

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TEAMSTERS LOCAL UNION #600 TRANSPORTATION, WAREHOUSING AND DAIRY INDUSTRY UNION WELFARE TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TEAMSTERS LOCAL UNION #600 TRANSPORTATIO INDUSTRY UNION WELFARE TRUST FUND 161 WELDON PARKWAY MARYLAND HEIGHTS, MO 63043
2b	Employer Identification Number (EIN) 43-0656495
2c	Plan Sponsor's telephone number 314-388-4400
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.	10/15/2025	JOHN KELTING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID PHAUP
	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 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 600 UNION WELFARE TRUST FUND 161 WELDON PARKWAY MARYLAND HEIGHTS, MO 63043		3b Administrator's EIN 43-0656495
		3c Administrator's telephone number 314-388-4400
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		5 353
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 203 6a(2) 213 6b 144 6c 6d 357 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 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 4D 4E 4L

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan TEAMSTERS LOCAL UNION #600 TRANSPORTATION, WAREHOUSING AND DAIRY INDUSTRY UNION WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL UNION #600 TRANSPORTATIO	D Employer Identification Number (EIN) 43-0656495

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

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

ANDERS, MINKLER, HUBER & HELM LLP

800 MARKET STREET SUITE 500
ST. LOUIS, MO 63101

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	40235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAIRY EMPLOYEES LOCAL 600

161 WELDON PARKWAY
MARYLAND HEIGHTS, MO 63043

43-0684479

(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	LOCAL UNION	10726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES

9900 CLAYTON RD
ST. LOUIS, MO 63124

59-1237041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	9234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLIMAN

500 N. BROADWAY SUITE 1750
ST. LOUIS, MO 63102

(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	NONE	5200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMMOND AND SHINNERS, P.C

7730 CARONDOLET
ST. LOUIS, MO 63105

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan TEAMSTERS LOCAL UNION #600 TRANSPORTATION, WAREHOUSING AND DAIRY INDUSTRY UNION WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL UNION #600 TRANSPORTATIO	D Employer Identification Number (EIN) 43-0656495

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	33616	26425
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10457	8099
(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)	192433	143338
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	1299023	1432750
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	637795	688056

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	471	140
f Total assets (add all amounts in lines 1a through 1e)	1f	2173795	2298808
Liabilities			
g Benefit claims payable	1g	13886	20296
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	13886	20296
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2159909	2278512

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)	89268	
(B) Participants	2a(1)(B)	734	
(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)		90002
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	2356	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2356
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	72059	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72059
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	586013	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	545372	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	69072	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		274130

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64993	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		64993
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)	9851	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40235	
(5) Investment advisory and investment management fees	2i(5)	9234	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	5200	
(8) Legal fees	2i(8)	5188	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	20826	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		90534
j Total expenses. Add all expense amounts in column (b) and enter total	2j		155527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		118603
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ANDERS MINKLER HUBER & HELM LLP**

(2) EIN: **43-0831507**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		202600
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

**TEAMSTERS LOCAL UNION NO. 600
TRANSPORTATION, WAREHOUSING AND DAIRY INDUSTRY
UNION WELFARE TRUST FUND**

**FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

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Independent Auditors' Report

Trustees
Teamsters Local Union No. 600
Transportation, Warehousing and Dairy Industry Union Welfare Trust Fund
Maryland Heights, Missouri

Opinion

We have audited the accompanying financial statements of Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union Welfare Trust 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 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 benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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 Auditors' 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.

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with 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 Schedule of Assets (Held at End of Year) and Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but is are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

Report on Additional Information

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

A handwritten signature in blue ink that reads "Anders Minkler Huber & Helms LLP".

October 6, 2025
St. Louis, Missouri

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	\$ 2,264,144	\$ 2,129,251
Employer Contributions Receivable	8,099	10,457
Property and Equipment, net	140	471
Cash - Noninterest Bearing	<u>26,425</u>	<u>33,616</u>
Total Assets	<u>2,298,808</u>	<u>2,173,795</u>
Net Assets Available for Benefits	<u>\$ 2,298,808</u>	<u>\$ 2,173,795</u>

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed To:		
Investment income		
Interest	\$ 2,356	\$ 3,937
Dividends	72,059	53,668
Net appreciation in fair value of investments	<u>109,713</u>	<u>161,423</u>
Total Investment Income	184,128	219,028
Less: investment expense	<u>9,234</u>	<u>8,302</u>
Net Investment Income	<u>174,894</u>	<u>210,726</u>
Contribution income		
Employer	89,268	94,008
Participant	<u>734</u>	<u>1,221</u>
Total Contribution Income	<u>90,002</u>	<u>95,229</u>
Total Additions	<u>264,896</u>	<u>305,955</u>
Deductions from Net Assets Attributed To:		
Benefits paid directly to or for participants and beneficiaries:		
Dental	21,832	17,391
Vision	7,311	5,837
Disability and death	3,000	5,000
Pharmacy benefits	22,829	13,778
Self-pay Prairie Farms	202	-
Chiropractic benefits	<u>3,409</u>	<u>4,204</u>
Total Benefits Paid	58,583	46,210
Administrative expenses	<u>81,300</u>	<u>53,096</u>
Total Deductions	<u>139,883</u>	<u>99,306</u>
Net Increase	125,013	206,649
Net Assets Available for Benefits, Beginning of Year	<u>2,173,795</u>	<u>1,967,146</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 2,298,808</u></u>	<u><u>\$ 2,173,795</u></u>

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Statements of Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Claims payable	\$ 20,296	\$ 13,886
Total Amounts Currently Payable	<u>20,296</u>	<u>13,886</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Retired participants, beneficiaries, and dependents	103,338	111,482
Other participants fully eligible for benefits	7,071	8,832
Other participants not yet fully eligible for benefits	<u>2,809</u>	<u>3,029</u>
Total Postretirement Benefit Obligations	<u>113,218</u>	<u>123,343</u>
Total Benefit Obligations	<u>\$ 133,514</u>	<u>\$ 137,229</u>

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance at beginning of year	\$ 13,886	\$ 18,043
Claims and premiums reported and approved for payment	64,993	42,053
Claims and insurance premiums paid	<u>(58,583)</u>	<u>(46,210)</u>
Balance at end of year	<u>20,296</u>	<u>13,886</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	123,343	119,841
Decrease attributable to:		
Benefits earned, net of experience gains/losses	(5,065)	(220)
Increase for interest	5,788	5,869
Benefits paid	(3,000)	(5,000)
Changes in actuarial assumptions	<u>(7,848)</u>	<u>2,853</u>
Balance at end of year	<u>113,218</u>	<u>123,343</u>
Plan's Total Benefit Obligations, End of Year	<u>\$ 133,514</u>	<u>\$ 137,229</u>

**Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023**

1. Description of the Plan

The following description of Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union Welfare Trust Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined health and welfare plan. The Plan was established to provide various benefits to covered employees, and their eligible dependents, if employed by contributing employers (the "Employers") who are a party to collective bargaining agreements ("CBAs") with the Teamsters, Highway, City and Air Freight Drivers, Dockmen, Brewery/Distributor Drivers, Helpers, Warehousemen, Dairy Workers, Convention and Trade Show Employees, and Marine Officers Association, Workers on the Inland Waterway System Covering the Central States Region of the U.S., Local Union No. 600 of the International Brotherhood of Teamsters (the "Teamsters Local Union No. 600"). The Plan also provides medical and death benefits to eligible retirees and their beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board, consisting of equal representation from Employer representatives and the Teamsters Local Union No. 600 representatives.

Eligibility

To be eligible for benefits, a participant must be an employee of an Employer in a covered job classification. A covered job classification is one for which the Employer is required to make contributions to the Plan.

Retired employees are entitled to the Welfare Plan Retiree Benefit Program if they are at least age 57 and have 15 years of service and they were actively employed by an Employer under a CBA with Teamsters Local Union No. 600 immediately prior to their retirement. Participants hired after January 1, 2003, will not be eligible for retiree benefits.

Benefits

Benefits are provided from the Plan's assets, which are accumulated under the provisions of the CBAs, and held in a trust by the Trustees of the Plan for the purpose of providing benefits to covered participants and defraying reasonable administrative expenses.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

The Plan funds certain benefits, which presently include the following:

- (a) Prescription Drug Plan, available to all active employees (and dependents) employed by an Employer in a covered classification, who are also eligible for primary coverage under a Teamsters Local Union No. 600 collective bargained primary plan.
- (b) Dental Benefits, available to all active employees (and dependents) employed by an Employer in a covered classification who are eligible under a Teamsters Local Union No. 600 collective bargained primary plan.
- (c) Vision Benefits, available to all active employees (and dependents) employed by an Employer in a covered classification who are eligible under a Teamsters Local Union No. 600 collective bargained primary plan.
- (d) Welfare Plan Retiree Benefit Program, including limited medical benefits and a \$1,000 death benefit.
- (e) Disability (Extended Payment Benefit), available to active employees who become disabled.
- (f) Chiropractic Benefits, available to all active employees (and dependents) employed by an Employer in a covered classification who are eligible under a Teamsters Local Union No. 600 collective bargained primary plan.

Participants' rights to benefits are not vested or guaranteed. Benefit provisions including the form or the amount of benefits, may be altered at the discretion of the Trustees.

Contributions

Contributions to the Plan are made by Employers in accordance with their CBAs with the Teamsters Local Union No. 600. Individuals can make payments upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Employers are required to contribute \$8.00 per week, per active employee to the Plan.

Schedule of Benefits

Effective July 1, 2017 the Plan will reimburse eligible participants and dependents, as defined herein, the unpaid portion of any prescription cost covered by their primary carrier as described in Section 1.A.(1) of the plan documents, up to a maximum of 25% of the full prescription cost once their primary carrier has been utilized. However, because some participants have a different type of prescription plan, wherein the participant or dependent is only responsible for a co-pay, the Plan provides for the alternative benefit of reimbursing an eligible participant or dependent for the cost of an "out-of-pocket" co-pay up to \$25.00 per prescription. If a participant or dependent is charged a double co-pay for a mail order or on line 90-day prescription, then the Plan will reimburse the participant or dependent the double co-pay up to \$50.00 per prescription. The benefits, exclusions and limitations of the prescription reimbursement program of their primary carrier (as they may be amended) shall apply to this Plan.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Effective July 1, 2017 the Plan will reimburse the participant for "out-of-pocket" dental expenditures up to a maximum of \$750 per calendar year for each participant. The maximum to be paid out for any calendar year for services to a participant and all of the participant's eligible dependents is \$750.

Effective January 1, 2020 the Plan will reimburse the participant for "out-of-pocket" chiropractic expenditures up to a maximum of \$750 per calendar year for each participant. The maximum to be paid out for any calendar year for services to a participant and all of the participant's eligible dependents is \$750.

Vision expenses are paid after use of the participant's primary carrier and based on scheduled benefits that include primary carriers' payments.

Under the Retiree Welfare Benefit Program, benefits are capped at 50% of the Medicare Part A deductible and 75% of the Part B deductible. The Medicare Part A deductibles for 2024 and 2023 are \$1,676 and \$1,600, respectively. The Medicare Part B deductibles for 2024 and 2023 are \$257 and \$226, respectively. This yields maximum Plan payouts for 2024 and 2023 of \$838 and \$800, respectively for Part A and \$193 and \$170, respectively for Part B. Also, eligible retirees are entitled to a \$1,000 death benefit.

The Plan pays extended benefits for any active employee who becomes disabled. Following the first 4 weeks of sick leave or 12 weeks, if under the Family Medical Leave Act, the Plan pays \$264 per week for certain Employers, the weekly contribution rate quoted by Central States for other employers, up to a maximum of 20 weeks including the waiting period. Effective January 1, 2024, this increased to a maximum of 22 weeks.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, claims payable, and benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

**Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023**

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.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, and current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

Employer contributions are due by the 15th of the month following the month hours are worked. Contributions not received by the 15th of the month are considered past due.

Property and Equipment

Property and equipment is stated at cost. Major additions and improvements are capitalized, while maintenance and repairs are expensed as incurred. When assets are sold or otherwise disposed of, the related cost and accumulated depreciation are removed from the accounts. Any gain or loss arising from such disposition is included as additions or deductions in the year of disposition.

Depreciation is computed using the straight-line method over the estimated useful lives of the assets.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

The estimated lives for computing depreciation on property and equipment are:

<u>Classification</u>	<u>Years</u>
Furniture and equipment	5

Payment of Benefits

All Plan benefits are self-insured. Claim payments are recorded when paid. Ultimate responsibility for payments to providers and participants is retained by the Plan.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with other related plans. In computing these allocated costs, various factors were considered, including the time spent and costs incurred, relating to the Plan in relation to the other plans. These expenses are reported in administrative expenses on the statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 6, 2025, the date on which the financial statements were available to be issued.

3. Post Retirement Benefit Obligations

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements. The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

For measurement purposes, a 5.10 percent weighted-average annual trend rate of increase in the average per capita cost of covered health care benefits was assumed for fiscal year beginning January 1, 2025; the rate was assumed to increase up to 5.40 percent in 2026 and then decrease gradually to 3.7 percent through 2073 and beyond. For the fiscal year beginning January 1, 2024, a 4.80 percent weighted-average annual trend rate of increase in the average per capita cost of covered health care benefits was assumed with an increase in varying years through 2028 up to 5.00 percent and then decrease gradually to 3.70 percent through 2073 and beyond. These assumptions are consistent with those used to measure the benefit obligation at December 31, 2024.

The weighted-average health care cost trend rate assumption has an effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, by \$2,117 and \$2,518, respectively.

The following were significant assumptions used to determine the postretirement benefit obligations as of December 31, 2024 and 2023.

Discount rate: 5.50% - 2024; 4.75% - 2023

Retirement rate: 100 percent are assumed to retire at age 59 and the completion of 15 years of service.

Mortality: Effective December 31, 2024 and 2023:

Actives: Pri-2012 Blue Collar Employees Mortality Tables, male and female, projected generationally using scale MP-2021.

Healthy Retirees: Pri-2012 Blue Collar Healthy Annuitant Tables, male and female, projected generationally using scale MP-2021.

Medicare trend rate: 2024 - Varying percentages ranging from 5.10% in 2024 to 3.70% for 2073; 2023 - Varying percentages ranging from 4.80% in 2023 to 3.70% for 2073.

Utilization: Medicare Part A - 1% of retirees are assumed to receive the maximum plan deductible reimbursement; Medicare Part B - 2% of retirees are assumed to receive the maximum plan deductible reimbursement.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Medical claim costs: Medical claims costs for retiree benefits are capped at 50% of the Medicare Part A deductible and 75% of the Part B deductible. The Medicare Part A and Part B deductibles for 2024 are \$1,676 and \$257, respectively. This yields maximum plan payouts for 2024 of \$838 for Part A and \$193 for Part B. The Medicare Part A and Part B deductibles for 2023 are \$1,600 and \$226, respectively. This yields maximum plan payouts for 2023 of \$800 for Part A and \$170 for Part B.

4. Claims Payable

Benefit obligations include health claims currently payable for prescription drugs, dental, vision and long-term disability. Claims payable are based on claims data provided by the Plan Administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets. |
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' fair value measurement levels 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 should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of interest bearing cash, certificates of deposit, exchange traded funds, money market funds, and mutual funds. Interest bearing cash and certificates of deposit are valued at cost plus accrued interest. Exchange traded funds

**Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023**

are valued based on a quoted market price on a national stock exchange at year-end. Publicly traded mutual funds are valued at the daily closing price as reported by the fund.

The fair value of investments is measured as of December 31, as follows:

2024				
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Interest bearing cash	\$ 31,114	\$ 31,114	\$ -	\$ -
Certificate of deposit	60,018	60,018	-	-
Mutual funds	1,432,750	1,432,750	-	-
Exchange traded funds	688,056	688,056	-	-
Money market fund	52,206	52,206	-	-
Total assets in fair value hierarchy	<u>\$ 2,264,144</u>	<u>\$ 2,264,144</u>	<u>\$ -</u>	<u>\$ -</u>

2023				
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Interest bearing cash	\$ 132,437	\$ 132,437	\$ -	\$ -
Certificate of deposit	59,996	59,996	-	-
Mutual funds	1,299,023	1,299,023	-	-
Exchange traded funds	637,795	637,795	-	-
Total assets in fair value hierarchy	<u>\$ 2,129,251</u>	<u>\$ 2,129,251</u>	<u>\$ -</u>	<u>\$ -</u>

6. Property and Equipment

Property and equipment at December 31, is as follows:

	2024	2023
Furniture	\$ 7,049	\$ 7,049
Less: accumulated depreciation	6,909	6,578
	<u>\$ 140</u>	<u>\$ 471</u>

Depreciation expense for the years ended December 31, 2024 and 2023, totaled \$331 each year.

**Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023**

7. Related Party Transactions

The Plan has common membership with the Teamsters Local Union No. 600.

The Plan rents office space from the Teamsters Local Union No. 600 Building Corporation. The total amount paid was \$6,034 for both of the years ended December 31, 2024 and 2023.

The Plan reimburses the Teamsters Local Union No. 600 for salaries, payroll taxes and fringe benefits associated with the operation of the Plan. The total amount reimbursed to Teamsters Local Union No. 600 was \$9,851 and \$8,261 for the years ended December 31, 2024 and 2023, respectively.

The Plan received Employer contributions from the Teamsters Local Union No. 600 of \$1,248 and \$1,864 for the years ended December 31, 2024 and 2023, respectively.

8. Plan Amendments

On January 1, 2024, the Plan was amended for the extended payment of premiums on the coverage under this Plan to 22 weeks.

On July 1, 2024, the Plan was amended to expand the vision benefits to include contact lens fittings, with a maximum scheduled allowance of \$50.

9. Plan Termination

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, any assets remaining shall be used solely for purposes of providing benefits and defraying the reasonable cost of administering the Plan. No assets shall revert to the Employers.

10. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated April 14, 1987, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan's management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

11. Risks and Uncertainties

Financial instruments that subject the Plan to concentrations of credit and market risk consist of investments and receivables.

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

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

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 2,298,808	\$ 2,173,795
Less: claims payable at year end	(20,296)	(13,886)
Net assets available for benefits per the Form 5500	<u>\$ 2,278,512</u>	<u>\$ 2,159,909</u>

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

	<u>2024</u>
Benefits paid per the financial statements	\$ 58,583
Plus: claims payable current year	20,296
Less: claims payable prior year	<u>(13,886)</u>
Benefits paid per Form 5500	<u>\$ 64,993</u>

**Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
EIN: 43-0656495 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Assets	Cost	Current Value	
Interest Bearing Cash				
* Raymond James	Bank Deposit	\$ 31,114	\$ 31,114	
Mutual Funds				
Allspring Core Plus Bond Fund Class I	18,391.794 Shares	206,000	203,779	
Blackrock Systematic Multi-Strategy Fd Instl	17,067.235 Shares	179,467	172,379	
Columbia Overseas Value Fund Inst Cl	2,488.930 Shares	25,512	26,184	
Dodge & Cox Income Fund	13,325.704 Shares	180,000	164,972	
Eaton Vance Emerging Markets Debt Oppors Fd Class I	16,048.543 Shares	126,923	127,265	
FPA New Income Inst'l Class	20,529.634 Shares	215,488	200,575	
Federated Hermes Total Return Bond Fd Inst'l	19,974.335 Shares	223,303	186,760	
Fidelity Advisor Strategic Income Fd Class I	16,181.525 Shares	199,172	187,544	
Fidelity Advisor Int'l Capital Appreciation Class I	1,751.121 Shares	31,398	55,861	
Principal Midcap Fund Inst'l	2,410.377 Shares	52,317	107,431	
Total Mutual Funds		<u>1,439,580</u>	<u>1,432,750</u>	
Exchange Traded Funds				
Vanguard S&P Small Cap 600 ETF	832.000 Shares	80,998	88,225	
Vanguard Total Bond Market ETF	1,070.000 Shares	94,775	76,944	
Vanguard Growth ETF	720.000 Shares	92,684	295,517	
Vanguard Value ETF	1,343.000 Shares	198,925	227,370	
Total Exchange Traded Funds		<u>467,382</u>	<u>688,056</u>	
Certificate of Deposit				
Broadway National Bank	\$60,000 par value	59,961	60,018	
Money Market Fund				
Fidelity Colchester Street Trust	52,206.470 shares	52,206	52,206	
Total Investments		<u>\$ 2,050,243</u>	<u>\$ 2,264,144</u>	

* A party-in-interest as defined by ERISA.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union Welfare Trust Fund
EIN: 43-0656495 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Series of transactions with the same issue in excess of 5% of the fair value of plan assets at the beginning of the plan year

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*Raymond James	Allspring Core Plus Bond Fund	\$ 126,000	\$ -	\$ 126,000	\$ 126,000	\$ -
*Raymond James	Blackrock Event Driven Equity Fund	-	128,276	124,470	128,276	3,806
*Raymond James	Blackrock Systematic Multi-Strategy Fund	128,000	-	128,000	128,000	-
*Raymond James	Eaton Vance Emerging Markets Debt	123,500	-	123,500	123,500	-

* A party-in-interest as defined by ERISA.

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administrative expenses	\$ 9,851	\$ 8,261
Conferences	3,490	1,950
Depreciation expense	331	331
Insurance	6,799	5,665
Miscellaneous	1,480	7,573
Office expense	2,692	1,212
Professional fees	50,623	22,070
Rent	6,034	6,034
	<u>\$ 81,300</u>	<u>\$ 53,096</u>

**Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union
Welfare Trust Fund
EIN: 43-0656495 Plan Number: 501
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Assets	Cost	Current Value	
Interest Bearing Cash				
* Raymond James	Bank Deposit	\$ 31,114	\$ 31,114	
Mutual Funds				
Allspring Core Plus Bond Fund Class I	18,391.794 Shares	206,000	203,779	
Blackrock Systematic Multi-Strategy Fd Instl	17,067.235 Shares	179,467	172,379	
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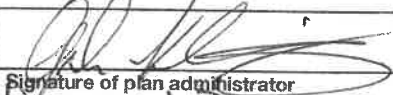
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan TEAMSTERS LOCAL UNION #600 TRANSPORTATION, WAREHOUSING AND DAIRY INDUSTRY UNION WELFARE TRUST FUND	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TEAMSTERS LOCAL UNION #600 TRANSPORTATIO INDUSTRY UNION WELFARE TRUST FUND 161 WELDON PARKWAY MARYLAND HEIGHTS MO 63043	1c Effective date of plan 01/01/1976 2b Employer Identification Number (EIN) 43-0656495 2c Plan Sponsor's telephone number 314-388-4400 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		10/15/25	JOHN KELTING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-15-25	DAVID PHAUP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☐ Same as Plan Sponsor
JOINT BOARD OF TRUSTEES TEAMSTERS
LOCAL 600 UNION WELFARE TRUST FUND

161 WELDON PARKWAY
MARYLAND HEIGHTS

MO 63043

3b Administrator's EIN
43-0656495

3c Administrator's telephone number
314-388-4400

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

353

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)

203

a(2) Total number of active participants at the end of the plan year

6a(2)

213

b Retired or separated participants receiving benefits

6b

144

c Other retired or separated participants entitled to future benefits

6c

d Subtotal. Add lines 6a(2), 6b, and 6c

6d

357

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

f Total. Add lines 6d and 6e

6f

g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

6g(1)

(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g(2)

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

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 4D 4E 4L

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Teamsters Local Union No. 600 Transportation, Warehousing and Dairy Industry Union Welfare Trust Fund
EIN: 43-0656495 Plan Number: 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Series of transactions with the same issue in excess of 5% of the fair value of plan assets at the beginning of the plan year

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*Raymond James	Allspring Core Plus Bond Fund	\$ 126,000	\$ -	\$ 126,000	\$ 126,000	\$ -
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*Raymond James	Eaton Vance Emerging Markets Debt	123,500	-	123,500	123,500	-

* A party-in-interest as defined by ERISA.