

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS LOCAL 210 AFFILIATED HEALTH & INSURANCE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/16/2006
2a Plan sponsor's name (employer, if for a single-employer plan): TEAMSTERS LOCAL 210 AFFILIATED HEALTH & INSURANCE FUND
2b Employer Identification Number (EIN): 20-5003549
2c Plan Sponsor's telephone number: 718-966-8200
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Robert Bellach (plan administrator) and Frank Folise (employer/plan sponsor).

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

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSUR FUND BD OF TRUSTEES</p> <p>1441 SOUTH AVENUE, SUITE 702 STATEN ISLAND, NY 10314</p>	<p><b>3b</b> Administrator's EIN 20-5003549</p>
	<p><b>3c</b> Administrator's telephone number 718-966-8200</p>
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p>
	<p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 5613</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(1)</b> 5613</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>6a(2)</b> 5606</p> <p><b>b</b> Retired or separated participants receiving benefits ..... <b>6b</b> 627</p> <p><b>c</b> Other retired or separated participants entitled to future benefits ..... <b>6c</b></p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> ..... <b>6d</b> 6233</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>6e</b></p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>6f</b></p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>6g(1)</b></p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>6g(2)</b></p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... <b>6h</b></p>	
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b> 111</p>

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

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>12</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>20-5003549</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AMALGAMATED LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
13-5501223	60216	260C14	549	07/01/2023	06/30/2024

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	73560
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	221711	14	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid <b>619</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**ALICARE, INC** **333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
619			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4489
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	221760	15	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>490</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ALICARE, INC**  
**333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
490			

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3526
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	221896	17	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid <b>236</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**ALICARE, INC** **333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
236			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1732
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	222512	134	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid <b>3102</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ALICARE, INC**  
**333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3102			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	25546
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	222706	19	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>670</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ALICARE, INC**  
**333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
670			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4855
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	223113	42	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>857</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ALICARE, INC**  
**333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
857			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	6188
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	223114	17	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>387</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ALICARE, INC**  
**333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
387			

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2808
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	223536	22	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
171	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

**ALICARE, INC** **333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
171			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1260
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNUM LIFE INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	223537	33	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">890</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**ALICARE, INC** **333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
890			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	6389
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5003549</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**FIRST UNUM LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	223918	11	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
94	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

**ALICARE, INC** **333 WESTCHESTER AVENUE**  
**WHITE PLAINS, NY 10604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	673
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <span style="color: blue;">TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">20-5003549</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
FIRST UNUM LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	221701	65	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">2549</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

ALICARE, INC  
333 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2549			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	19811
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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



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

PRINCIPAL INVESTMENT GROUP

711 HIGH STREET  
DES MOINES, IA 50392

42-1520346

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

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

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

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

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

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

CROSSROADS HEALTHCARE MANAGEMENT LL 1441 SOUTH AVENUE, SUITE 702  
STATEN ISLAND, NY 10314

74-3064316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 12	NONE	3259251	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPIRE BLUE CROSS BLUE SHIELD 120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204-4903

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 50	NONE	994156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPIRE BLUE CROSS BLUE SHIELD CENTRAL NY REGION P.O. BOX 4757  
SYRACUSE, NY 13221-4757

15-0329043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	745901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PROSCRIPT PHARMACY MANAGEMENT LLC

1441 SOUTH AVENUE, SUITE 702  
STATEN ISLAND, NY 10314

20-1381813

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	591028	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVIS VISION INC

175 EXPRESS ST., P.O. BOX 9122  
PLAINVIEW, NY 11803

11-2358021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 12	NONE	159795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAW OFFICES OF THOMAS A. THOMPSON

148 WHITES COVE ROAD, SUITE 1  
YARMOUTH, ME 04096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	121800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CROSSROADS HEALTHCARE MANAGEMENT LL

1441 SOUTH AVENUE, SUITE 702  
STATEN ISLAND, NY 10314

74-3064316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	95884	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAMUEL GOLDSTEIN & CO., P.C.

150 GREAT NECK ROAD - SUITE 202  
GREAT NECK, NY 11021

11-2478817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	89628	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST UNUM LIFE INSURANCE CO

1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402

13-1898173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 12	NONE	71136	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMALGAMATED LIFE INSURANCE CO

PO BOX 5429  
WHITE PLAINS, NY 10602-5429

13-5501223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 12	NONE	67827	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MUTUAL OF OMAHA

76 NORTH BROADWAY  
IRVINGTON, NJ 10533

(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?
73 50 12	NONE	61936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAVASTA AND COMPANY INC

655 THIRD AVENUE, 12TH FLOOR  
NEW YORK, NY 10017

13-3879959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	52000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DENTAL SERVICES INC

1640 HEMPSTEAD TURNPIKE  
EAST MEADOW, NY 11554

11-2705347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 12	NONE	51677	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID R PFAFF, MD

1 CHANNEL DRIVE UNIT 1811  
MONMOUTH BEACH, NJ 07750

13-3687263

(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?
70 50	NONE	36000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISION SCREENING INC

1919 MIDDLE COUNTRY ROAD SUITE 304  
CENTEREACH, NY 11720

11-2358021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 12	NONE	32360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PALMER-TANNO AGENCY INC

33 WEST MAIN STREET SUITE 408  
ELMSFORD, NY 10523

13-1977110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	27560	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GENERAL VISION SERVICES LLC

P.O. BOX 8000, DEPT 79  
BUFFALO, NY 14267

11-3580756

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 12	NONE	20160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZIEGLER CAPITAL MANAGEMENT LLC

30 S. WACKER DRIVE, SUITE 2800  
CHICAGO, IL 60606

85-0597999

(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?
51	NONE	15781	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TEAMSTERS LOCAL 210 AFFILIATED HEALTH &amp; INSURANCE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>20-5003549</u>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	4870771	2039364
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	75607	100593
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3364802	3724417
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1802132	2157284
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	12231965	13988533
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	22345277	22010191
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	22345277	22010191

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	66275086	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	96464	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		66371550
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	123795	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	88348	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		212143
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	277113	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2004821	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2007848	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-114038	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		1648970
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		68392711

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	64374184	
(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)		64374184
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	3850278	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	89628	
(5) Investment advisory and investment management fees .....	2i(5)	24841	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	52000	
(8) Legal fees .....	2i(8)	121800	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	215066	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		4353613
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		68727797

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		-335086
<b>l</b> 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: **SAMUEL GOLDSTEIN & CO., P.C.**

(2) EIN: **11-2478817**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		50000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**FINANCIAL STATEMENTS**

**AND SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2024 AND 2023**

**MODIFIED CASH BASIS**

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**DECEMBER 31, 2024 AND 2023**

**MODIFIED CASH BASIS**

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**SAMUEL GOLDSTEIN & CO., P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

SAMUEL GOLDSTEIN, CPA (1917- 2000)  
MICHAEL GOLDSTEIN, CPA (1947- 2010)  
STUART GOLDSTEIN, CPA

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**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees  
Teamsters Local 210 Affiliated Health & Insurance Fund  
New York, New York

**Opinion**

We have audited the accompanying financial statements of Teamsters Local 210 Affiliated Health & Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) and of plan benefit obligations (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis), and of changes in benefit obligations (modified cash basis) 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 (modified cash basis) and plan benefit obligations (modified cash basis) of Teamsters Local 210 Affiliated Health & Insurance Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits (modified cash basis), and Plan benefit obligation (modified cash basis) for the years then, in accordance with the modified cash basis of accounting described in Note 2.

**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 Teamsters Local 210 Affiliated Health & Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 Teamsters Local 210 Affiliated Health & Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Teamsters Local 210 Affiliated Health & Insurance Fund's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements;
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local 210 Affiliated Health & Insurance Fund's ability to continue as a going concern for a reasonable period of time.

**SAMUEL GOLDSTEIN & CO., P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

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 the Schedule of Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedules are 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.



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SAMUEL GOLDSTEIN & CO., P.C.  
Certified Public Accountants

Great Neck, New York  
October 13, 2025

**TEAMSTERS LOCAL 210 AFFILIATED HEALTH & INSURANCE FUND  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at fair value	\$ 19,970,827	17,474,506
Cash-noninterest bearing	2,039,364	4,870,771
<b>Total assets</b>	<b>22,010,191</b>	<b>22,345,277</b>
<b>Liabilities</b>		
Total liabilities	0	0
 <b>Net assets available for benefits</b>	 <b>\$ 22,010,191</b>	 <b>\$ 22,345,277</b>

**TEAMSTERS LOCAL 210 AFFILIATED HEALTH & INSURANCE FUND**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**MODIFIED CASH BASIS**  
**DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Contributions:		
Employers' Contributions	\$ 66,275,086	\$ 59,402,821
Cobra contributions and other income	96,464	179,266
	<u>66,371,550</u>	<u>59,582,087</u>
<b>Investment Income</b>		
Net appreciation in fair value of investments	1,531,905	1,645,212
Interest	212,143	135,535
Dividends	277,113	221,913
	<u>2,021,161</u>	<u>2,002,660</u>
Less: Investment expenses	<u>(24,841)</u>	<u>(20,643)</u>
	<u>1,996,320</u>	<u>1,982,017</u>
	<u>68,367,870</u>	<u>61,564,104</u>
<b>Deductions</b>		
Cost of benefits:		
Self-Insured Health Care	52,067,976	38,453,139
Prescription (net of co-pays & rebates)	8,739,573	8,567,787
Optical	212,315	207,868
Dental	1,194,448	879,693
PPO network management fees	1,045,833	1,466,216
Death	166,000	212,940
Vacation and other fringe benefits	809,076	763,275
Insurance premiums paid:		
Long term disability	71,136	73,681
Group life insurance and accidental death and dismemberment benefits	<u>67,827</u>	<u>77,576</u>
	<u>64,374,184</u>	<u>50,702,175</u>
Administrative expenses	<u>4,328,772</u>	<u>4,349,924</u>
	<u>68,702,956</u>	<u>55,052,099</u>
<b>Net (decrease) increase during year</b>	<b>(335,086)</b>	<b>6,512,005</b>
Net assets available for benefits:		
<b>Beginning of year</b>	<u>22,345,277</u>	<u>15,833,272</u>
<b>End of year</b>	<u>\$ 22,010,191</u>	<u>\$ 22,345,277</u>

**TEAMSTERS LOCAL 210 AFFILIATED HEALTH & INSURANCE FUND**  
**STATEMENT OF BENEFITS OBLIGATIONS**  
**MODIFIED CASH BASIS**  
**DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 18,554,000	\$ 13,683,000
<b>Post-retirement benefit obligations, net of amounts currently payable</b>		
Current retirees	12,859,242	13,673,272
Other participants fully eligible for benefits	5,617,615	4,103,238
Participants not yet fully eligible for benefits	3,003,479	8,654,107
Total post-retirement benefit obligations	21,480,336	26,430,617
<b>Total benefit obligations at end of year</b>	<b>\$ 40,034,336</b>	<b>\$ 40,113,617</b>

**TEAMSTERS LOCAL 210 AFFILIATED HEALTH & INSURANCE FUND  
STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
MODIFIED CASH BASIS  
YEAR ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 13,683,000	\$ 14,545,000
Claims incurred, including claims reclassified from post-employment and postretirement benefit obligations	69,245,184	49,840,175
Claims and insurance premiums paid	<u>(64,374,184)</u>	<u>(50,702,175)</u>
Balance at end of year	<u>18,554,000</u>	<u>13,683,000</u>
<b>Post-retirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	26,430,617	27,074,709
(Decrease) increase during the year attributed to :		
Benefits earned and other charges	(5,974,366)	(4,836,453)
Plan amendment	0	4,192,361
Changes in actuarial assumptions	<u>1,024,085</u>	<u>0</u>
Balance - end of year	<u>21,480,336</u>	<u>26,430,617</u>
<b>Plan's total benefit obligations end of year</b>	<u><u>\$ 40,034,336</u></u>	<u><u>\$ 40,113,617</u></u>

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1 - PLAN DESCRIPTION**

The following description of Teamsters Local 210 Affiliated Health & Insurance Fund (the "Fund" or "Plan") provides only general information about the Plans provisions. Participants should refer to the Plan agreement and Summary Plan Description for a complete description of the Plan's provisions.

**General**

The Plan is a multiemployer health and welfare benefit plan established June 16, 2006 that is operated and maintained in accordance with the provisions of an Agreement and Declaration of Trust. Contributions are made to the Plan by participating employers ("Employers") pursuant to the terms of the Employers' respective collective bargaining agreements ("CBA's") with Teamsters Local 210, affiliated with the International Brotherhood of Teamsters (the "Union"), for the purpose of providing health and welfare benefits for participants and their eligible dependents. The Plan is governed by a Board of Trustees consisting of equal representation of Union and Employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and The Labor Management Relations Act of 1947. The Board of Trustees, (Trustees) is responsible for oversight of the Plan, and in coordination with its investment advisor, determining the appropriateness of the Plan's investments and monitoring investment performance.

**Benefits**

The Fund provides health benefits (medical, hospital, surgical vision, dental and prescription) vacation, accidental death and dismemberment benefits, life insurance, disability and other fringe benefits, including jury duty and bereavement pay to eligible members, and their covered dependents. Retired employees meeting requirements in the Plan agreement are entitled to certain health benefits (in excess of Medicare coverage).

Mail order prescriptions are provided by Proscript Pharmacy Management LLC, which is a related party of Crossroads Healthcare Management LLC, the Plan's third-party claims processor.

All plan benefits are self-insured with the exception of disability and group life, accidental death and dismemberment insurance, which are covered by insurance contracts maintained by the Plan.

The Plan does not have Stop Loss Insurance.

The Plan provides continuation of certain health benefits upon termination of employment in accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA).

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

The Plan utilizes Crossroads Health Care Management LLC to provide agreed upon procedures payroll compliance of contributing employers.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1 - PLAN DESCRIPTION (Continued)**

**Eligibility**

An eligible employee becomes a participant in the plan when their participating Employer makes a contribution to the Plan. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan Administrator. Generally, a participant will remain eligible as long as actively employed with a participating employer. Participants may also continue to remain eligible for benefits through the use of accumulated eligibility credits (AEC) for times of unemployment (less than full time) and upon termination of employment thought the Consolidated Omnibus Budget Reconciliation Act (COBRA). After initial eligibility, at least 26 weeks of contributions out of the past 52 weeks must be received prior to incurring a reimbursable expense, or, if unemployed during all or any portion of such period, the participant must have been registered as available for employment.

Retired employees are entitled to benefits if they are an eligible retired participant of the Steamrollers Pension Plan and are receiving a standard, early retirement, or disability pension and were covered immediately prior to the effective date of retirement. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan Administrator.

**Insured Benefits**

The Plan fully insures the life insurance benefits (basic, supplemental, and dependent), accidental death and disability benefits (basic, supplemental, and spousal), and long-term disability benefits. The Plan purchases annual insurance contracts for these insured benefits.

**Self-insured Benefits**

All other Plan benefits are self-insured.

**Claims Processing**

The claims for self-insured benefits are processed by the Plan's third-party claims processor, Crossroads Healthcare Management, LLC, under an administrative service only (ASO) arrangement with the Plan. The claims processor pays claims directly to or on behalf of participants and their eligible dependents. Ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a preliminary benefit manager (PBM) which periodically makes refunds to the Plan based on actual utilization pattern of specific drugs.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1 - PLAN DESCRIPTION (Continued)**

**Pharmacy Rebates**

Pharmacy Rebates earned from the Plan's PBM are recorded when received. Pharmacy rebates totaling \$676,939 and \$741,888 have been netted with prescription benefits paid, in the accompanying statement of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2024 and 2023, respectively.

**Contributions**

Contributions are made solely by participating employers on behalf of each covered employee in accordance with their respective Collective Bargaining Agreements. Retirees make no contribution to the Plan for their coverage. Participant contribution and participants pay are allowed to provide COBRA benefits the full cost of such benefits.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared on the modified cash basis of accounting used by the Plan; certain revenues, and the related assets are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligations are incurred. Accordingly, the accompanying financial statements are not intended to present financial positions and results of operations in conformity with generally accepted accounting principles.

**Use of Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires Plan Management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Recently Issued Accounting Pronouncements**

In June 2016, the Financial Accounting Standard Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, Financial Instruments - Credit Losses (Topic 326), which is effective for the year ended December 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Payment of Benefits**

Benefit and premium payments are recorded when paid.

**Funding Policy**

The Plan is funded through Employer contributions, as well as contributions from Members electing COBRA Coverage. The Employer contribution rates vary and are set forth in the respective Collective Bargaining Agreements.

**Medicare Subsidy**

The Plan's postretirement benefit obligation does not reflect an amount associated with the Medicare subsidy allowed under the Medicare Prescription Drug Improvement and Modernization Act of 2003 because the Plan is not directly entitled to the Medicare subsidy. The Fund has included the effects of the Medicare subsidy in measuring its postretirement benefit obligation.

**Financial Instruments**

The financial instruments shown as assets in the statement of net assets available for benefits are traditional in nature. Investments in mutual funds and money market funds which are recorded on trade-date basis, are carried at fair value in accordance with Accounting Standards Codification 820, "Fair Value Measurements and Disclosures" ("ASC 820"). The carrying value of cash and all other financial instruments, including receivables and accrued expenses, approximate their fair values.

**Subsequent Events**

The Plan has evaluated all events subsequent to the balance sheet date of December 31, 2024, through October 13, 2025, the date the financial statements were available to be issued. There were no material adjustments disclosures that resulted from the evaluation.

**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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers, and custodians. See Note 6 for a discussion of fair value of measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash 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.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investment Valuation and Income Recognition (Continued)**

Investment expenses include costs for investment managers, investment consultant and portfolio custodian. Certain other investment related expenses are included in net (depreciation) appreciation in fair value of investments.

**Postretirement and Post Employment Benefit Obligations**

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits under the terms of the plan attributed to employees' services rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of the payment.

**Changes in Actuarial Assumptions:**

The following assumptions as of December 31, 2024, changed from the previous valuation to reflect anticipated Plan expenses:

- Changes in the expected medical, prescription drug, retiree drug subsidy, and administration costs based on updated plan experience and future expectations.
- Change in the health care cost trend rate assumptions based on future expectations.
- Change in mortality, retirement, withdrawal, and disability assumptions based on the assumptions used in the pension plan valuation.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

For measurement purposes, the following were significant assumptions used to determine the postretirement and postemployment benefit obligation as at December 31, 2024 and 2023:

**Discount Rate** 5.50% per annum

**Mortality** The sex-distinct Pri-2012 mortality tables with blue collar adjustment, projected generationally from 2012 using Scale MP-2021.

**Turnover** Assumed termination rates at selected ages are shown below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	8.00%	35	7.00%	50	4.26%
25	7.80%	40	6.31%	55	2.41%
30	7.50%	45	5.52%	60	1.69%

**Disability** Assumed disability rates at selected ages are shown below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.08%	35	0.13%	50	0.58%
25	0.09%	40	0.20%	55	1.02%
30	0.10%	45	0.33%	60	1.60%

**Health Care Cost Trend Rates**

**Benefit** **Annual Trend Rate**

**Medical/Hospital** 4.50%

**Prescription Drug** 9.00% decreasing by 0.50% each year until an ultimate rate of 4.50% in 2034.

**Dental** 3.00%

**Vision** 0.00%

**Administrative Expense Increase Rate** 3.50%

**Death** \$5,000 death benefit is payable upon a retiree's death.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Retirement**

It is assumed that 100% of eligible Participants will retire at age 64.

**Medical Claims Costs**

<b><u>Benefit</u></b>	<b><u>This Year</u></b>	<b><u>Last Year</u></b>
<b><u>Medical/Hospital</u></b>	\$ 51	\$ 33
<b><u>Prescription Drug</u></b>	\$1,461*	\$1,404*
<b><u>Dental</u></b>	\$ 200	\$ 144
<b><u>Vision</u></b>	\$ 36	\$ 33
<b><u>Expenses</u></b>	\$ 724	\$ 713

\* Annual Cap at \$1,200

\* A \$5,000 death benefit is payable upon a retiree's death.

**NOTE 3 - CONCENTRATION OF CREDIT RISK**

Financial instruments that subject the Plan to concentrations of credit risk include cash, short-term investment funds and contributions receivable from employers. While the Plan attempts to limit any financial exposure, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts. Contributions receivable are due from various employers, in the New York Metropolitan area, and the Plan routinely assesses the financial strength of the participating employers based upon factors surrounding the participating employer's industry and geographic location.

**NOTE 4 - CLAIMS INCURRED BUT NOT REPORTED**

Claims incurred but not yet reported at December 31, 2024 and 2023 are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**NOTE 5 - INVESTMENTS**

During 2024 and 2023, the plan's investments (including gains and losses on investments bought and sold and held during the year) appreciated in value by \$1,531,905 and \$1,645,212, respectively.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 6 - FAIR VALUE MEASUREMENTS**

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

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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.

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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.

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

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

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

**U.S. Treasury Obligations:** Valued utilizing inputs obtained from approved industry pricing services. To determine the value of these investments, a variety of inputs are utilized, which include but are not limited to market quotations, yields, maturities, bond's terms and conditions.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)**

**U.S. Government Agency Securities:** Valued utilizing inputs obtained from approved industry pricing services. To determine the value of these investments, a variety of inputs are utilized, which include but are not limited to market quotations, yields, maturities the bond's terms and conditions.

**Corporate Bonds:** Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risk that may not be observable, such as credit and liquidity risks or a broker quote if available.

**Mutual Funds:** Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commissions. These funds are required to publish their daily net assets value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**Money Market Fund:** Valued at the daily closing price as reported by the fund. The money market fund held in the Plan account is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

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

**Assets at Fair Value as of December 31, 2024**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Mutual Funds</b>	\$ 13,988,533	\$ -0-	\$ -0-	\$13,988,533
<b>Corporate Bonds</b>	-0-	2,157,284	-0-	2,157,284
<b>U.S. Gov't Agencies Obligations</b>	-0-	1,575,065	-0-	1,575,065
<b>U.S. Treasury Obligations</b>	-0-	2,149,352	-0-	2,149,352
<b>Money Market Funds</b>	<u>100,593</u>	<u>-0-</u>	<u>-0-</u>	<u>100,593</u>
Total assets in fair value hierarchy	<u>\$14,089,126</u>	<u>\$5,881,701</u>	<u>\$ -0-</u>	<u>\$19,970,827</u>

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)**

**Assets at Fair Value as of December 31, 2023**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Fund	\$12,231,965	\$ -0-	\$ -0-	\$12,231,965
Corporate Bonds	-0-	1,802,132	-0-	1,802,132
U.S. Gov't Agencies Obligations	-0-	1,308,116	-0-	1,308,116
U.S. Treasury Obligations	-0-	2,056,686	-0-	2,056,686
Money Market Funds	<u>75,607</u>	<u>-0-</u>	<u>-0-</u>	<u>75,607</u>
Total assets in fair value hierarchy	<u>\$12,307,572</u>	<u>\$5,166,934</u>	<u>\$ -0-</u>	<u>\$17,474,506</u>

Gains or losses (realized and unrealized) included in net decrease in net assets available for benefits for the periods above are reported in net (depreciation) appreciation in fair value of investments in accompanying statements of changes in net assets available for benefits.

**Transfer between levels**

The availability of observable market data is monitored to assess the appropriate classification of financial investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another in such instances the transfer is reported at the beginning of the reporting period. The Fund evaluates the significance of transfers between levels based upon the nature of the financial instrument and the size of the transfer relative to total net assets available for benefits. There were no transfers between levels for the years ended December 31, 2024 and 2023.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 7 - ADMINISTRATIVE EXPENSES**

The Plan pays administrative expenses to various service providers that are recorded when paid that are shown on the Statement of Changes In Net Assets Available for Benefits.

**NOTE 8 - TAX STATUS**

The Internal Revenue Service (the "IRS") has determined, and informed the Plan, by a letter dated April 23, 2009, that the Plan is qualified under Section 401 (a) of the Internal Revenue Code (the "IRC"), and the Trust established under the Plan is exempt from federal income taxes under Section 501 (c) (9) of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Modified cash basis of accounting require 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Employee benefit plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress for the Plan.

**NOTE 9 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Board of Trustees has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. 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 Company or be used for purposes other than for the exclusive benefit of the Plan's participants, or to pay administrative expenses of the plan.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 ANNUAL  
RETURN/REPORT OF EMPLOYEE BENEFIT PLAN**

In accordance with ERISA regulations Section 2520.103-1(b) (3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	<b>DECEMBER 31</b>	
	<b><u>2024</u></b>	<b><u>2023</u></b>
<b>Reconciliation of Investments at Fair Value</b>		
Amounts per Page 4 of the financial statements:		
Investments at fair value	<u>\$19,970,827</u>	<u>\$17,474,506</u>
Amounts per Form 5500, Schedule H Part 1		
Interest-bearing cash (incl. money market account & certificates of deposit) Item 1c(1)	\$ 100,593	\$ 75,607
U.S. Government securities Item 1c(2)	3,724,417	3,364,802
Corporate debt interest-(other than employer securities) other Item 1c(3)	2,157,284	1,802,132
Value of interest in registered Item Investment companies (eg. mutual funds) 1c(13)	<u>13,988,533</u>	<u>12,231,965</u>
	<u>\$19,970,827</u>	<u>\$17,474,506</u>
<b>Reconciliation of Net Gain on Sale of Assets and Unrealized Appreciation of Assets</b>		
Amount per Page 5 of the financial statements		
Net appreciation in fair value of investments	<u>\$1,531,905</u>	
Amount per Form 5500, Schedule H Pages 2 and 3 Part II		
Net (loss) gain on sale of assets Item 2b(4)(c)	\$ (3,027)	
Total unrealized appreciation of assets Item 2b(5)(c)	952,715	
Net investment gain from registered companies (eg. mutual funds) Item 2b(10)	<u>582,217</u>	
	<u>\$1,531,905</u>	

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 ANNUAL RETURN/  
REPORT OF EMPLOYEE BENEFIT PLAN (Continued)**

<b>Reconciliation of Total Administrative Expenses</b>	<b><u>2024</u></b>
Amounts per Page 5 of the financial statements:	
Investment expenses	\$ 24,841
Administrative expenses	<u>4,328,772</u>
	<b><u>\$4,353,613</u></b>
Amounts per Form 5500 Schedule H Page 3	
Contract Administrator Fees	
Item 2i(2)	3,850,278
IQPA Audit Fees	
Item 2i(4)	89,628
Investment Advisory and Investment Management Fees	
Item 2i(5)	24,841
Actuarial Fees	
Item 2i(7)	52,000
Legal Fees	
Item 2i(8)	121,800
Other Expenses Item 2i(11)	
Administrative Expenses	84,867
Payroll Agreed Upon Procedures	95,884
ACA Fees	<u>34,315</u>
	<u>215,066</u>
Total Administrative Expenses	
Item 2i(12)	<b><u>\$4,353,613</u></b>

**NOTE 11 - RISK AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, credit risks and overall market volatility. 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 participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 12 - RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS**

Production, Merchandising and Distribution Employees' Union, Local 210, I. B. of T.'s contributions for its covered employees to the Teamsters Local 210 Affiliated Health & Insurance Fund totaled \$354,791 and \$208,570 for the years ended December 31, 2024 and 2023, respectively.

Pursuant to Section 1.6 of the trust agreement the contract administrator Crossroads Healthcare Management LLC is permitted to cover its employees under a participation agreement with the Fund, and agrees to abide by the rules and regulations of the Fund to make contributions to the Fund at least equal to the highest rate paid by the contributing employers. The participation agreement was effective December 1, 2016 and the contribution to the Fund for eligible Crossroads Healthcare Management LLC employees totaled \$265,094 and \$260,136 for the years ended December 31, 2024 and 2023, respectively.

One of the Plan investments, the Money Market Fund, is managed by Wilmington Trust, Amalgamated Bank, who is the custodians of the plans investments, therefore, the investments qualify as party in interest transactions which are exempt from the prohibited transaction rules.

The Plan paid certain expenses related to plan operations and investment activity to various service providers.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

All of the above entities qualify as tax-exempt organizations. The entities above share common Trustees or Officers with the Plan.

**Identification of Related Organizations**

The plan has the following related entities:

- Production, Merchandising and Distribution Employees' Union, Local 210, Affiliated with International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America;
- Local 210's Pension Fund;
- Teamsters Local 819 Pension Fund;
- Local 210 - Affiliated Annuity Fund;
- Local 210 Annuity Fund;
- Local 210 Legal Services Fund;
- Local 210's Scholarship Fund and Education Fund

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH & INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
DECEMBER 31, 2024 AND 2023**

**NOTE 13 - COMMITMENTS AND CONTINGENCIES**

In January of 2025, Savasta and Co., the Fund's actuary, notified the Board that it was selling its multiemployer plan business to Horizon Actuarial Services, LLC ("Horizon") and recommended that the Board appoint Horizon to replace it as the Fund actuary. The Board approved the retention of Horizon as the Fund's actuary during the February quarterly meeting of the Board. The Board directed the Chairman of the Board to enter an engagement letter with Horizon which was signed by the Trustees in advance of the May quarterly meeting. In August of 2025, Horizon, the Fund's newly appointed actuary, advised the Fund that it would experience financial difficulties in 2026 due to the anticipated increase in the cost of medical benefits and utilization of Fund benefits. The Board will address how best to manage the actuary's findings at its November quarterly meeting.

On September 14, 2025, the Board filed a complaint against Tri-B Industries Corporation ("Tri-B") pursuant to Section 515 of the Employee Retirement Income Security Act of 1974, as amended from time to time, in the U.S. District Court for the Eastern District of New York to recover over \$517,000.00 in delinquent employer contributions owed by Tri-B to the Fund plus costs, interest, penalties and attorneys' fees.

In June of 2019, the United States Department of Labor (the "DOL") commenced an audit of the Fund's books and records to verify compliance with the Mental Health and Substance Abuse Act. After reviewing mental health and/or substance abuse claims filed by Fund participants during the period from 1/1 /2015 through 12 / 31 /2019, Crossroads Health Care Management LLC, the Fund's third-party contract administrator (hereinafter referred to as "Crossroads"), determined that the Fund is obligated to reimburse affected providers and/or Fund participants of mental health and substance abuse medical benefits in the approximate amount of \$90,000 for unpaid mental health and substance abuse claims during this five-year period. The Fund has reimbursed medical providers and / or participants for these sums. In a letter dated March 25, 2025 , the DOL sent a letter to the Fund summarizing the following issues yet to be resolved: (1) Crossroads' re-adjudication and reimbursement of unpaid source-of-injury claims; (2) Crossroads' re-adjudication and reimbursement of unpaid quantitative treatment limitations, e.g., impermissible visit limit; (3) Crossroads' re-adjudication and reimbursement of unpaid substance abuse claims; ( 4) Crossroads' re-adjudication and reimbursement of unpaid claims denied for the Fund's application of impermissible prior authorization nonquantitative limits; (5) Crossroads' failure to timely adjudicate claims submitted by providers and participants and (6) submission of updated Summary Plan Descriptions (the "SPDs") for Fund Tiers 1, 2 and 3. To date, Crossroads has substantially completed the re-adjudication and reimbursement of unpaid claims described in items (1) through (4) of this paragraph. On July 29 , 2025, after updating summary plan descriptions for Tiers 1 through 3 of the Fund, Fund counsel submitted to the DOL the updated SPDs redlined to show the changes made to the previous SPDs. Item (5) of this paragraph will be placed on the agenda for the November 2025, quarterly Board meeting.

**SUPPLEMENTAL SCHEDULES**

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>Corporate Bonds</u></b>						
Acuity Brands	35,000	Fixed Income	12/15/2030	2.150%	\$ 26,735	\$ 29,800
Assurant Inc	40,000	Fixed Income	1/15/2032	2.650%	29,498	33,485
Bank of America Crp Mtn	25,000	Fixed Income	2/7/2042	5.875%	24,454	26,082
Borgwarner Inc	20,000	Fixed Income	7/1/2027	2.650%	17,767	19,024
Brown & Brown Inc	45,000	Fixed Income	3/15/2031	2.375%	34,481	37,809
Burlington North	30,000	Fixed Income	4/1/2045	4.150%	23,968	24,670
Capital One Finl Co	25,000	Fixed Income	5/11/2027	3.650%	22,858	24,337
Comcast Corp	35,000	Fixed Income	10/15/2048	4.700%	30,016	30,018
Drive Auto Rec Abs	27,047	Fixed Income	1/16/2029	1.450%	26,108	26,802
DTE Electric Co	45,000	Fixed Income	3/1/2031	2.625%	36,823	39,365
Duke Energy Car	40,000	Fixed Income	6/1/2045	3.750%	29,269	30,610
Freeport-McMoran Inc	30,000	Fixed Income	3/1/2030	4.250%	28,224	28,510
GM Financial ABS	45,000	Fixed Income	1/20/2027	5.510%	44,376	45,207
GM Financial ABS	35,000	Fixed Income	8/20/2027	5.880%	34,858	35,466
Goldman Sachs V-D	35,000	Fixed Income	4/25/2030	5.727%	36,882	35,721
Huntington Bancs	25,000	Fixed Income	2/4/2030	2.550%	20,020	21,992
JPMorgan Chase V-Q	40,000	Fixed Income	4/22/2052	3.328%	28,559	27,352
Lazard Group LLC	25,000	Fixed Income	9/19/2028	4.500%	22,999	24,468
Lennox Intl Inc	35,000	Fixed Income	9/15/2028	5.500%	35,278	35,597
McDonald's Corp MTN	30,000	Fixed Income	9/1/2048	4.450%	24,651	25,013
Oshkosh Corp	35,000	Fixed Income	3/1/2030	3.100%	28,895	32,013
Plains All Amer	35,000	Fixed Income	12/15/2029	3.550%	31,720	32,554
Quanta Services Inc	35,000	Fixed Income	1/15/2032	2.350%	25,540	28,957
Raymond James	40,000	Fixed Income	4/1/2030	4.650%	37,980	39,502
Roper Technologies	40,000	Fixed Income	10/15/2034	4.900%	39,413	38,470
Santander Drive Abs	27,363	Fixed Income	9/15/2027	1.330%	26,350	26,999
Santander Drive Abs	2,562	Fixed Income	1/15/2027	1.480%	2,438	2,556
Santander Drive Abs	45,469	Fixed Income	10/15/2027	1.670%	43,561	44,734
Sixth Street Special	30,000	Fixed Income	3/1/2029	6.125%	29,733	30,368
Southwestern Pub Srv	35,000	Fixed Income	8/15/2047	3.700%	25,238	25,424
Sysco Corp	30,000	Fixed Income	2/15/2050	3.300%	19,337	20,177
T Mobile USA Inc	30,000	Fixed Income	4/15/2029	3.375%	27,494	28,001
Targa Resources	40,000	Fixed Income	3/1/2030	5.500%	39,057	40,126
Verisign Inc	40,000	Fixed Income	7/15/2027	4.750%	38,504	39,949
Verisk Analytics	30,000	Fixed Income	6/5/2034	5.250%	29,963	29,633

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

Form 5500, Schedule H, Item 4i

EIN: 20-5003549

Plan No: 501

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / Number of Shares	Description of Investment	Maturity Date	Interest Rate	Cost	Current Value
<b>Corporate Bonds (Continued)</b>						
Abbvie Inc	15,000	Fixed Income	11/21/2049	4.250%	\$ 11,963	\$ 12,196
Aercap Ireland Cap	15,000	Fixed Income	10/29/2028	3.000%	12,392	13,889
Ally Auto Recei Abs	15,000	Fixed Income	12/15/2028	5.080%	14,998	15,106
American Exp V-D	15,000	Fixed Income	10/30/2031	6.489%	15,352	16,033
Americredit Auto Abs	5,985	Fixed Income	8/18/2026	1.060%	5,600	5,951
Amgen Inc	10,000	Fixed Income	3/2/2028	5.150%	9,860	10,073
Anthem Inc	15,000	Fixed Income	12/1/2047	4.375%	12,264	12,091
Aptiv PLC	15,000	Fixed Income	12/1/2051	3.100%	8,486	8,770
Bank CMO	25,000	Fixed Income	5/15/2064	2.021%	21,227	21,967
Bank CMO	20,000	Fixed Income	4/15/2052	3.714%	17,988	18,926
Bank of Amer Crp Mtn Var-Cpn	20,000	Fixed Income	6/19/2024	VAR	13,451	13,885
Barclays CMO V-M	10,000	Fixed Income	5/15/2057	5.829%	10,299	10,436
Barclays PLC V-D	15,000	Fixed Income	9/13/2029	6.490%	14,921	15,601
Benchmark Mort CMO	15,000	Fixed Income	1/10/2057	5.805%	15,205	15,374
Boardwalk Pipelines	15,000	Fixed Income	8/1/2034	5.625%	14,970	14,939
Boeing Co	15,000	Fixed Income	2/4/2026	2.196%	13,500	14,547
Boston Properties	15,000	Fixed Income	6/21/2029	3.400%	12,701	13,765
BP Cap Markets Ameri	15,000	Fixed Income	6/17/2041	3.060%	10,558	10,821
Broadcom Inc	5,000	Fixed Income	7/12/2029	5.050%	4,993	5,019
Brown Forman Corp	10,000	Fixed Income	4/15/2033	4.750%	9,630	9,753
Burlington North	15,000	Fixed Income	9/1/2043	5.150%	14,787	14,355
Capital One Finl	15,000	Fixed Income	6/8/2029	VAR	15,117	15,489
Carmax Auto ABS	15,000	Fixed Income	7/16/2029	4.890%	14,999	15,084
Carmax Auto Own ABS	10,000	Fixed Income	10/16/2028	5.440%	9,990	10,055
Citigroup Comme Cmo	17,294	Fixed Income	12/15/2072	2.860%	14,814	15,757
Citigroup Inc V-Q	25,000	Fixed Income	5/1/2032	2.561%	19,761	21,160
Commonwealth Edison	10,000	Fixed Income	3/15/2036	5.900%	10,051	10,426
CVS Heath Corp	15,000	Fixed Income	2/21/2053	5.625%	14,305	13,304
D.R. Horton Inc	10,000	Fixed Income	10/15/2034	5.000%	9,901	9,654
D.R. Horton Inc	15,000	Fixed Income	10/15/2027	1.400%	12,540	13,702
Deutsche Bk Conv V-D	15,000	Fixed Income	9/18/2031	3.547%	11,570	13,467
Duke Energy Corp	22,000	Fixed Income	9/1/2046	3.750%	15,652	16,198
Enbridge Inc	16,000	Fixed Income	8/1/2033	2.500%	12,050	12,843
Energy Transfer	12,000	Fixed Income	4/15/2049	6.250%	11,233	12,010

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

Form 5500, Schedule H, Item 4i

EIN: 20-5003549  
Plan No: 501

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / Number of Shares	Description of Investment	Maturity Date	Interest Rate	Cost	Current Value
<b>Corporate Bonds (Continued)</b>						
Entergy Texas Inc	15,000	Fixed Income	3/30/2029	4.000%	\$ 14,308	\$ 14,514
First Citizens V-Q	10,000	Fixed Income	3/15/2030	3.375%	9,350	9,941
Fiserv Inc	15,000	Fixed Income	10/1/2028	4.200%	13,936	14,589
Ford Motor Credit	15,000	Fixed Income	11/7/2023	7.122%	15,351	15,655
General Motors Co	11,000	Fixed Income	4/1/2049	5.950%	9,237	10,391
Goldman Sachs V-Q	9,000	Fixed Income	2/12/2026	0.855%	8,058	8,956
HCP Inc	10,000	Fixed Income	7/15/2026	3.250%	9,471	9,775
Honda Auto Rece ABS	10,000	Fixed Income	11/15/2027	4.930%	9,998	10,065
HSBC Hldgs Plc V-Q	23,000	Fixed Income	6/4/2026	2.099%	20,776	22,729
Huntington Bancs V-D	15,000	Fixed Income	2/2/2035	5.709%	15,044	14,971
Hyatt Hotels Corp	5,000	Fixed Income	1/30/2027	5.750%	4,999	5,077
John Deere Owner ABS	5,000	Fixed Income	11/15/2028	4.960%	5,000	5,039
John Deere Owner ABS	7,000	Fixed Income	3/15/2028	5.180%	6,999	7,058
JPMorgan Chase V-D	30,000	Fixed Income	10/22/2028	4.500%	30,036	29,735
Kyndryl Holdings	15,000	Fixed Income	2/20/2034	6.350%	15,211	15,605
Marriott Intl	17,000	Fixed Income	4/15/2028	4.000%	15,793	16,535
McDonald's Corp	10,000	Fixed Income	8/14/2028	4.800%	9,997	10,019
McDonald's Corp	10,000	Fixed Income	8/14/2053	5.450%	9,972	9,580
Mercedes-Benz ABS	10,000	Fixed Income	1/18/2028	5.320%	9,999	10,119
Morgan Stanley V-Q	15,000	Fixed Income	7/22/2038	3.971%	12,461	12,758
Mosaic Co	10,000	Fixed Income	11/15/2033	5.450%	9,745	9,901
Occidental Pete Corp	10,000	Fixed Income	1/1/2032	5.375%	9,996	9,792
Owens Corning	19,000	Fixed Income	8/15/2026	3.400%	17,615	18,582
Pfizer Invt Enterpri	15,000	Fixed Income	5/19/2026	4.450%	14,852	14,977
Philip Morris Intl	15,000	Fixed Income	2/13/2031	5.125%	14,786	15,001
Phillips 66	17,000	Fixed Income	12/15/2030	2.150%	13,256	14,420
Plains All Amern Pip	15,000	Fixed Income	9/15/2034	5.700%	14,993	14,969
PNC Financial V-D	30,000	Fixed Income	6/12/2029	5.582%	29,905	30,524
Prologis LP	15,000	Fixed Income	6/15/2028	4.875%	14,730	15,036
Quanta Services Inc	17,000	Fixed Income	10/1/2030	2.900%	14,353	15,170
Quanta Services Inc	5,000	Fixed Income	8/9/2034	5.250%	4,970	4,884
Regions Finl Corp	24,000	Fixed Income	8/12/2028	1.800%	20,020	21,377
Southwest Airlines	14,000	Fixed Income	6/15/2027	5.125%	13,637	14,062
Southwestern Energy	15,000	Fixed Income	2/1/2029	5.375%	14,854	14,776

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>Corporate Bonds (Continued)</u></b>						
T Mobile	10,000	Fixed Income	6/15/2054	6.000%	\$ 10,341	\$ 10,136
Tapestry Inc.	15,000	Fixed Income	3/11/2030	5.100%	15,009	14,835
Total Energies Cap SA	10,000	Fixed Income	4/5/2054	5.488%	10,000	9,584
Union Pac Corp Abs	294	Fixed Income	7/2/2025	5.404%	316	294
UnitedHealth Grp	15,000	Fixed Income	3/15/2026	3.100%	14,340	14,780
US Bancorp V-D	23,000	Fixed Income	2/1/2034	4.839%	22,151	22,016
Verizon Master Abs	40,000	Fixed Income	8/20/2030	4.170%	39,990	39,615
WarnerMedia Hldg	15,000	Fixed Income	3/15/2052	5.141%	11,651	11,145
Wells Fargo CMO	10,000	Fixed Income	11/15/2057	5.920%	10,300	10,303
Wells Fargo Co V-D	30,000	Fixed Income	4/30/2026	2.188%	27,811	29,729
Wells Fargo Co V-D	15,000	Fixed Income	4/24/2034	5.389%	<u>14,104</u>	<u>14,833</u>
<b>Total Corporate Bonds</b>					<b><u>\$ 2,089,896</u></b>	<b><u>\$ 2,157,284</u></b>

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

Form 5500, Schedule H, Item 4i

EIN: 20-5003549  
Plan No: 501

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / Number of Shares	Description of Investment	Maturity Date	Interest Rate	Cost	Current Value
<b><u>U.S. Government Agencies</u></b>						
FHLMC GD PL #A9641	5,862	Fixed Income	1/1/2041	4.000%	\$ 6,174	\$ 5,538
FHLMC GD PL #G0870	12,812	Fixed Income	5/1/2046	4.000%	12,341	11,914
FHLMC GD PL #G0873	5,296	Fixed Income	12/1/2046	3.000%	4,683	4,590
FHLMC GD PL #G0874	22,025	Fixed Income	1/1/2047	3.000%	19,982	19,132
FHLMC GD PL #Q4445	5,558	Fixed Income	11/1/2046	3.000%	5,434	4,826
FHLMC PL #SD0931	23,235	Fixed Income	3/1/2052	2.500%	19,969	19,116
FHLMC PL #SD0942	45,255	Fixed Income	3/1/2052	2.500%	39,447	37,402
FHLMC PL #SD1540	25,853	Fixed Income	8/1/2052	5.000%	25,357	25,246
FHLMC PL #SD8128	61,150	Fixed Income	2/1/2051	2.000%	51,730	47,771
FHLMC PL #SD8134	53,032	Fixed Income	3/1/2051	2.000%	44,955	41,404
FHLMC PL #SD8255	35,743	Fixed Income	10/1/2052	3.500%	33,586	31,644
FHLMC PL #SD8268	15,696	Fixed Income	11/1/2052	5.500%	15,550	15,497
FHLMC PL #ZM1990	7,728	Fixed Income	11/1/2046	3.000%	7,972	6,677
FHLMC PL #ZS4751	9,534	Fixed Income	1/1/2048	3.500%	9,295	8,551
FNMA PL #AB1475	10,136	Fixed Income	9/1/2040	4.500%	10,928	9,827
FNMA PL #AL5521	8,485	Fixed Income	1/1/2040	4.500%	9,313	8,200
FNMA PL #AL8560	27,817	Fixed Income	5/1/2041	3.000%	26,178	24,594
FNMA PL #BM2000	21,149	Fixed Income	5/1/2047	3.500%	22,061	18,982
FNMA PL #BM5246	3,189	Fixed Income	11/1/2048	3.500%	3,278	2,862
FNMA PL #CA8895	83,947	Fixed Income	2/1/2051	2.500%	72,224	69,013
FNMA PL #MA2806	38,427	Fixed Income	11/1/2046	3.000%	35,610	33,262
FNMA PL #MA3120	8,585	Fixed Income	9/1/2047	3.500%	7,643	7,705
FNMA PL #MA3936	7,143	Fixed Income	12/1/2047	3.500%	7,074	6,405
FNMA PL #MA3936	45,040	Fixed Income	2/1/2050	2.500%	39,859	37,112
FNMA PL #MA4379	58,756	Fixed Income	6/1/2051	2.500%	48,770	48,278
FNMA PL #MA4398	66,520	Fixed Income	8/1/2051	2.000%	55,042	52,062
FNMA PL #MA4626	37,946	Fixed Income	6/1/2052	4.000%	36,551	34,764
FNMA PL #MA4700	39,139	Fixed Income	8/1/2052	4.000%	36,722	35,852
FNMA PL #MA5495	34,503	Fixed Income	10/1/2054	4.500%	32,961	32,466
FNMA PL #932389	5,560	Fixed Income	1/1/2040	4.500%	6,038	5,390
GNMA II PL #MA5266	5,411	Fixed Income	6/20/2048	5.000%	5,480	5,328
GNMA II PL #MA7883	47,874	Fixed Income	2/20/2052	3.500%	44,489	42,818
FHLMC PL #SD8129	94,659	Fixed Income	1/1/2051	2.500%	80,466	77,877
FHLMC PL #SD8201	44,833	Fixed Income	3/1/2052	3.000%	39,520	38,183
FHLMC PL #SD8206	118,064	Fixed Income	4/1/2052	3.000%	103,140	100,529

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)			(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / Number of Shares	Description of Investment	Maturity Date	Interest Rate	Cost	Current Value
<b><u>U.S. Government Agencies (Continued)</u></b>						
FHLMC PL #SD8214	88,636	Fixed Income	5/1/2052	3.500%	\$ 79,957	\$ 78,545
FHLMC PL #SD8258	67,567	Fixed Income	10/1/2052	5.000%	66,359	65,420
FHLMC PL #CB8687	82,832	Fixed Income	6/1/2054	5.500%	82,275	81,845
FHLMC PL #MA4306	86,655	Fixed Income	4/1/2051	2.500%	74,601	71,256
FHLMC PL #MA4547	68,572	Fixed Income	2/1/2052	2.000%	56,272	53,542
FHLMC PL #MA4625	47,253	Fixed Income	5/1/2052	3.500%	44,222	41,861
FHLMC PL #MA4655	77,453	Fixed Income	7/1/2052	4.000%	72,106	70,912
FHLMC PL #MA4805	65,689	Fixed Income	11/1/2052	4.500%	64,342	61,916
FHLMC PL #MA4869	50,821	Fixed Income	1/1/2053	5.500%	50,672	50,186
FHLMC PL #MA4916	31,439	Fixed Income	2/1/2053	4.000%	<u>30,231</u>	<u>28,767</u>
<b>Total U.S. Government Agencies</b>					<b><u>\$ 1,640,857</u></b>	<b><u>\$ 1,575,065</u></b>

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)	
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / No. of Shares</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>U.S. Treasury Obligations</u></b>					
U.S. Treasury Bonds	173,000	5/15/2040	1.125%	\$ 106,151	\$ 104,047
U.S. Treasury Bonds	215,000	11/15/2049	2.375%	154,856	136,617
U.S. Treasury Bonds	27,000	2/15/2053	3.625%	24,482	21,937
U.S. Treasury Notes	10,000	10/31/2026	0.500%	8,538	9,144
U.S. Treasury Notes	5,000	6/30/2028	1.250%	4,497	4,727
U.S. Treasury Notes	15,000	2/15/2030	1.500%	13,200	13,025
U.S. Treasury Notes	30,000	5/15/2026	1.625%	28,538	28,956
U.S. Treasury Notes	95,000	5/15/2031	1.625%	78,915	80,146
U.S. Treasury Notes	30,000	11/15/2026	2.000%	28,460	28,793
U.S. Treasury Notes	165,000	3/31/2029	2.375%	150,622	152,279
U.S. Treasury Notes	60,000	2/15/2029	2.625%	66,729	56,096
U.S. Treasury Notes	93,000	8/15/2032	2.750%	84,816	82,475
U.S. Treasury Notes	35,000	11/15/2028	3.125%	37,962	33,491
U.S. Treasury Notes	165,000	3/31/2030	3.625%	162,014	159,019
U.S. Treasury Notes	168,000	5/15/2026	3.625%	165,052	166,614
U.S. Treasury Notes	8,000	11/15/2033	4.500%	8,090	7,964
U.S. Treasury Bonds	35,000	11/15/2042	4.000%	35,590	31,492
U.S. Treasury Bonds	75,000	2/15/2054	4.250%	71,011	68,419
U.S. Treasury Notes	70,000	5/15/2032	2.875%	66,470	62,867
U.S. Treasury Notes	140,000	8/15/2028	2.875%	131,975	133,176
U.S. Treasury Notes	140,000	6/30/2029	3.250%	129,580	133,592
U.S. Treasury Notes	45,000	1/31/2028	3.500%	43,827	43,969
U.S. Treasury Notes	145,000	1/31/2030	3.500%	138,720	139,110
U.S. Treasury Notes	80,000	2/15/2053	3.500%	77,432	74,423
U.S. Treasury Notes	140,000	7/31/2031	4.125%	142,644	137,211
U.S. Treasury Notes	100,000	5/15/2034	4.375%	101,893	98,463
U.S. Treasury Notes	140,000	9/30/2030	4.625%	<u>141,422</u>	<u>141,301</u>
<b>Total U.S. Treasury Obligations</b>				<u>\$ 2,203,486</u>	<u>\$2,149,352</u>

\* (a) = Party-In-Interest as defined by ERISA

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)			
	<b>Identity of Issue, Borrower, Lessor or Similar Party</b>	<b>Par Value / Number of Shares</b>	<b>Description of Investment</b>	<b>Maturity Date</b>	<b>Interest Rate</b>	<b>Cost</b>	<b>Current Value</b>
	<b><u>Money Market Funds</u></b>						
	Wilmington US Treasury MMKT CL SLCT	100,593	Money Market Fund	N/A	N/A	\$ 100,593	\$ 100,593
	<b><u>Mutual Funds</u></b>						
	Vanguard Int Govt Bd Idx-Adm	71,154	Mutual Fund	N/A	N/A	1,589,789	1,393,902
	Vanguard Short-Term Inv Grd CI Adml	155,941	Mutual Fund	N/A	N/A	1,340,322	1,607,751
	Vanguard Extn Index-Adm	9,964	Mutual Fund	N/A	N/A	928,020	1,435,571
	Proshares Sp 500 Div Aristocrats Etf	20,881	Mutual Fund	N/A	N/A	1,645,924	2,078,704
	Boston Trust SMID Cap Fund	55,172	Mutual Fund	N/A	N/A	1,192,662	1,373,792
	Principal Re Sec Fd CI-R6	20,335	Mutual Fund	N/A	N/A	501,135	571,610
	Schwab S&P 500 Index Fund	61,230	Mutual Fund	N/A	N/A	3,128,019	5,527,203
			<b>Total Mutual Funds</b>			<b>\$ 10,325,871</b>	<b>\$ 13,988,533</b>
			<b>Total Assets Held for Investment Purposes</b>			<b>\$ 16,360,703</b>	<b>\$ 19,970,827</b>

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4j OF REPORTABLE (5%) TRANSACTIONS  
MODIFIED CASH BASIS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4j**

**EIN: 20-5003549  
Plan No: 501**

* (a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on the Transaction Date	Net Gain or (Loss)
<b>Single Transaction Exceeding 5% of Plan Assets</b>						
No Reportable Transactions						
<b>Series of Transactions Same Security Exceeding 5% of Plan Assets</b>						
* Wilmington Trust	U.S. Treasury Money Market	5,555,143	N/A	5,555,143	5,555,143	N/A
* Wilmington Trust	U.S. Treasury Money Market	N/A	5,539,079	5,539,079	5,539,079	N/A

\* Party-In-Interest as defined by ERISA

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE OF ADMINISTRATIVE EXPENSES  
MODIFIED CASH BASIS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>Administrative Expenses:</b>		
Auditing fees	89,628	89,646
Payroll compliance - agreed upon procedures	95,884	96,033
Legal	121,800	222,925
Actuary	52,000	52,000
Medical consultant	36,000	36,000
Third Party Administrative fees	3,850,278	3,770,349
Fees Mandated by Affordable Care Act (ACA)	34,315	37,309
Insurance	27,560	13,694
Printing, Postage and Miscellaneous	21,307	31,968
<b>Total Administrative Expenses</b>	<b>\$ 4,328,772</b>	<b>\$ 4,349,924</b>

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>Corporate Bonds</u></b>						
Acuity Brands	35,000	Fixed Income	12/15/2030	2.150%	\$ 26,735	\$ 29,800
Assurant Inc	40,000	Fixed Income	1/15/2032	2.650%	29,498	33,485
Bank of America Crp Mtn	25,000	Fixed Income	2/7/2042	5.875%	24,454	26,082
Borgwarner Inc	20,000	Fixed Income	7/1/2027	2.650%	17,767	19,024
Brown & Brown Inc	45,000	Fixed Income	3/15/2031	2.375%	34,481	37,809
Burlington North	30,000	Fixed Income	4/1/2045	4.150%	23,968	24,670
Capital One Finl Co	25,000	Fixed Income	5/11/2027	3.650%	22,858	24,337
Comcast Corp	35,000	Fixed Income	10/15/2048	4.700%	30,016	30,018
Drive Auto Rec Abs	27,047	Fixed Income	1/16/2029	1.450%	26,108	26,802
DTE Electric Co	45,000	Fixed Income	3/1/2031	2.625%	36,823	39,365
Duke Energy Car	40,000	Fixed Income	6/1/2045	3.750%	29,269	30,610
Freeport-McMoran Inc	30,000	Fixed Income	3/1/2030	4.250%	28,224	28,510
GM Financial ABS	45,000	Fixed Income	1/20/2027	5.510%	44,376	45,207
GM Financial ABS	35,000	Fixed Income	8/20/2027	5.880%	34,858	35,466
Goldman Sachs V-D	35,000	Fixed Income	4/25/2030	5.727%	36,882	35,721
Huntington Bancs	25,000	Fixed Income	2/4/2030	2.550%	20,020	21,992
JPMorgan Chase V-Q	40,000	Fixed Income	4/22/2052	3.328%	28,559	27,352
Lazard Group LLC	25,000	Fixed Income	9/19/2028	4.500%	22,999	24,468
Lennox Intl Inc	35,000	Fixed Income	9/15/2028	5.500%	35,278	35,597
McDonald's Corp MTN	30,000	Fixed Income	9/1/2048	4.450%	24,651	25,013
Oshkosh Corp	35,000	Fixed Income	3/1/2030	3.100%	28,895	32,013
Plains All Amer	35,000	Fixed Income	12/15/2029	3.550%	31,720	32,554
Quanta Services Inc	35,000	Fixed Income	1/15/2032	2.350%	25,540	28,957
Raymond James	40,000	Fixed Income	4/1/2030	4.650%	37,980	39,502
Roper Technologies	40,000	Fixed Income	10/15/2034	4.900%	39,413	38,470
Santander Drive Abs	27,363	Fixed Income	9/15/2027	1.330%	26,350	26,999
Santander Drive Abs	2,562	Fixed Income	1/15/2027	1.480%	2,438	2,556
Santander Drive Abs	45,469	Fixed Income	10/15/2027	1.670%	43,561	44,734
Sixth Street Special	30,000	Fixed Income	3/1/2029	6.125%	29,733	30,368
Southwestern Pub Srv	35,000	Fixed Income	8/15/2047	3.700%	25,238	25,424
Sysco Corp	30,000	Fixed Income	2/15/2050	3.300%	19,337	20,177
T Mobile USA Inc	30,000	Fixed Income	4/15/2029	3.375%	27,494	28,001
Targa Resources	40,000	Fixed Income	3/1/2030	5.500%	39,057	40,126
Verisign Inc	40,000	Fixed Income	7/15/2027	4.750%	38,504	39,949
Verisk Analytics	30,000	Fixed Income	6/5/2034	5.250%	29,963	29,633

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549**

**Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>Corporate Bonds (Continued)</u></b>						
Abbvie Inc	15,000	Fixed Income	11/21/2049	4.250%	\$ 11,963	\$ 12,196
Aercap Ireland Cap	15,000	Fixed Income	10/29/2028	3.000%	12,392	13,889
Ally Auto Recei Abs	15,000	Fixed Income	12/15/2028	5.080%	14,998	15,106
American Exp V-D	15,000	Fixed Income	10/30/2031	6.489%	15,352	16,033
Americredit Auto Abs	5,985	Fixed Income	8/18/2026	1.060%	5,600	5,951
Amgen Inc	10,000	Fixed Income	3/2/2028	5.150%	9,860	10,073
Anthem Inc	15,000	Fixed Income	12/1/2047	4.375%	12,264	12,091
Aptiv PLC	15,000	Fixed Income	12/1/2051	3.100%	8,486	8,770
Bank CMO	25,000	Fixed Income	5/15/2064	2.021%	21,227	21,967
Bank CMO	20,000	Fixed Income	4/15/2052	3.714%	17,988	18,926
Bank of Amer Crp Mtn Var-Cpn	20,000	Fixed Income	6/19/2024	VAR	13,451	13,885
Barclays CMO V-M	10,000	Fixed Income	5/15/2057	5.829%	10,299	10,436
Barclays PLC V-D	15,000	Fixed Income	9/13/2029	6.490%	14,921	15,601
Benchmark Mort CMO	15,000	Fixed Income	1/10/2057	5.805%	15,205	15,374
Boardwalk Pipelines	15,000	Fixed Income	8/1/2034	5.625%	14,970	14,939
Boeing Co	15,000	Fixed Income	2/4/2026	2.196%	13,500	14,547
Boston Properties	15,000	Fixed Income	6/21/2029	3.400%	12,701	13,765
BP Cap Markets Ameri	15,000	Fixed Income	6/17/2041	3.060%	10,558	10,821
Broadcom Inc	5,000	Fixed Income	7/12/2029	5.050%	4,993	5,019
Brown Forman Corp	10,000	Fixed Income	4/15/2033	4.750%	9,630	9,753
Burlington North	15,000	Fixed Income	9/1/2043	5.150%	14,787	14,355
Capital One Finl	15,000	Fixed Income	6/8/2029	VAR	15,117	15,489
Carmax Auto ABS	15,000	Fixed Income	7/16/2029	4.890%	14,999	15,084
Carmax Auto Own ABS	10,000	Fixed Income	10/16/2028	5.440%	9,990	10,055
Citigroup Comme Cmo	17,294	Fixed Income	12/15/2072	2.860%	14,814	15,757
Citigroup Inc V-Q	25,000	Fixed Income	5/1/2032	2.561%	19,761	21,160
Commonwealth Edison	10,000	Fixed Income	3/15/2036	5.900%	10,051	10,426
CVS Heath Corp	15,000	Fixed Income	2/21/2053	5.625%	14,305	13,304
D.R. Horton Inc	10,000	Fixed Income	10/15/2034	5.000%	9,901	9,654
D.R. Horton Inc	15,000	Fixed Income	10/15/2027	1.400%	12,540	13,702
Deutsche Bk Conv V-D	15,000	Fixed Income	9/18/2031	3.547%	11,570	13,467
Duke Energy Corp	22,000	Fixed Income	9/1/2046	3.750%	15,652	16,198
Enbridge Inc	16,000	Fixed Income	8/1/2033	2.500%	12,050	12,843
Energy Transfer	12,000	Fixed Income	4/15/2049	6.250%	11,233	12,010

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**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)	(d)	(e)		
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>Corporate Bonds (Continued)</u></b>						
Entergy Texas Inc	15,000	Fixed Income	3/30/2029	4.000%	\$ 14,308	\$ 14,514
First Citizens V-Q	10,000	Fixed Income	3/15/2030	3.375%	9,350	9,941
Fiserv Inc	15,000	Fixed Income	10/1/2028	4.200%	13,936	14,589
Ford Motor Credit	15,000	Fixed Income	11/7/2023	7.122%	15,351	15,655
General Motors Co	11,000	Fixed Income	4/1/2049	5.950%	9,237	10,391
Goldman Sachs V-Q	9,000	Fixed Income	2/12/2026	0.855%	8,058	8,956
HCP Inc	10,000	Fixed Income	7/15/2026	3.250%	9,471	9,775
Honda Auto Rece ABS	10,000	Fixed Income	11/15/2027	4.930%	9,998	10,065
HSBC Hldgs Plc V-Q	23,000	Fixed Income	6/4/2026	2.099%	20,776	22,729
Huntington Bancs V-D	15,000	Fixed Income	2/2/2035	5.709%	15,044	14,971
Hyatt Hotels Corp	5,000	Fixed Income	1/30/2027	5.750%	4,999	5,077
John Deere Owner ABS	5,000	Fixed Income	11/15/2028	4.960%	5,000	5,039
John Deere Owner ABS	7,000	Fixed Income	3/15/2028	5.180%	6,999	7,058
JPMorgan Chase V-D	30,000	Fixed Income	10/22/2028	4.500%	30,036	29,735
Kyndryl Holdings	15,000	Fixed Income	2/20/2034	6.350%	15,211	15,605
Marriott Intl	17,000	Fixed Income	4/15/2028	4.000%	15,793	16,535
McDonald's Corp	10,000	Fixed Income	8/14/2028	4.800%	9,997	10,019
McDonald's Corp	10,000	Fixed Income	8/14/2053	5.450%	9,972	9,580
Mercedes-Benz ABS	10,000	Fixed Income	1/18/2028	5.320%	9,999	10,119
Morgan Stanley V-Q	15,000	Fixed Income	7/22/2038	3.971%	12,461	12,758
Mosaic Co	10,000	Fixed Income	11/15/2033	5.450%	9,745	9,901
Occidental Pete Corp	10,000	Fixed Income	1/1/2032	5.375%	9,996	9,792
Owens Corning	19,000	Fixed Income	8/15/2026	3.400%	17,615	18,582
Pfizer Invt Enterpri	15,000	Fixed Income	5/19/2026	4.450%	14,852	14,977
Philip Morris Intl	15,000	Fixed Income	2/13/2031	5.125%	14,786	15,001
Phillips 66	17,000	Fixed Income	12/15/2030	2.150%	13,256	14,420
Plains All Amern Pip	15,000	Fixed Income	9/15/2034	5.700%	14,993	14,969
PNC Financial V-D	30,000	Fixed Income	6/12/2029	5.582%	29,905	30,524
Prologis LP	15,000	Fixed Income	6/15/2028	4.875%	14,730	15,036
Quanta Services Inc	17,000	Fixed Income	10/1/2030	2.900%	14,353	15,170
Quanta Services Inc	5,000	Fixed Income	8/9/2034	5.250%	4,970	4,884
Regions Finl Corp	24,000	Fixed Income	8/12/2028	1.800%	20,020	21,377
Southwest Airlines	14,000	Fixed Income	6/15/2027	5.125%	13,637	14,062
Southwestern Energy	15,000	Fixed Income	2/1/2029	5.375%	14,854	14,776

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**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>Corporate Bonds (Continued)</u></b>						
T Mobile	10,000	Fixed Income	6/15/2054	6.000%	\$ 10,341	\$ 10,136
Tapestry Inc.	15,000	Fixed Income	3/11/2030	5.100%	15,009	14,835
Total Energies Cap SA	10,000	Fixed Income	4/5/2054	5.488%	10,000	9,584
Union Pac Corp Abs	294	Fixed Income	7/2/2025	5.404%	316	294
UnitedHealth Grp	15,000	Fixed Income	3/15/2026	3.100%	14,340	14,780
US Bancorp V-D	23,000	Fixed Income	2/1/2034	4.839%	22,151	22,016
Verizon Master Abs	40,000	Fixed Income	8/20/2030	4.170%	39,990	39,615
WarnerMedia Hldg	15,000	Fixed Income	3/15/2052	5.141%	11,651	11,145
Wells Fargo CMO	10,000	Fixed Income	11/15/2057	5.920%	10,300	10,303
Wells Fargo Co V-D	30,000	Fixed Income	4/30/2026	2.188%	27,811	29,729
Wells Fargo Co V-D	15,000	Fixed Income	4/24/2034	5.389%	<u>14,104</u>	<u>14,833</u>
<b>Total Corporate Bonds</b>					<b><u>\$ 2,089,896</u></b>	<b><u>\$ 2,157,284</u></b>

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

Form 5500, Schedule H, Item 4i

EIN: 20-5003549  
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<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Par Value / Number of Shares</u>	<u>Description of Investment</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Cost</u>	<u>Current Value</u>
<b><u>U.S. Government Agencies</u></b>						
FHLMC GD PL #A9641	5,862	Fixed Income	1/1/2041	4.000%	\$ 6,174	\$ 5,538
FHLMC GD PL #G0870	12,812	Fixed Income	5/1/2046	4.000%	12,341	11,914
FHLMC GD PL #G0873	5,296	Fixed Income	12/1/2046	3.000%	4,683	4,590
FHLMC GD PL #G0874	22,025	Fixed Income	1/1/2047	3.000%	19,982	19,132
FHLMC GD PL #Q4445	5,558	Fixed Income	11/1/2046	3.000%	5,434	4,826
FHLMC PL #SD0931	23,235	Fixed Income	3/1/2052	2.500%	19,969	19,116
FHLMC PL #SD0942	45,255	Fixed Income	3/1/2052	2.500%	39,447	37,402
FHLMC PL #SD1540	25,853	Fixed Income	8/1/2052	5.000%	25,357	25,246
FHLMC PL #SD8128	61,150	Fixed Income	2/1/2051	2.000%	51,730	47,771
FHLMC PL #SD8134	53,032	Fixed Income	3/1/2051	2.000%	44,955	41,404
FHLMC PL #SD8255	35,743	Fixed Income	10/1/2052	3.500%	33,586	31,644
FHLMC PL #SD8268	15,696	Fixed Income	11/1/2052	5.500%	15,550	15,497
FHLMC PL #ZM1990	7,728	Fixed Income	11/1/2046	3.000%	7,972	6,677
FHLMC PL #ZS4751	9,534	Fixed Income	1/1/2048	3.500%	9,295	8,551
FNMA PL #AB1475	10,136	Fixed Income	9/1/2040	4.500%	10,928	9,827
FNMA PL #AL5521	8,485	Fixed Income	1/1/2040	4.500%	9,313	8,200
FNMA PL #AL8560	27,817	Fixed Income	5/1/2041	3.000%	26,178	24,594
FNMA PL #BM2000	21,149	Fixed Income	5/1/2047	3.500%	22,061	18,982
FNMA PL #BM5246	3,189	Fixed Income	11/1/2048	3.500%	3,278	2,862
FNMA PL #CA8895	83,947	Fixed Income	2/1/2051	2.500%	72,224	69,013
FNMA PL #MA2806	38,427	Fixed Income	11/1/2046	3.000%	35,610	33,262
FNMA PL #MA3120	8,585	Fixed Income	9/1/2047	3.500%	7,643	7,705
FNMA PL #MA3936	7,143	Fixed Income	12/1/2047	3.500%	7,074	6,405
FNMA PL #MA3936	45,040	Fixed Income	2/1/2050	2.500%	39,859	37,112
FNMA PL #MA4379	58,756	Fixed Income	6/1/2051	2.500%	48,770	48,278
FNMA PL #MA4398	66,520	Fixed Income	8/1/2051	2.000%	55,042	52,062
FNMA PL #MA4626	37,946	Fixed Income	6/1/2052	4.000%	36,551	34,764
FNMA PL #MA4700	39,139	Fixed Income	8/1/2052	4.000%	36,722	35,852
FNMA PL #MA5495	34,503	Fixed Income	10/1/2054	4.500%	32,961	32,466
FNMA PL #932389	5,560	Fixed Income	1/1/2040	4.500%	6,038	5,390
GNMA II PL #MA5266	5,411	Fixed Income	6/20/2048	5.000%	5,480	5,328
GNMA II PL #MA7883	47,874	Fixed Income	2/20/2052	3.500%	44,489	42,818
FHLMC PL #SD8129	94,659	Fixed Income	1/1/2051	2.500%	80,466	77,877
FHLMC PL #SD8201	44,833	Fixed Income	3/1/2052	3.000%	39,520	38,183
FHLMC PL #SD8206	118,064	Fixed Income	4/1/2052	3.000%	103,140	100,529

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**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
Plan No: 501**

**Description of Investment including Maturity Date,  
Rate of Interest, Collateral, Par or Maturity Values**

(a)	(b)	(c)				(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / Number of Shares	Description of Investment	Maturity Date	Interest Rate	Cost	Current Value	
<b><u>U.S. Government Agencies (Continued)</u></b>							
FHLMC PL #SD8214	88,636	Fixed Income	5/1/2052	3.500%	\$ 79,957	\$ 78,545	
FHLMC PL #SD8258	67,567	Fixed Income	10/1/2052	5.000%	66,359	65,420	
FHLMC PL #CB8687	82,832	Fixed Income	6/1/2054	5.500%	82,275	81,845	
FHLMC PL #MA4306	86,655	Fixed Income	4/1/2051	2.500%	74,601	71,256	
FHLMC PL #MA4547	68,572	Fixed Income	2/1/2052	2.000%	56,272	53,542	
FHLMC PL #MA4625	47,253	Fixed Income	5/1/2052	3.500%	44,222	41,861	
FHLMC PL #MA4655	77,453	Fixed Income	7/1/2052	4.000%	72,106	70,912	
FHLMC PL #MA4805	65,689	Fixed Income	11/1/2052	4.500%	64,342	61,916	
FHLMC PL #MA4869	50,821	Fixed Income	1/1/2053	5.500%	50,672	50,186	
FHLMC PL #MA4916	31,439	Fixed Income	2/1/2053	4.000%	<u>30,231</u>	<u>28,767</u>	
<b>Total U.S. Government Agencies</b>					<b><u>\$ 1,640,857</u></b>	<b><u>\$ 1,575,065</u></b>	

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**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
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<b><u>U.S. Treasury Obligations</u></b>					
U.S. Treasury Bonds	173,000	5/15/2040	1.125%	\$ 106,151	\$ 104,047
U.S. Treasury Bonds	215,000	11/15/2049	2.375%	154,856	136,617
U.S. Treasury Bonds	27,000	2/15/2053	3.625%	24,482	21,937
U.S. Treasury Notes	10,000	10/31/2026	0.500%	8,538	9,144
U.S. Treasury Notes	5,000	6/30/2028	1.250%	4,497	4,727
U.S. Treasury Notes	15,000	2/15/2030	1.500%	13,200	13,025
U.S. Treasury Notes	30,000	5/15/2026	1.625%	28,538	28,956
U.S. Treasury Notes	95,000	5/15/2031	1.625%	78,915	80,146
U.S. Treasury Notes	30,000	11/15/2026	2.000%	28,460	28,793
U.S. Treasury Notes	165,000	3/31/2029	2.375%	150,622	152,279
U.S. Treasury Notes	60,000	2/15/2029	2.625%	66,729	56,096
U.S. Treasury Notes	93,000	8/15/2032	2.750%	84,816	82,475
U.S. Treasury Notes	35,000	11/15/2028	3.125%	37,962	33,491
U.S. Treasury Notes	165,000	3/31/2030	3.625%	162,014	159,019
U.S. Treasury Notes	168,000	5/15/2026	3.625%	165,052	166,614
U.S. Treasury Notes	8,000	11/15.2033	4.500%	8,090	7,964
U.S. Treasury Bonds	35,000	11/15/2042	4.000%	35,590	31,492
U.S. Treasury Bonds	75,000	2/15/2054	4.250%	71,011	68,419
U.S. Treasury Notes	70,000	5/15/2032	2.875%	66,470	62,867
U.S. Treasury Notes	140,000	8/15/2028	2.875%	131,975	133,176
U.S. Treasury Notes	140,000	6/30/2029	3.250%	129,580	133,592
U.S. Treasury Notes	45,000	1/31/2028	3.500%	43,827	43,969
U.S. Treasury Notes	145,000	1/31/2030	3.500%	138,720	139,110
U.S. Treasury Notes	80,000	2/15/2053	3.500%	77,432	74,423
U.S. Treasury Notes	140,000	7/31/2031	4.125%	142,644	137,211
U.S. Treasury Notes	100,000	5/15/2034	4.375%	101,893	98,463
U.S. Treasury Notes	140,000	9/30/2030	4.625%	<u>141,422</u>	<u>141,301</u>
<b>Total U.S. Treasury Obligations</b>				<u>\$ 2,203,486</u>	<u>\$2,149,352</u>

\* (a) = Party-In-Interest as defined by ERISA

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**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)  
MODIFIED CASH BASIS  
DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4i**

**EIN: 20-5003549  
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<b><u>Money Market Funds</u></b>						
Wilmington US Treasury MMKT CL SLCT	100,593	Money Market Fund	N/A	N/A	\$ 100,593	\$ 100,593
<b><u>Mutual Funds</u></b>						
Vanguard Int Govt Bd Idx-Adm	71,154	Mutual Fund	N/A	N/A	1,589,789	1,393,902
Vanguard Short-Term Inv Grd CI Adml	155,941	Mutual Fund	N/A	N/A	1,340,322	1,607,751
Vanguard Extn Index-Adm	9,964	Mutual Fund	N/A	N/A	928,020	1,435,571
Proshares Sp 500 Div Aristocrats Etf	20,881	Mutual Fund	N/A	N/A	1,645,924	2,078,704
Boston Trust SMID Cap Fund	55,172	Mutual Fund	N/A	N/A	1,192,662	1,373,792
Principal Re Sec Fd CI-R6	20,335	Mutual Fund	N/A	N/A	501,135	571,610
Schwab S&P 500 Index Fund	61,230	Mutual Fund	N/A	N/A	3,128,019	5,527,203
<b>Total Mutual Funds</b>					<b>\$ 10,325,871</b>	<b>\$ 13,988,533</b>
<b>Total Assets Held for Investment Purposes</b>					<b>\$ 16,360,703</b>	<b>\$ 19,970,827</b>

The above assets held at the end of the year are not collateralized.

**TEAMSTERS LOCAL 210 AFFILIATED  
HEALTH AND INSURANCE FUND  
SCHEDULE H, LINE 4j OF REPORTABLE (5%) TRANSACTIONS  
MODIFIED CASH BASIS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**Form 5500, Schedule H, Item 4j**

**EIN: 20-5003549  
Plan No: 501**

* (a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Assets on the Transaction Date	Net Gain or (Loss)
<b>Single Transaction Exceeding 5% of Plan Assets</b>						
No Reportable Transactions						
<b>Series of Transactions Same Security Exceeding 5% of Plan Assets</b>						
* Wilmington Trust	U.S. Treasury Money Market	5,555,143	N/A	5,555,143	5,555,143	N/A
* Wilmington Trust	U.S. Treasury Money Market	N/A	5,539,079	5,539,079	5,539,079	N/A

\* Party-In-Interest as defined by ERISA