,000	102,716	95,170
	TORONTO-DOMINION BANK/THE	1/6/2026	0.750%	78,000	76,475	75,319
	UNITED RENTALS NORTH AMERICA INC	2/15/2031	3.875%	158,000	143,378	143,619
	UNITEDHEALTH GORUP INC	2/15/2030	5.300%	57,000	59,221	59,097
	VERIZON COMMUNICATIONS INC	9/21/2028	4.329%	60,000	59,777	59,595
	VISA INC	4/15/2027	1.900%	51,000	50,438	48,431
	WALT DISNEY CO/THE	1/13/2026	1.750%	51,000	50,433	50,058
	YUM! BRANDS INC	3/15/2031	3.625%	161,000	151,006	144,375
	Total corporate fixed income				4,147,778	4,073,273
	Common stock:					
	A G C O CORP	Common stock			51,737	49,077
	ABB LTD ADR	Common stock			42,908	71,364
	ABBOTT LABORATORIES	Common stock			35,622	37,213
	ABM INDUSTRIES INCORPORATED	Common stock			11,601	13,051
	ACADIA RLTY TR SBI	Common stock			22,624	27,035
	ACV AUCTIONS CL A	Common stock			17,370	28,274
	ADIDAS AG	Common stock			18,710	23,662
	ADOBE INC	Common stock			34,813	136,517
	ADVANCE AUTO PARTS	Common stock			32,157	29,651
	ADYEN N V UNSPONSRED ADR	Common stock			34,639	61,737
	AGREE REALTY CORP	Common stock			16,028	17,753
	AIA GROUP LTD SPON ADR	Common stock			33,429	48,009
	AIA GROUP LTD SPON ADR	Common stock			44,206	39,138
	AIR LIQUIDE ADR	Common stock			22,162	40,590
	AIR LIQUIDE ADR	Common stock			22,886	29,931
	AIRBUS SE UNSPONSORED ADR	Common stock			17,143	45,679
	ALARM COM HLDGS INC COM	Common stock			17,426	27,299

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value
	ALCON INC	Common stock	43,270	57,640
	ALCON INC	Common stock	69,048	107,980
	ALEXANDER & BALDWIN INC	Common stock	6,048	4,666
	ALFA LAVAL AB-UNSPONS ADR	Common stock	24,109	57,818
	ALIBABA GROUP HLDG LTD	Common stock	16,409	13,566
	ALKAMI TECHNOLOGY INC	Common stock	21,646	25,456
	ALLIANZ SE ADR	Common stock	93,770	139,167
	ALPHABET INC CL C	Common stock	128,829	321,082
	AMADEUS IT GROUP S.A ADR	Common stock	53,966	61,440
	AMAZON COM INC	Common stock	146,268	427,811
	AMBEV S A SPONSORED ADR	Common stock	56,899	32,930
	AMER INTL GP INC NEW	Common stock	107,576	105,633
	AMERICAN TOWER CORP	Common stock	92,231	81,617
	AMERICAN WATER WORKS CO	Common stock	93,741	86,272
	AMERICOLD REALTY TRUST INC	Common stock	22,341	16,029
	AMERIPRISE FINCL INC	Common stock	39,568	204,453
	AMERN AXLE & MFG HLDGS INC	Common stock	5,506	3,970
	AMGEN INC	Common stock	62,237	108,166
	AMPHENOL CORP NEW CL A	Common stock	7,068	34,586
	ANHEUSER BUSCH INBEV SA SPON	Common stock	41,611	33,897
	ANSYS INC	Common stock	53,633	136,619
	APPLE INC	Common stock	286,923	559,939
	APPLOVIN CORP	Common stock	25,091	28,516
	ARISTA NETWORKS INC	Common stock	30,443	65,876
	ARMSTRONG WORLD INDS INC NEW	Common stock	10,764	22,330
	ASHTEAD GROUP PLC ADR	Common stock	30,510	23,200
	ASML HOLDING NV NY REG NEW	Common stock	64,283	66,597
	ASSA ABLOY AB UNSP ADR	Common stock	32,157	43,314
	ASSURED GUARANTY LTD	Common stock	6,007	18,632
	ASTRAZENECA PLC ADR	Common stock	56,544	64,210
	ATLAS COPCO AS A ADR A NEW	Common stock	20,388	59,187
	ATMOS ENERGY CP	Common stock	92,346	115,873
	AUTOZONE INC	Common stock	22,983	39,061
	AVALONBAY COMM INC	Common stock	9,945	9,783
	AXIS CAPITAL HOLDINGS LTD	Common stock	21,340	31,194

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value
	B&M EUROPEAN VALUE RET SA ADR	Common stock	12,967	7,423
	BAE SYS PLC SPON ADR	Common stock	34,684	31,817
	BANCO BILBAO VIZ ARG SA ADS	Common stock	43,026	79,519
	BEACON ROOFING SUPPLY INC	Common stock	4,596	11,072
	BEIGENE LTD	Common stock	27,870	18,920
	BERKSHIRE HATHAWAY CL-B NEW	Common stock	59,098	56,207
	BERRY GLOBAL GROUP INC	Common stock	42,595	57,104
	BHP GROUP LIMITED ADR	Common stock	82,585	53,518
	BHP GROUP LIMITED ADR	Common stock	12,901	10,205
	BLACK HILLS CORP	Common stock	14,965	15,566
	BLACKLINE INC	Common stock	16,894	30,745
	BLACKSTONE INC	Common stock	40,414	70,520
	BLACKSTONE INC	Common stock	83,057	120,694
	BLOCK INC CL A	Common stock	15,804	15,298
	BOOKING HOLDINGS INC	Common stock	22,110	29,532
	BOYD GAMING CORP	Common stock	10,770	13,202
	BP PLC ADS	Common stock	28,266	22,643
	BRINK'S COMPANY COM	Common stock	13,316	32,006
	BRITISH AMER TOB SPON ADR	Common stock	18,672	19,431
	BROADCOM INC	Common stock	49,912	169,475
	BROADSTONE NET LEASE INC	Common stock	6,171	6,629
	BROOKLINE BANCORP INC NEW	Common stock	11,896	10,490
	CABOT CORP	Common stock	8,547	21,549
	CAESARS ENTERTAINMENT INC NEW	Common stock	10,191	8,656
	CANADIAN NATL RAILWAY CO	Common stock	17,843	31,874
	CANADIAN NATL RAILWAY CO	Common stock	39,348	32,889
	CAPGEMINI S E UNSPONSORED ADR	Common stock	50,998	44,048
	CAPITAL ONE FINANCIAL CORP	Common stock	81,554	171,009
	CARLSBERG AS	Common stock	17,482	19,814
	CARTER'S	Common stock	6,504	5,744
	CCC INTELLIGENT SOLUTIONS HLD	Common stock	24,879	30,826
	CELANESE CORP SERIES A COM STK	Common stock	31,339	30,383
	CELLNEX TELECOM SA UNS ADR	Common stock	9,665	8,767
	CERTARA INC	Common stock	30,029	8,499
	CHATHAM LODGING TRUST COM	Common stock	10,886	6,059

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	CHEMED CORPORATION	Common stock	2,875	28,609
	CHIPOTLE MEXICAN GRILL INC COM	Common stock	3,224	16,221
	CHUGAI PHARMACEUTIC UNSP ADR	Common stock	59,337	105,590
	CHUGAI PHARMACEUTIC UNSP ADR	Common stock	11,003	9,797
	CITIZENS FINANCIAL GROUP INC	Common stock	54,260	80,562
	CNO FINL GROUP INC COM	Common stock	13,264	31,666
	COCA COLA CO	Common stock	74,218	66,805
	COCA COLA CO	Common stock	73,764	107,336
	COGNEX CORP	Common stock	23,926	18,611
	COLOPLAST AS SPONSERED ADR	Common stock	35,086	30,775
	COLUMBIA SPORTSWEAR CO	Common stock	5,863	8,477
	COMMERCE BANCSHARES	Common stock	43,927	60,565
	CONCENTRIX CORP	Common stock	31,806	23,149
	CONMED CORP	Common stock	12,588	11,840
	CONOCOPHILLIPS	Common stock	13,210	14,479
	CONSTELLATION BRANDS INC CLA	Common stock	79,764	73,593
	CORTEVA INC	Common stock	70,988	156,526
	COTERRA ENERGY INC	Common stock	72,233	101,879
	CREDICORP LTD	Common stock	32,996	41,064
	CROWN CASTLE INC	Common stock	78,542	53,276
	CROWN HLDGS INC (HOLDING CO)	Common stock	9,222	15,463
	CSW INDUSTRIALS INC	Common stock	18,623	16,727
	CULLEN FROST BANKERS INC	Common stock	57,060	89,008
	CUSHMAN & WAKEFIELD PLC	Common stock	3,693	5,611
	CVB FINCL CP	Common stock	7,605	9,635
	D R HORTON INC	Common stock	98,090	87,947
	DAIFUKU COL TD ADR	Common stock	29,402	32,316
	DAIICHI SANKYO CO LTD SPON ADR	Common stock	44,027	42,729
	DAIKIN INDS LTD UNSPON ADR	Common stock	31,111	21,680
	DANAHER CORPORATION	Common stock	31,939	105,593
	DANONE SPONSORED ADR	Common stock	19,552	21,699
	DASSAULT SYSTEMS SA ADS	Common stock	82,982	93,279
	DBS GROUP HOLDINGS LTD SP	Common stock	68,439	169,598
	DBS GROUP HOLDINGS LTD SP	Common stock	16,618	51,790
	DENTSPLY SIRONA INC	Common stock	62,878	40,940

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	DESCARTES SYSTEMS GROUP INC	Common stock	14,005	40,101
	DEUTSCHE BK AG REG SHS	Common stock	24,375	26,189
	DEVON ENERGY CORP NEW	Common stock	62,678	65,820
	DIGITAL REALTY TRUST INC	Common stock	41,288	70,755
	DISCO CORP ADR	Common stock	40,932	44,400
	DNB ASA ADR	Common stock	30,193	26,651
	DOORDASH INC CL A	Common stock	32,796	55,861
	DOUBLEVERIFY HLDGS INC	Common stock	23,087	17,904
	DOXIMITY INC CL A	Common stock	20,827	42,712
	DREAM INDL REAL ESTATE INVT TR	Common stock	6,748	5,876
	DSV AS ADR	Common stock	34,613	35,775
	DUN & BRADSTREET HLDGS INC	Common stock	20,113	20,808
	EAST WEST BANCORP	Common stock	22,868	20,222
	EATON CORP PLC SHS	Common stock	21,333	33,851
	ECOLAB INC	Common stock	110,782	115,988
	EDWARD LIFESCIENCES CORP	Common stock	10,631	11,327
	ELI LILLY & CO	Common stock	75,034	143,592
	ENERGIZER HLDGS INC	Common stock	8,978	9,316
	ENGIE SPONS ADR	Common stock	32,533	33,373
	ENN ENERGY HOLDINGS LTD UNSPON	Common stock	88,417	55,879
	ENSTAR GROUP LTD	Common stock	1,911	3,602
	ENVISTA HLDGS CORP	Common stock	15,916	15,972
	EPIROC AKTIEBOLAG ADR	Common stock	29,556	47,558
	EPIROC AKTIEBOLAG ADR	Common stock	55,005	45,258
	EQUIFAX INC	Common stock	38,019	48,156
	EQUITY LIFESTYLE PROPERTIES	Common stock	66,403	76,790
	ESSENTIAL PROPERTIES REALTY	Common stock	12,854	12,668
	ESSEX PROPERTY TRUST INC	Common stock	23,507	27,150
	ESSILORLUXOTTICA ADR	Common stock	52,437	64,041
	EVOLUTION AB ADR	Common stock	14,903	12,581
	EXPONENT INC	Common stock	6,319	21,206
	EXTRA SPACE STORAGE INC	Common stock	20,664	23,786
	FAIR ISAAC & CO INC	Common stock	20,917	34,684
	FERRARI N V	Common stock	20,045	20,095
	FIRST CITIZ BANCSHARES A	Common stock	11,162	43,773

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	FIRST HAWAIIAN INC	Common stock	21,501	31,010
	FIVE BELOW	Common stock	23,638	39,255
	FLOOR & DÉCOR HLDGS INC CL-A	Common stock	11,611	25,623
	FLOWERS FOODS INC	Common stock	9,979	9,256
	FNB CORPORATION	Common stock	37,519	60,908
	FOMENTO ECONOMICO MEXICANO	Common stock	65,573	77,796
	FRESHPET INC	Common stock	20,012	63,243
	FRONTDOOR	Common stock	5,070	9,786
	FUJITSU LTD ADR NEW	Common stock	19,190	22,694
	GENL DYNAMICS CORP	Common stock	67,655	107,240
	GENMAB A S ADR	Common stock	52,890	26,776
	GENMAB A S ADR	Common stock	37,164	18,679
	GENPACT LTD	Common stock	12,307	16,106
	GENTHER, INC COM	Common stock	5,932	7,706
	GIVAUDAN SA ADR	Common stock	46,175	41,575
	GLAUKOS CORPORATION	Common stock	18,827	31,637
	GLOBANT S.A	Common stock	14,296	58,322
	GOLDMAN SACHS GRP INC	Common stock	67,797	76,731
	GOOSEHEAD INSURANCE INC CLAS A	Common stock	13,951	21,980
	GRAND CANYON ED INC COM	Common stock	18,800	63,391
	GRANITE CONSTR INC	Common stock	11,357	38,505
	GRAPHIC PACKAGING HOLDING CO	Common stock	33,302	59,236
	GREIF BROS CORP CL A	Common stock	9,478	15,219
	GRID DYNAMICS HLDGS CL A	Common stock	17,667	23,263
	GRUPO FINANCIERO BANORTE SAB	Common stock	31,646	27,883
	GUIDEWIRE SOFTWARE INC	Common stock	12,619	31,187
	HAIER SMART HOME CO LTD ADR	Common stock	45,982	53,359
	HALEON PLC ADR	Common stock	90,360	102,259
	HANESBRANDS INC	Common stock	26,977	20,244
	HDFC BANK LTD ADR	Common stock	103,592	113,288
	HEALTHCARE TR AMER INC CL A	Common stock	28,660	18,492
	HEALTHPEAK PROPERTIES INC	Common stock	58,345	64,601
	HERMES INTL SCA UNSPON ADR	Common stock	24,854	34,143
	HILLENBRAND INC	Common stock	32,213	22,777
	HILLMAN SOLUTIONS CORP	Common stock	19,343	20,814

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	HITACHI 10 COM NEW ADR	Common stock	26,447	47,497
	HOME DEPOT INC	Common stock	28,286	26,797
	HONEYWELL INTL INC	Common stock	113,433	110,686
	HONG KONG EXCHANGES & CLEARING	Common stock	19,351	24,099
	HOPE BANCORP, INC.	Common stock	14,213	16,733
	HORACE MANN EDUCATORS CP	Common stock	13,830	17,928
	HOST HOTELS & RESORTS INC	Common stock	8,398	8,655
	HOYA CORP SPONS ADR	Common stock	15,139	15,382
	HUBSPOT INC	Common stock	14,890	29,366
	HYSTER-YALE MATLS HANDLING A	Common stock	1,417	2,139
	IBERDROLA SA SPON ADR	Common stock	18,998	21,925
	ICU MEDICAL INC	Common stock	35,273	43,448
	IMPERIAL BRANDS PLC SPD ADR	Common stock	20,012	26,506
	INDUSTRIA DE DISENO TEXTIL IND	Common stock	22,354	49,603
	INFINEON TECHNOLOGIES AG	Common stock	63,068	103,528
	INSPIRE MEDICAL SYSTEMS INC	Common stock	20,525	18,235
	INTEGRA LIFESCIENCES CRP NEW	Common stock	23,347	18,620
	INTL BUSINESS MACHINES CORP	Common stock	57,568	57,376
	INTUIT INC	Common stock	34,877	47,002
	INTUITIVE SURGICAL INC	Common stock	73,936	112,221
	INVITATION HOMES INC	Common stock	38,886	34,400
	IRON MOUNTAIN INC	Common stock	17,824	30,902
	ITOCHU CORP ADR	Common stock	46,972	55,715
	JAMES RIV GROUP HLIXiS LTV	Common stock	3,179	1,588
	JAMF HLDG CORP	Common stock	18,719	14,331
	JELD WEN HLD INC	Common stock	11,229	8,247
	JOHN BEAN TECHNOLOGIES CORP	Common stock	13,663	18,684
	JOHNSON & JOHNSON	Common stock	39,875	37,746
	KADANT INC	Common stock	11,671	47,954
	KEMPER CORP DEL COM	Common stock	35,506	48,368
	KENNAMETAL INC	Common stock	4,238	5,308
	KEYCORP NEW	Common stock	59,452	89,762
	KEYENCE CORP	Common stock	58,866	37,976
	KINSALE CAP GROUP INC	Common stock	25,331	41,666
	KITE RLTY GROUP TR	Common stock	14,806	17,819

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	KITE RLTY GROUP TR	Common stock	14,033	27,310
	KKR & CO INC CL A	Common stock	55,859	77,801
	KOMATSU LTD SPON ADR NEW	Common stock	38,296	47,414
	KONINKLIJKE KPN NV ADR	Common stock	19,883	22,874
	KOPPERS HOLDINGS INC	Common stock	4,408	6,998
	KORNIT DIGITAL LTD SHS	Common stock	27,838	24,574
	L OREAL CO ADR	Common stock	52,673	82,974
	L OREAL CO ADR	Common stock	44,625	41,629
	LAM RESEARCH CORPORATION	Common stock	6,365	18,924
	LENNAR CORP CL B	Common stock	45,499	144,689
	LINDE PLC	Common stock	20,652	53,590
	LKQ CORPORATION	Common stock	32,795	31,495
	LONDON STK EXCHANGE GROUP ADR	Common stock	61,774	82,326
	LOWES COMPANIES INC	Common stock	86,284	100,694
	LVMH MOET HENNESSY LOUIS VUITT	Common stock	47,141	46,591
	MAGNERA CORPORATION	Common stock	4,078	4,670
	MANULIFE FINANCIAL CORP	Common stock	59,905	104,291
	MARRIOTT INTL INC NEW CL A	Common stock	21,873	23,617
	MARTIN MARIETTA MATERIALS	Common stock	56,893	132,741
	MARUBENI CORP ADR	Common stock	25,585	21,008
	MASTERCARD INC CL A	Common stock	137,839	177,981
	MATSON INC COM	Common stock	3,856	15,776
	MAXIMUS INC	Common stock	15,152	17,841
	MCDONALD'S CORP	Common stock	44,587	50,151
	MCKESSON CORP	Common stock	11,685	45,833
	MEDPACE HOLDINGS, INC.	Common stock	24,602	49,170
	MEDTRONIC PLC SHS	Common stock	61,307	66,141
	MEDCADOLIBRE INC	Common stock	53,232	55,145
	MEDCADOLIBRE INC	Common stock	27,762	46,017
	MERCK & CO INC NEW	Common stock	87,663	91,024
	MERCURY SYSTEMS INC	Common stock	8,218	11,088
	META PLATFORMS INC CL A	Common stock	115,672	334,912
	MICHELIN COMPAGNIE GENERALE DE	Common stock	72,395	80,493
	MICROCHIP TECHNOLOGY	Common stock	47,097	82,527
	MICROSOFT CORP	Common stock	86,516	389,045

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value
	MICROSOFT CORP	Common stock	26,363	182,088
	MILLERKNOLL INC	Common stock	8,058	9,940
	MITSUBISHI UFJ FINCL GRP ADS	Common stock	47,651	103,288
	MRC GLOBAL INC COM	Common stock	7,257	10,965
	MSC INDL DIRECT CO CLASS A	Common stock	9,706	8,515
	MTU AERO ENGINES AG	Common stock	16,726	28,675
	MUENCHENER RUECK-UNSPONS ADR	Common stock	31,157	30,264
	NATERA INC COM	Common stock	13,862	13,082
	NATIONAL GRID PLC SPON ADR	Common stock	24,131	21,688
	NATWEST GROUP PLC ADR	Common stock	29,255	36,571
	NCR ATLEOS CORPORATION	Common stock	8,901	15,841
	NCR VOYIX CORPORATION	Common stock	16,800	16,317
	NEOGEN CORP	Common stock	10,559	7,284
	NESTLE SPON ADR REP REG SHR	Common stock	75,642	72,380
	NESTLE SPON ADR REP REG SHR	Common stock	61,221	41,230
	NETEASE.COM INC ADS	Common stock	13,141	10,438
	NETFLIX INC	Common stock	71,619	187,177
	NETSTREIT CORP	Common stock	8,537	7,018
	NITORI HLDGS CO LTD ADR	Common stock	20,615	13,149
	NOMAD HLDGS LTD	Common stock	15,496	16,730
	NOMURA RESH INST LTD ADR	Common stock	30,444	31,809
	NORTHWESTERN ENERGY GROUP INC	Common stock	5,605	5,774
	NOVO NORDISK A/S ADR	Common stock	53,378	82,321
	NOVONESIS B ADR	Common stock	26,323	28,306
	NVIDIA CORPORATION	Common stock	55,995	578,656
	OLD NATL BANCORP IND	Common stock	51,295	75,750
	OLIN CORPORATION	Common stock	17,442	29,981
	OMEGA HEALTHCARE INV INC	Common stock	9,577	9,198
	OPTION CARE HEALTH INC	Common stock	21,387	15,126
	ORACLE CORP	Common stock	50,103	105,816
	ORTHOPEDIATRICS CORP	Common stock	10,290	7,279
	OSHKOSH CORP	Common stock	72,219	62,461
	OUTFRONT MEDIA INC COM NPV	Common stock	-	9,473
	PACS GROUP INC	Common stock	9,952	5,480
	PALO ALTO NETWORKS INC	Common stock	24,810	32,789

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value
	PARKER HANNIFIN CORP	Common stock	60,702	234,695
	PATTERSON -UTI ENERGY INC	Common stock	26,655	28,183
	PAYCOR HCM INC	Common stock	32,774	28,524
	PAYLOCITY HOLDING CORPORATION	Common stock	14,212	46,078
	PAYPAL HLDGS INC COM	Common stock	41,607	43,870
	PEBBLEBROOK HOTEL TR COM	Common stock	17,356	17,981
	PENNANT GROUP INC	Common stock	24,241	18,803
	PHREESIA INC	Common stock	20,668	11,976
	PING AN INSURANCE ADR	Common stock	45,494	24,364
	PJSC LUKOIL SPONSORED ADR	Common stock	56,999	-
	PNC FINL SVCS GP	Common stock	65,221	108,767
	PORTLAND GENERAL ELEC CO	Common stock	30,690	33,282
	POWER INTEGRATIONS INC	Common stock	6,042	21,780
	PRIMO BRANDS CORPORATION CL A	Common stock	8,626	25,693
	PRIVIA HEALTH GROUP INC	Common stock	44,180	33,900
	PROCTER & GAMBLE	Common stock	87,565	109,140
	PROLOGIS INC COM	Common stock	58,062	51,265
	PT TELEKOMUNIKASI INDONESIA	Common stock	48,378	36,618
	PUBLIC STORAGE	Common stock	21,650	20,788
	QUALCOMM INC	Common stock	51,682	106,305
	QUANTA SERVICES INC	Common stock	27,635	44,563
	RPM INC	Common stock	66,063	126,383
	RADIAN GROUP INC	Common stock	10,310	16,938
	RANGE RESOURCES CORP	Common stock	16,638	36,196
	RAYONIER INCORPORATED	Common stock	25,737	21,298
	RAYONIER INCORPORATED	Common stock	4,154	5,298
	RB GLOBAL INC	Common stock	7,524	35,001
	RECRUIT HOLDINGS CO. LTD. ADR	Common stock	35,094	43,287
	REGENERON PHARMACEUTICALS INC	Common stock	7,154	16,371
	RELX PLC SPONSORED ADR	Common stock	35,485	48,281
	REPLIGEN CP	Common stock	33,656	30,947
	RESIDEO TECHNOLOGIES INC	Common stock	23,345	34,759
	RIO TINTO PLC SPON ADR	Common stock	52,465	56,222
	ROCHE HOLDINGS ADR	Common stock	80,265	86,642
	ROLLS ROYCE HOLDINGS PLC	Common stock	22,548	39,180

Voluntary Local 4911 Retiree Medical Fund

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	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value
	SAFRAN SA	Common stock	52,095	89,279
	SALESFORCE INC	Common stock	61,423	58,842
	SAP AG	Common stock	34,105	110,795
	SAP AG	Common stock	65,586	128,029
	SBA COMMUNICATNS CORP NEW CL A	Common stock	8,242	7,878
	SCHNEIDER ELEC SA UNSP ADR	Common stock	36,642	98,882
	SCIENCE APPLICATIONS INTL CP	Common stock	20,508	22,915
	SENSATA TECHNOLOGIES HLDG PLC	Common stock	36,387	28,551
	SERVICENOW INC	Common stock	88,717	124,034
	SHELL PLC ADR	Common stock	73,011	95,040
	SHIMANO INC ADR	Common stock	26,813	22,429
	SHIN ETSU CHEM CO LTD ADR	Common stock	28,014	29,840
	SHIONOGI & CO LTD UNSPONS ADR	Common stock	44,102	33,874
	SHOPIFY INC	Common stock	23,486	35,408
	SHOPIFY INC	Common stock	5,810	20,947
	SIKA AG ADR	Common stock	37,750	33,718
	SILGAN HOLDINGS INC	Common stock	9,692	11,753
	SIMMONS 1 ST NATL A NEW	Common stock	6,555	7,364
	SIMON PPTY GROUP INC	Common stock	45,075	52,180
	SIMPSON MANUFACTURING CO INC	Common stock	22,099	19,568
	SMC CORP COMMON	Common stock	45,440	28,052
	SONOVA HLDG AG UNSP ADR	Common stock	16,189	36,815
	SONY GROUP CORPORATION ADR	Common stock	78,743	94,162
	SONY GROUP CORPORATION ADR	Common stock	65,823	134,683
	SOUTHWEST GAS HOLDINGS INC	Common stock	16,459	19,233
	SPIRE INC	Common stock	37,973	43,547
	SPOTIFY TECHNOLOGY SA	Common stock	32,231	68,002
	SPOTIFY TECHNOLOGY SA	Common stock	10,159	9,968
	SPS COMMERCE INC COM	Common stock	2,991	56,669
	STARBUCKS CORP WASHINGTON	Common stock	30,527	29,565
	STEVANATO GROUP SPA	Common stock	21,925	16,059
	STRAUMANN HLDG AG ADR	Common stock	26,919	15,797
	SUN COMMUNITIES INC	Common stock	47,609	38,244
	SUZUKI MRT CORP ADR	Common stock	23,583	22,688
	SYMRISE AG UNSPONS ADR	Common stock	31,105	44,483

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
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December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	SYNOPSYS INC	Common stock	2,976	13,556
	SYSMEX CORP UNSPON ADR	Common stock	79,473	79,280
	TAIWAN SMCNDCTR MFG CO LTD ADR	Common stock	13,501	146,538
	TAIWAN SMCNDCTR MFG CO LTD ADR	Common stock	28,989	50,755
	TAIWAN SMCNDCTR MFG CO LTD ADR	Common stock	21,625	79,983
	TDK CP ADR NEW	Common stock	21,179	37,451
	TECHTRONIC IND LTD SPONS ADR	Common stock	40,350	36,089
	TEGNA INC COM	Common stock	10,332	9,694
	TELEDYNE TECH INC	Common stock	95,890	106,286
	TENCENT HLDGS LTD UNSPON ADR	Common stock	64,702	74,186
	TENCENT HLDGS LTD UNSPON ADR	Common stock	38,519	31,855
	TEREX CP NEW DEL	Common stock	16,333	19,875
	TERUMO CORP ADR UNSPONS ADR	Common stock	16,227	14,768
	TESLA INC	Common stock	102,363	215,651
	TETRA TECHNOLOGIES INC DEL	Common stock	920	5,170
	TFI INTL INC	Common stock	21,925	27,693
	THE ENSIGN GROUP INC	Common stock	13,759	36,404
	THE ENSIGN GROUP INC	Common stock	12,604	44,774
	THERMO FISHER SCIENTIFIC	Common stock	10,727	9,004
	TIMKEN CO	Common stock	20,791	18,413
	TOKYO ELECTRON LTD UNSPON ADR	Common stock	26,204	26,392
	TOTALENERGIES SE SPONSORED ADS	Common stock	98,083	84,257
	TOTALENERGIES SE SPONSORED ADS	Common stock	67,286	66,925
	TRADE DESK INC CLASS A	Common stock	10,687	26,092
	TRANE TECHNOLOGIES PLC	Common stock	20,966	43,583
	TRANSCAT INC	Common stock	20,074	17,976
	TRANSDIGM GROUP INC	Common stock	43,822	67,603
	TRI POINTE HOMES INC	Common stock	396	2,073
	TXNM ENERGY INC	Common stock	28,198	37,615
	U S BANCORP COM NEW	Common stock	81,406	117,279
	U S PHYSICAL THERAPY INC	Common stock	14,804	18,186
	UBER TECHNOLOGIES INC	Common stock	15,456	27,385
	UDR INC COM	Common stock	25,392	21,575
	UGI CORPORATION NEW COM	Common stock	34,935	40,595
	UNICHARM CORP UNSPON ADR	Common stock	40,603	24,265

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 42-1572846, Plan No. 501
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity date	Cost	Current value
	UNICHARM CORP UNSPON ADR	Common stock	16,611	8,169
	UNICREDIT SP-ADR	Common stock	38,095	41,528
	UNION PACIFIC CORP	Common stock	19,044	18,428
	UNITED BANKSHARES INC W VA	Common stock	10,245	12,279
	VALLEY NATL BANCORP	Common stock	14,710	15,909
	VERADIGM INC	Common stock	5,251	5,177
	VERINT SYSTEMS INC	Common stock	20,588	18,529
	VERIZON COMMUNICATIONS INC	Common stock	108,825	103,614
	VERTIV HOLDINGS LLC CL A	Common stock	21,171	25,789
	VICI PROPERTIES INC	Common stock	25,630	24,507
	W W GRAINGER INC	Common stock	15,074	21,978
	WAFD INC	Common stock	19,751	23,632
	WALMART INC	Common stock	31,246	29,996
	WELLTOWER INC	Common stock	57,191	92,758
	WYERHAEUSER CO	Common stock	12,197	10,810
	WHITE MOUNTAIN GRP BERMUDA	Common stock	25,198	50,620
	WILLSCOT MOBILE MINI HOLDINGS	Common stock	4,023	23,348
	WORKIVA INC CLASS A	Common stock	11,879	51,795
	XCEL ENERGY INC	Common stock	97,445	98,648
	XYLEM INC COM	Common stock	74,755	104,651
	ZTO EXPRESS CAYMAN INC CL A	Common stock	36,114	36,442
	3M CO	Common stock	49,974	50,217
	Total common stock		14,771,356	21,601,308
	Exchange-traded fund:			
	SPDR BLOOMBERG 1-3 MONTH T-B	857	78,373	78,356
	Total exchange-traded fund		78,373	78,356
	Mutual funds:			
	FEDERATED HERMES GOVT OBL AVR	19,730	-	19,730
	ALLSPRING MNGD ACCT CORBLD CP	124,475	2,140,717	2,087,447
	BRANDYWINEGLOBAL GLB OPP BD I	218,637	2,250,949	1,788,453
	Total mutual funds		4,391,666	3,895,630
	Total investments		$ 27,161,047	$ 33,330,767

*Indicates a party in interest

Voluntary Local 4911 Retiree Medical Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 94-3101366, Plan No. 501

For the year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transactions:								
Allspring	MNGD ACCT CORBLD CP	$ 2,119,059	$ -	$ -	$ -	$ 2,119,059	$ 2,119,059	$ -
Series Transactions:								
Allspring	MNGD ACCT CORBLD CP							
	1 Purchase	$ 2,119,059	$ -	$ -	$ -	$ 2,119,059	$ 2,119,059	$ -
Allspring	MNGD ACCT CORBLD CP							
	1 Purchase	21,658	-	-	-	21,658	21,658	-