

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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 [X] 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 THE SMART-TD HEALTH & WELFARE PLAN
1b Three-digit plan number (PN) 510
1c Effective date of plan 01/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GOVERNING COMMITTEE
251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON, VA 22202
2b Employer Identification Number (EIN) 80-0616629
2c Plan Sponsor's telephone number 571-336-7600
2d Business code (see instructions) 482110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for JEREMY FERGUSON and JEFFREY RODGERS.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	108690
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	36361
	6a(2)	35497
	6b	72470
	6c	
	6d	107967
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	41

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 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan THE SMART-TD HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMMITTEE</p>	<p>D Employer Identification Number (EIN) 80-0616629</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
METROPOLITAN 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
13-5581829	65978	0105147	107967	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	5323575
	(2) Increase (decrease) in amount due but unpaid	9a(2)	0
	(3) Increase (decrease) in unearned premium reserve	9a(3)	0
	(4) Earned ((1) + (2) - (3))	9a(4)	5323575
b	Benefit charges (1) Claims paid	9b(1)	3688560
	(2) Increase (decrease) in claim reserves	9b(2)	-39558
	(3) Incurred claims (add (1) and (2))	9b(3)	3649002
	(4) Claims charged	9b(4)	3649002
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	0
	(B) Administrative service or other fees	9c(1)(B)	0
	(C) Other specific acquisition costs	9c(1)(C)	0
	(D) Other expenses	9c(1)(D)	352217
	(E) Taxes	9c(1)(E)	117283
	(F) Charges for risks or other contingencies	9c(1)(F)	41789
	(G) Other retention charges	9c(1)(G)	1163284
	(H) Total retention	9c(1)(H)	1674573
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	0
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	0
	(2) Claim reserves	9d(2)	2169402
	(3) Other reserves	9d(3)	17252066
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	0

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan THE SMART-TD HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMMITTEE	D Employer Identification Number (EIN) 80-0616629	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AETNA US HEALTHCARE

06-6033492

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

HIGHMARK

56-2526063

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

UNITEDHEALTHCARE

36-2739571

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

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

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

UNITEDHEALTHCARE

36-2739571

(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	NONE	23476871	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)

HIGHMARK

56-2526063

(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	NONE	6758449	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA US HEALTHCARE

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	NONE	3447130	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)

EXPRESS SCRIPTS, INC.

22-3461740

(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 99	NONE	1941832	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)

WITHUMSMITH+BROWN, P.C.

22-2027092

(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?
15	NONE	634742	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)

TELADOC HEALTH, INC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	598563	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)

TRUIST BANK

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	335007	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)

HEALTH ADVOCATE SOLUTIONS, INC.

23-3080019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	329915	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)

CLOVER PRINTING

87-3759314

(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?
36	NONE	139495	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)

LANTERN SPECIALTY

45-3780484

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	105935	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)

SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	87968	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)

WILLIS TOWERS WATSON US, LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	64811	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)

MCMC, LLC

14-1847542

(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?
16	NONE	51300	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)

EVOLENT HEALTH LLC

45-3084136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	24700	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)

REED SMITH, LLP

25-0749630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	20380	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)

REMEDY ANALYTICS, INC.

45-3151617

(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?
16	NONE	13333	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)

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE SMART-TD HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMMITTEE	D Employer Identification Number (EIN) 80-0616629

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1500000	999999
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	56038225	48687663
(2) Participant contributions	1b(2)	10071155	8751853
(3) Other	1b(3)	32502861	18409375
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	225816853	226860530
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15282791	17252066

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	341211885	320961486
Liabilities			
g Benefit claims payable.....	1g	70328153	93524620
h Operating payables.....	1h	1546884	1457335
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	32278	18248
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	71907315	95000203
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	269304570	225961283

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	509818356	
(B) Participants.....	2a(1)(B)	122783851	
(C) Others (including rollovers).....	2a(1)(C)	54678	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		632656885
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11422707	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11422707
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		644079592

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	646416046	
(2) To insurance carriers for the provision of benefits	2e(2)	4162640	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		650578686
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	35291132	
(3) Recordkeeping fees	2i(3)	526592	
(4) IQPA audit fees	2i(4)	108150	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	335007	
(7) Actuarial fees	2i(7)	64811	
(8) Legal fees	2i(8)	20380	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	498121	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		36844193
j Total expenses. Add all expense amounts in column (b) and enter total	2j		687422879

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-43343287
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1207809
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

THE SMART-TD HEALTH & WELFARE PLAN

EIN 80-0616629

Plan No. 510

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

THE SMART-TD HEALTH & WELFARE PLAN

EIN 80-0616629

Plan No. 510

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

THE SMART-TD HEALTH & WELFARE PLAN

EIN 80-0616629

Plan No. 510

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

THE SMART-TD HEALTH AND WELFARE PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report

The SMART-TD Health and Welfare Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Governing Committee of
The SMART-TD Health and Welfare Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of The SMART-TD Health and Welfare Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The SMART-TD Health and Welfare Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The SMART-TD Health and Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The SMART-TD Health and Welfare Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The SMART-TD Health and Welfare Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Withum Smith + Brown, PC

October 10, 2025

The SMART-TD Health and Welfare Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 228,068,339	\$ 226,966,085
Receivables		
Participating railroads' contributions	48,687,663	56,038,225
Participants' contributions	8,751,853	10,071,155
Formulary rebates	17,597,162	31,438,548
Federal government subsidy	15,064	11,012
Other	797,149	1,053,301
	<u>75,848,891</u>	<u>98,612,241</u>
Insurance premium stabilization reserve	<u>16,044,257</u>	<u>14,133,559</u>
Cash	<u>999,999</u>	<u>1,500,000</u>
Total assets	<u>320,961,486</u>	<u>341,211,885</u>
Liabilities		
Accounts payable and accrued expenses	1,457,335	1,546,884
Prepaid participants' COBRA contributions	<u>18,248</u>	<u>32,278</u>
Total liabilities	<u>1,475,583</u>	<u>1,579,162</u>
Net assets available for benefits	<u>\$ 319,485,903</u>	<u>\$ 339,632,723</u>

The Notes to Financial Statements are an integral part of these statements.

The SMART-TD Health and Welfare Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions

Investment income	
Interest income	\$ 11,422,707
Less investment expenses	<u>(335,007)</u>
	<u>11,087,700</u>
Contributions	
Participating railroads' contributions	509,818,356
Participants' contributions	122,411,957
Participants' COBRA contributions	371,894
Federal government subsidy	15,064
Other	<u>39,614</u>
	<u>632,656,885</u>
Total additions	<u>643,744,585</u>

Deductions

Benefits paid to or for participants, beneficiaries, and dependents	
Health claims	480,712,204
Prescription drug claims	142,512,329
Insurance premiums	<u>4,157,686</u>
	627,382,219
Administrative expenses	<u>36,509,186</u>
Total deductions	<u>663,891,405</u>

Net change in net assets available for benefits (20,146,820)

Net assets available for benefits

Beginning of year	<u>339,632,723</u>
End of year	<u>\$ 319,485,903</u>

The Notes to Financial Statements are an integral part of this statement.

The SMART-TD Health and Welfare Plan
Statements of Plan Benefit Obligations
(As Determined by UnitedHealthcare and the Plan's Consulting Actuary)
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims payable	\$ 26,234,611	\$ 21,248,622
Insurance premiums payable	<u>4,969</u>	<u>15</u>
	<u>26,239,580</u>	<u>21,248,637</u>
Other obligations for current benefits coverage, at present value of estimated amounts		
Claims incurred but not reported	67,285,040	49,079,516
Accumulated eligibility credit and extended benefit coverage	<u>70,965,160</u>	<u>69,731,515</u>
	<u>138,250,200</u>	<u>118,811,031</u>
Total obligations other than post-retirement benefit obligations	<u>164,489,780</u>	<u>140,059,668</u>
Post-retirement benefit obligations		
Current retirees	41,331,678	38,971,322
Other participants fully eligible for benefits	569,895	628,117
Other participants not yet fully eligible for benefits	<u>3,812,920</u>	<u>4,708,890</u>
	<u>45,714,493</u>	<u>44,308,329</u>
Plan's total benefit obligation	<u>\$ 210,204,273</u>	<u>\$ 184,367,997</u>

The Notes to Financial Statements are an integral part of these statements.

The SMART-TD Health and Welfare Plan
Statement of Changes in Plan Benefit Obligations
(As Determined by UnitedHealthcare and the Plan's Consulting Actuary)
Year Ended December 31, 2024

Amounts currently payable to or for
participants, beneficiaries, and dependents

Claims payable	
Balance at beginning of year	\$ 21,248,622
Claims reported and approved for payment	628,210,522
Claims paid (including disability)	<u>(623,224,533)</u>
Balance at end of year	<u>26,234,611</u>
 Insurance premiums payable	
Balance at beginning of year	15
Premiums due	4,162,640
Premiums paid	<u>(4,157,686)</u>
Balance at end of year	<u>4,969</u>
 Other obligations for current benefits coverage at present value of estimated amounts	
Balance at beginning of year	118,811,031
Net change during the year	
Other	<u>19,439,169</u>
Balance at end of year	<u>138,250,200</u>
 Total obligations other than post-retirement benefit obligations	<u>164,489,780</u>
 Post-retirement benefit obligations	
Balance at beginning of year	44,308,329
Increase (decrease) during the year attributed to:	
Benefits earned and other changes	8,098,351
Benefits expected to be paid	(7,014,482)
Interest	2,083,080
Changes in actuarial assumptions	<u>(1,760,785)</u>
Balance at end of year	<u>45,714,493</u>
 Plan's total benefit obligation	<u>\$ 210,204,273</u>

The Notes to Financial Statements are an integral part of this statement.

The SMART-TD Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of The SMART-TD Health and Welfare Plan (the “Plan”) provides only general information. Participants should refer to the Plan’s Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan and related Trust were established in 2000 pursuant to collective-bargaining to provide health and other related benefits to eligible employees and retirees of participating railroads and their beneficiaries. The Plan is administered by the Governing Committee, which consists of The SMART-TD Health and Welfare Committee and National Carriers’ Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Benefits

The Plan benefits are provided on a self-insured basis, except for life insurance and accidental death and dismemberment insurance, which are provided by Metropolitan Life Insurance Company through an experience-rated insurance contract. Health claims are administered by several third party administrators (Aetna, Highmark, UnitedHealthcare, and United Behavioral Health), pursuant to Administrative Service Only contracts. Prescription drug claims are administered by Express Scripts, pursuant to a Master Services Agreement.

Eligibility

Upon satisfying the eligibility and coverage requirements, as outlined in the Plan’s Summary Plan Description, employees of the participating railroads and their dependents are entitled to receive the benefits provided by the Plan. Additional extended benefit coverage provisions may be available for participants who become disabled (including pregnancy), furloughed, suspended, or dismissed (see Note 9 regarding the liability recognized for financial statement reporting purposes for extended benefit coverage.)

Funding

The participating railroads’ and participants’ obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, plan document, and related practices. Contributions to the Plan are remitted by the participating railroads on a monthly basis in the amount determined after discussion with UnitedHealthcare. The railroads fund the obligations of the Plan as they become due and payable during the year.

Tax Status

The Trust established under the Plan to hold the Plan’s assets received an exemption letter from the Internal Revenue Service (“IRS”) stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (“IRC”). However, as a result of the Plan’s funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

Plan Termination

In the event of termination of the Plan, the Trust's remaining assets will be used to provide for the payment of any and all obligations of the Plan. Such payments shall be for the exclusive benefit of the Plan participants and beneficiaries and to defray the administrative expenses of the Plan.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator 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.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 6 for discussion of fair value measurements).

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

Fair Value of Financial Instruments

The Plan Administrator believes the carrying value of financial instruments, as stated in the financial statements, approximates their fair value.

Participating Railroads' Contributions and Contributions Receivable

Each participating railroad provides a monthly contribution to the Plan as determined annually. Participating railroad contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

Participants' Contributions and Contributions Receivable

Employees of the participating railroads provide monthly contributions to the Plan pursuant to the terms and conditions of the collective-bargaining agreements. Participant contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

There is no contribution requirement for eligible retirees of participating railroads.

Participants' COBRA Contributions

Participants and beneficiaries, who experience a qualifying event, as defined by Federal Consolidated Omnibus Budget Reconciliation Act ("COBRA") guidelines, may self-pay to continue coverage in the Plan for a limited period of time. Participants' COBRA contributions are recognized when due and payable.

The SMART-TD Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Payment of Benefits

Claim payments are recorded when paid by the Plan. Amounts processed by the third party administrators, but not paid by the Plan and claims incurred but not reported as of December 31st are recorded as plan benefit obligations within the accompanying statements of plan benefit obligations.

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Premiums expense incurred but not paid by the Plan as of December 31st are reported within the accompanying statements of plan benefit obligations.

Formulary Rebates and Formulary Rebates Receivable

Formulary rebates are recorded by the Plan when earned. Formulary rebates totaling \$55,686,718 have been earned by the Plan and were netted against prescription drug claims in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

Terminated and Withdrawing Railroads' Withdrawal Liability Receivable

Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2024 and 2023, there were outstanding amounts receivable of \$22,352, from terminated or withdrawn railroads as it relates to the withdrawal liability.

Allowance for Credit Losses

The carrying amount of participating railroad and participant contributions receivables as well as rebate receivables is reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and 2023, the allowance was \$0.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan Administrator has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified by Truist Bank, the trustee of the Plan. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following assets:

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments at fair value		
Money Market Fund	\$ 226,860,530	\$ 225,816,853

Truist Bank also certified to the completeness and accuracy of \$10,616,716 of interest related to the aforementioned plan assets for the year ended December 31, 2024.

4. FUNDING AGREEMENT

In 2008, the Plan entered into a Funding Agreement (the “Agreement”) with Metropolitan Life Insurance Company (“MetLife”). Under the Agreement, an initial deposit was made from the Plan’s premium stabilization reserve to MetLife. These funds were invested in the fixed component of the Agreement, which had a one-year term and earned interest at a set rate that was credited to the account upon maturity.

The Agreement contains an automatic renewal clause: upon expiration of the fixed-term component of the Agreement, and without further action from the Plan, the funds convert to a short-term component of the Agreement. Since inception, additional deposits have been made from the Plan’s premium stabilization reserve to MetLife and funds invested in the Agreement have moved between the fixed-term and short-term component several times.

These funds are held in the general assets of MetLife and are subject to the financial strength and claim-paying ability of MetLife. The Agreement is recognized in the Plan’s financial statements at cost, which approximates fair value, principal plus accrued interest, as reported to the Plan by MetLife.

On January 27, 2013, the funds were invested in the short-term component of the Agreement and earned interest based on the discount rate on the six month Treasury Bills set at the first weekly auction in the month plus 0.25%. The funds have remained in the short-term component through the end of the 2024 calendar year. The balances of the Agreement as of December 31, 2024 and 2023, principal plus accrued interest, were \$1,207,809 and \$1,149,232, respectively.

5. PREMIUM STABILIZATION RESERVE

The Plan has funds held in a premium stabilization reserve with MetLife in connection with its experience-rated life insurance and accidental death and dismemberment insurance contract. The funds may be withdrawn at any time and earn interest based on the discount rate on the six month Treasury Bills set at the first weekly auction in the month plus 0.25%. The premium stabilization reserve has been included as an asset of the Plan until such amounts are used to pay premiums or are withdrawn by the Plan. The reserve is nonforfeitable should the insurance contract terminate.

6. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, provides the framework for measuring fair value. 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 under FASB ASC 820 are described as follows:

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

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The valuation methodologies used for assets measured at fair value as of December 31, 2024 and 2023 are as follows:

Money market funds: Shares of a money market portfolio are considered cash equivalents and are valued at their carrying amount due to their short-term nature.

Funding agreement with MetLife: The Plan's funding agreement with MetLife is recognized on the financial statement at cost, which approximates fair value, principal plus accrued interest. Funds held with MetLife earn interest at an agreed upon interest rate for a specific term with interest earnings paid at maturity (see Note 4).

The following tables present by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Assets				
Money market funds	\$ 226,860,530	\$ -	\$ -	\$ 226,860,530
Funding agreement (see Note 4)	-	-	1,207,809	1,207,809
Total assets at fair value	<u>\$ 226,860,530</u>	<u>\$ -</u>	<u>\$ 1,207,809</u>	<u>\$ 228,068,339</u>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Assets				
Money market funds	\$ 225,816,853	\$ -	\$ -	\$ 225,816,853
Funding agreement (see Note 4)	-	-	1,149,232	1,149,232
Total assets at fair value	<u>\$ 225,816,853</u>	<u>\$ -</u>	<u>\$ 1,149,232</u>	<u>\$ 226,966,085</u>

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

Level 3 Gains and Losses

The following table presents a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

Balance, beginning of year	\$ 1,149,232
Interest credited during the year	<u>58,577</u>
Balance, end of year	<u>\$ 1,207,809</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, and the significant unobservable inputs:

Instrument	Fair Value 12/31/2024	Fair Value 12/31/2023	Principle Valuation Technique	Significant Unobservable Input	Range of Significant Input Value	Weighted Average
Funding Agreement	\$ 1,207,809	\$ 1,149,232	Cost plus accrued interest	Interest rate	4.47% - 5.59%*	5.19%

*Represents the high and low range of the discount rate on the six month Treasury Bills set at the first weekly auction for the period of January 1, 2023 through December 31, 2024 plus 0.25%.

In determining the reasonableness of the valuation methodology of this investment, the Plan Administrator evaluates a variety of factors including review of methods and assumptions used by external sources, economic conditions, financial strength and claim-paying ability of MetLife, and the non-marketable nature of the investment.

7. PLAN CONTRIBUTIONS

The participating railroads do not differentiate their monthly contributions to the Plan between that which is paid on behalf of the participating railroad and that which is paid on behalf of the Plan participant. Therefore, the Plan Administrator estimates participants' contributions receivable and participants' contributions by applying blended employee cost sharing contribution rates to the respective payment employee counts. The resulting amounts are reclassified from the total participating railroads' contributions receivable and participating railroads' annual contributions and reported as participant contributions receivable and participant contributions, respectively. This methodology was utilized in both 2024 and 2023.

8. POST-RETIREMENT BENEFITS

The post-retirement benefits provided by the Plan to eligible retirees of participating railroads are limited to the fully insured life insurance and accidental death and dismemberment insurance benefits provided by MetLife.

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Post-retirement benefits include future benefits expected to be paid to or for: (1) currently retired employees (eligible retirees) and (2) active employees after retirement from service with the participating railroads. Prior to an active employee's full eligibility date, the post-retirement benefit obligation for these employees is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of the expected post-retirement benefit obligation is determined by the Plan's consulting actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of appropriate decrements) between the valuation date and the expected date of payment.

Because the post-retirement benefits provided by the Plan are limited to fully insured life insurance and accidental death and dismemberment insurance benefits, the health care cost trend rate assumption is not applicable to the post-retirement benefit calculation.

The cost of providing Plan benefits depends on demographic factors such as retirement, mortality, turnover, and plan participation. The United States Railroad Retirement Board performs a valuation of Railroad Retirement Benefits every three years, which includes analysis and development of current demographic assumptions. The Plan's consulting actuary relied upon this analysis as representative of the experience of the covered population under this Plan. If the actual claim experience of the Plan is more favorable than assumed, future costs will be lower. Alternatively, if the actual claim experience of the Plan is less favorable than assumed, future costs will be higher.

The Plan participant data was not available at the level of detail that is typically used in valuations of this type. Therefore, the Plan's consulting actuary used reasonable and appropriate extrapolation techniques pursuant to *Actuarial Standards of Practice (ASOP No. 23) on Data Quality* to develop the data that was needed for valuation purposes. The Plan's consulting actuary did not believe the use of this data created a material bias in the calculation.

Significant assumptions used in the actuarial valuation are as follows:

	<u>2024</u>	<u>2023</u>
Weighted Average Discount Rate	5.65%	5.10%
<i>Mortality Assumption</i>		
Healthy		
Active	2018 RRB Active Service Mortality Table S-4	2015 RRB Active Service Mortality Table S-4
Retired	2021 RRB Annuitants Mortality Table S-1	2016 RRB Annuitants Mortality Table S-1
Disabled	2021 RRB Disabled Mortality Table S-2	2016 RRB Disabled Mortality Table S-2
<i>Termination Assumption</i>		
	RRB Table S-13 - 30 Year Select and Ultimate Table	RRB Table S-13 - 30 Year Select and Ultimate Table
<i>Disability Assumption</i>		
	RRB Table S-12 - Rates varying by age and service	RRB Table S-12 - Rates varying by age and service
<i>Retirement Assumption</i>		
	RRB Table S-11 - Rates varying by age and service	RRB Table S-11 - Rates varying by age and service

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note: The 2024 demographic assumptions shown above were developed by the United States Railroad Retirement Board (“RRB”), Bureau of the Actuary, for use in the December 31, 2022 valuation of Railroad Retirement Benefits published in October of 2024. This is the most recent valuation available to the Plan’s consulting actuary. The table numbers referenced above correspond to the assumption section of that valuation.

The 2023 demographic assumptions shown above were developed by the United States Railroad Retirement Board (“RRB”), Bureau of the Actuary, for use in the December 31, 2019 valuation of Railroad Retirement Benefits published in October of 2021. This was the most recent valuation available to the Plan’s consulting actuary at the time. The table numbers referenced above correspond to the assumption section of that valuation.

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

9. OTHER PLAN BENEFIT OBLIGATIONS

Plan benefit obligations as of December 31 for health claims payable, current insurance premiums payable, health claims incurred by participants but not reported as of that date, and extended benefit coverage available to Plan participants are estimated by UnitedHealthcare. Plan benefit obligations as of December 31 for accumulated eligibility of participants are estimated by the Plan Sponsor. Such estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. Based on the current nature of the obligation, generally within three months of year end, discounting the obligation was not necessary.

The obligation relating to health claims payable and health claims incurred by participants but not reported as of that date is determined by UnitedHealthcare by applying the following assumptions to historical claim-cost data:

	<u>2024</u>	<u>2023</u>
Run-out factor		
Health claims		
On-duty injury claims	3.7	3.7
Other than on-duty injury claims	1.5	1.5
Prescription drug claims	0.5	0.5
On-duty injury claims	4.10%	4.00%
Other than on-duty injury claims	4.10%	4.00%
	1.73%	2.51%

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

The obligation relating to accumulated eligibility of participants is determined by the Plan Sponsor by applying the average cost of benefits per eligible participant to accumulated eligibility credits. The average cost of benefits per eligible participant was calculated using claim lag studies and historical run-out patterns. If the actual claims experience of these employees is more favorable than that provided by the average cost of benefits per eligible participant, actual future costs will be lower. Alternatively, if the actual claims experience of the Plan is less favorable than that provided by the average cost of benefits per eligible participant, actual future cost will be higher.

The obligation relating to extended benefit coverage available to participants is determined by UnitedHealthcare by applying the contract rate or its equivalent to the total estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31st. If the actual claims experience of these participants during the extended benefit coverage period is more favorable than that provided by applying the contract rate or its equivalent to the total estimated number of months of future Plan coverage, actual future costs will be lower. Alternatively, if the actual claims experience of the Plan is less favorable than that provided by applying the contract rate or its equivalent to the total estimated number of months of future Plan coverage, actual future cost will be higher.

Upon termination of a Plan participant's coverage, the Plan may provide limited coverage of benefits for injuries that occurred, and sicknesses or pregnancies that commenced before or while the participant was covered by the Plan. The availability and length of coverage provided by this provision of the Plan varies depending on the Plan participant's benefit election, relationship to the covered employee, and condition upon termination of coverage. An obligation for this contingent liability has not been recognized in the Plan's financial statements because the amount expected to be paid as a result of this obligation cannot be reasonably estimated. The Plan Administrator is of the opinion, based on all available known facts, that the amount expected to be paid with respect to this contingent liability would not have a material effect on the financial position or results of operations of the Plan.

10. CONCENTRATION OF PARTICIPATING RAILROADS

There are approximately 40 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 86% and 85% of the total Plan activity as of December 31, 2024 and 2023, respectively. This activity includes, but is not limited to, participating railroads' contributions receivable as of December 31, 2024 and 2023, and participating railroads' contributions for the year ended December 31, 2024 as follows:

<u>Railroad</u>	<u>Percentage of Total Plan Activity 2024</u>	<u>Percentage of Total Plan Activity 2023</u>
A	30.4%	31.1%
B	25.8%	25.8%
C	15.6%	15.1%
D	14.0%	13.4%

11. CONTINGENCIES

See Note 9 regarding the Other Plan Benefit Obligations contingency.

The Plan is subject to lawsuits arising out of the ordinary course of business. The Plan Sponsors are of the opinion, based on available known facts, that the ultimate disposition of asserted claims would not have a material effect on the financial position or results of operations of the Plan.

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported within the financial statements	\$ 319,485,903	\$ 339,632,723
Benefit obligations currently payable	(93,519,651)	(70,328,138)
Insurance premiums payable	<u>(4,969)</u>	<u>(15)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ 225,961,283</u>	<u>\$ 269,304,570</u>

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

	<u>2024</u>
Benefits paid to or for participants as reported within the financial statements	\$ 623,224,533
Add: Amounts payable at end of year	93,519,651
Less: Amounts payable at beginning of year	<u>(70,328,138)</u>
Benefits paid to or for participants as reported within the Form 5500	<u>\$ 646,416,046</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date and for incurred but not reported benefit claims as of December 31.

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

	<u>2024</u>
Insurance premiums paid for participants as reported within the financial statements	\$ 4,157,686
Add: Amounts payable as of the end of year	4,969
Less: Amounts payable as beginning of year	<u>(15)</u>
Insurance premiums paid for participants as reported within the Form 5500	<u>\$ 4,162,640</u>

13. PARTY-IN-INTEREST TRANSACTIONS

The Plan paid administrative fees to service providers during the year that are considered party-in-interest transactions. This includes management fees paid to Truist Bank, the trustee of the Plan, for certain Plan assets invested in money market funds. These transactions are exempt from the prohibited transaction rules of ERISA.

The SMART-TD Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

14. RISKS AND UNCERTAINTIES

The Plan's investments consist of funds held in money market funds with Truist Bank. This investment, along with the premium stabilization reserve with MetLife, is exposed to credit risk. Due to the level of risk associated with these investments given the current economic condition and uncertainty in the marketplace, it is at least reasonably possible that changes in the value of these investments may occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

The Plan maintains its cash balances in bank deposit accounts, which, at times, may exceed federally insured limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows.

The total obligations other than post-retirement obligations (health claims payable, claims incurred but not reported, accumulated eligibility credit, and extended benefit coverage obligations), and post-retirement benefits, are based on certain assumptions pertaining to claim run-out factors, administrative load, bank float, contract rates and its equivalent, estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31, participant data, interest rates, health care inflation, average retirement age, and other employee demographics, all of which are subject to change or may not be reflective of actual experience. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTARY INFORMATION

The SMART-TD Health and Welfare Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #80-0616629, Plan #510
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	<u>Cash and Cash Equivalents</u>			
*	Truist Bank Account 70-04-102-7036735	Money Market Fund Federated Hermes Trsy Oblig Mmkt Instl #68	\$ 226,860,530	\$ 226,860,530
	<u>Insurance Contract</u>			
*	Metropolitan Life Insurance Co. Account 143324-T-4	Funding Agreement, 6 month Treasury Bill + 0.25%	<u>1,207,809</u>	<u>1,207,809</u>
			<u>\$ 228,068,339</u>	<u>\$ 228,068,339</u>

* Known party-in-interest to the Plan.

See Independent Auditor's Report.

**The SMART-TD Health and Welfare Plan
 Schedule H, Line 4j - Schedule of Reportable Transactions
 EIN #80-0616629, Plan #510
 Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Asset Cost	(h) Current Value
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Truist Bank Account 70-04-102-7036735	(See attached schedule as prepared and reported by Truist Bank.)				
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See Independent Auditor's Report.

REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			BEGINNING MARKET VALUE	226,752,125.68		
			COMPARATIVE VALUE (5%)	11,337,606.28		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/02/24 B	11,398,128.8400	1.0000	0	-11,398,129 *	11,398,129	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/29/24 B	24,690,345.5900	1.0000	0	-24,690,346 *	24,690,346	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/30/24 B	21,409,703.1000	1.0000	0	-21,409,703 *	21,409,703	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
04/25/24 B	15,987,946.3600	1.0000	0	-15,987,946 *	15,987,946	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
04/26/24 B	26,031,790.3900	1.0000	0	-26,031,790 *	26,031,790	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/28/24 B	11,673,474.2900	1.0000	0	-11,673,474 *	11,673,474	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/29/24 B	34,055,435.1700	1.0000	0	-34,055,435 *	34,055,435	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/27/24 B	42,798,341.4500	1.0000	0	-42,798,341 *	42,798,341	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/02/24 B	11,370,749.2500	1.0000	0	-11,370,749 *	11,370,749	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/30/24 B	36,781,005.6200	1.0000	0	-36,781,006 *	36,781,006	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/27/24 B	15,122,116.7900	1.0000	0	-15,122,117 *	15,122,117	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/01/24 B	12,796,466.1800	1.0000	0	-12,796,466 *	12,796,466	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/29/24 B	36,427,959.2600	1.0000	0	-36,427,959 *	36,427,959	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/27/24 B	34,634,121.6000	1.0000	0	-34,634,122 *	34,634,122	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/29/24 B	21,002,051.9100	1.0000	0	-21,002,052 *	21,002,052	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/03/24 S	34,792,459.7900	1.0000	0	34,792,460 *	34,792,460	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/30/24 B	31,181,901.9800	1.0000	0	-31,181,902 *	31,181,902	



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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
GRAND TOTAL			0	422,153,997	422,153,997	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68

01/02/24 B	11,398,128.8400	1.0000	0	-11,398,129 *	11,398,129
01/03/24 B	935,272.7100	1.0000	0	-935,273	935,273
01/04/24 B	1,775,900.1900	1.0000	0	-1,775,900	1,775,900
01/05/24 B	5,891,690.2100	1.0000	0	-5,891,690	5,891,690
01/29/24 B	24,690,345.5900	1.0000	0	-24,690,346 *	24,690,346
01/30/24 B	21,409,703.1000	1.0000	0	-21,409,703 *	21,409,703
02/02/24 B	1,011,817.1400	1.0000	0	-1,011,817	1,011,817
02/06/24 B	2,945,765.5600	1.0000	0	-2,945,766	2,945,766
02/07/24 B	1,079,087.1100	1.0000	0	-1,079,087	1,079,087
02/12/24 B	295,269.3600	1.0000	0	-295,269	295,269
02/15/24 B	662,735.4000	1.0000	0	-662,735	662,735
02/27/24 B	4,361,810.9200	1.0000	0	-4,361,811	4,361,811
03/01/24 B	817,692.0400	1.0000	0	-817,692	817,692
03/04/24 B	964,672.3800	1.0000	0	-964,672	964,672
03/07/24 B	9,275,078.9600	1.0000	0	-9,275,079	9,275,079
03/14/24 B	262,335.0500	1.0000	0	-262,335	262,335
03/15/24 B	2,718,492.0900	1.0000	0	-2,718,492	2,718,492
03/27/24 B	2,049,888.0100	1.0000	0	-2,049,888	2,049,888
04/01/24 B	7,544,221.3400	1.0000	0	-7,544,221	7,544,221
04/02/24 B	902,861.3200	1.0000	0	-902,861	902,861

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036735

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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/04/24 B	4,888,989.9000	1.0000	0	-4,888,990	4,888,990	
04/25/24 B	15,987,946.3600	1.0000	0	-15,987,946 *	15,987,946	
04/26/24 B	26,031,790.3900	1.0000	0	-26,031,790 *	26,031,790	
04/29/24 B	6,547,610.8900	1.0000	0	-6,547,611	6,547,611	
05/02/24 B	814,889.9100	1.0000	0	-814,890	814,890	
05/06/24 B	4,162,714.7500	1.0000	0	-4,162,715	4,162,715	
05/07/24 B	2,932,247.9200	1.0000	0	-2,932,248	2,932,248	
05/16/24 B	262,233.5200	1.0000	0	-262,234	262,234	
05/28/24 B	11,673,474.2900	1.0000	0	-11,673,474 *	11,673,474	
05/29/24 B	34,055,435.1700	1.0000	0	-34,055,435 *	34,055,435	
06/04/24 B	874,003.2800	1.0000	0	-874,003	874,003	
06/05/24 B	621,856.3600	1.0000	0	-621,856	621,856	
06/06/24 B	1,311,323.7000	1.0000	0	-1,311,324	1,311,324	
06/07/24 B	3,911,359.9600	1.0000	0	-3,911,360	3,911,360	
06/13/24 B	112,614.2700	1.0000	0	-112,614	112,614	
06/26/24 B	5,850,611.2100	1.0000	0	-5,850,611	5,850,611	
06/27/24 B	42,798,341.4500	1.0000	0	-42,798,341 *	42,798,341	
07/02/24 B	11,370,749.2500	1.0000	0	-11,370,749 *	11,370,749	
07/02/24 B	898,228.1400	1.0000	0	-898,228	898,228	
07/09/24 B	5,914,100.1500	1.0000	0	-5,914,100	5,914,100	
07/16/24 B	1,151,050.4200	1.0000	0	-1,151,050	1,151,050	
07/29/24 B	11,063,841.0800	1.0000	0	-11,063,841	11,063,841	
07/30/24 B	36,781,005.6200	1.0000	0	-36,781,006 *	36,781,006	
08/02/24 B	1,012,333.7800	1.0000	0	-1,012,334	1,012,334	
08/05/24 B	1,483,276.7300	1.0000	0	-1,483,277	1,483,277	
08/08/24 B	3,793,116.1600	1.0000	0	-3,793,116	3,793,116	
08/16/24 B	1,704,912.2200	1.0000	0	-1,704,912	1,704,912	
08/29/24 B	6,890,199.3300	1.0000	0	-6,890,199	6,890,199	
09/03/24 B	8,194,293.2500	1.0000	0	-8,194,293	8,194,293	
09/04/24 B	1,020,771.2500	1.0000	0	-1,020,771	1,020,771	
09/05/24 B	2,400,229.5700	1.0000	0	-2,400,230	2,400,230	
09/16/24 B	67,235.7300	1.0000	0	-67,236	67,236	
09/27/24 B	15,122,116.7900	1.0000	0	-15,122,117 *	15,122,117	
10/01/24 B	12,796,466.1800	1.0000	0	-12,796,466 *	12,796,466	
10/02/24 B	847,610.2500	1.0000	0	-847,610	847,610	
10/07/24 B	1,686,038.2300	1.0000	0	-1,686,038	1,686,038	
10/08/24 B	3,695,704.8000	1.0000	0	-3,695,705	3,695,705	
10/17/24 B	1,143,069.3400	1.0000	0	-1,143,069	1,143,069	
10/28/24 B	8,580,138.9500	1.0000	0	-8,580,139	8,580,139	
10/29/24 B	36,427,959.2600	1.0000	0	-36,427,959 *	36,427,959	
11/04/24 B	775,962.2200	1.0000	0	-775,962	775,962	
11/07/24 B	4,881,115.6500	1.0000	0	-4,881,116	4,881,116	
11/08/24 B	758,928.0700	1.0000	0	-758,928	758,928	
11/26/24 B	10,269,079.1600	1.0000	0	-10,269,079	10,269,079	
11/27/24 B	34,634,121.6000	1.0000	0	-34,634,122 *	34,634,122	
11/29/24 B	21,002,051.9100	1.0000	0	-21,002,052 *	21,002,052	

RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
12/03/24 B	737,302.9200	1.0000	0	-737,303	737,303	
12/04/24 B	969,431.9600	1.0000	0	-969,432	969,432	
12/06/24 B	6,145,223.0200	1.0000	0	-6,145,223	6,145,223	
12/26/24 B	1,141,350.7300	1.0000	0	-1,141,351	1,141,351	
12/26/24 B	7,016,452.5000	1.0000	0	-7,016,453	7,016,453	
12/27/24 B	6,026,525.2600	1.0000	0	-6,026,525	6,026,525	
12/30/24 B	31,181,901.9800	1.0000	0	-31,181,902 *	31,181,902	
SUB-TOTAL OF BUYS # 73			0	563,414,101	563,414,101	
01/03/24 S	4,182,359.0000	1.0000	0	4,182,359	4,182,359	0
01/08/24 S	707,395.8600	1.0000	0	707,396	707,396	0
01/09/24 S	27,870.9400	1.0000	0	27,871	27,871	0
01/09/24 S	1,083,462.2200	1.0000	0	1,083,462	1,083,462	0
01/10/24 S	3,438,724.7800	1.0000	0	3,438,725	3,438,725	0
01/11/24 S	377,617.2900	1.0000	0	377,617	377,617	0
01/12/24 S	7,232,834.9500	1.0000	0	7,232,835	7,232,835	0
01/16/24 S	3,200,232.0800	1.0000	0	3,200,232	3,200,232	0
01/17/24 S	1,037,091.4300	1.0000	0	1,037,091	1,037,091	0
01/18/24 S	904,295.1700	1.0000	0	904,295	904,295	0
01/19/24 S	717,523.9000	1.0000	0	717,524	717,524	0
01/22/24 S	404,353.0100	1.0000	0	404,353	404,353	0
01/23/24 S	3,106,841.7500	1.0000	0	3,106,842	3,106,842	0
01/24/24 S	3,264,047.1300	1.0000	0	3,264,047	3,264,047	0
01/25/24 S	277,252.3700	1.0000	0	277,252	277,252	0
01/26/24 S	7,124,132.6400	1.0000	0	7,124,133	7,124,133	0
01/31/24 S	5,871,188.0200	1.0000	0	5,871,188	5,871,188	0
02/01/24 S	367,293.5200	1.0000	0	367,294	367,294	0
02/02/24 S	1,240,117.4400	1.0000	0	1,240,117	1,240,117	0
02/05/24 S	3,638,260.0300	1.0000	0	3,638,260	3,638,260	0
02/08/24 S	30,058.2600	1.0000	0	30,058	30,058	0
02/08/24 S	162,560.5800	1.0000	0	162,561	162,561	0
02/09/24 S	8,414,436.3700	1.0000	0	8,414,436	8,414,436	0
02/13/24 S	3,108,516.8100	1.0000	0	3,108,517	3,108,517	0
02/14/24 S	4,353,670.8700	1.0000	0	4,353,671	4,353,671	0
02/16/24 S	249,348.4100	1.0000	0	249,348	249,348	0
02/20/24 S	856,929.7200	1.0000	0	856,930	856,930	0
02/21/24 S	4,114,717.5000	1.0000	0	4,114,718	4,114,718	0
02/22/24 S	896,219.8500	1.0000	0	896,220	896,220	0
02/23/24 S	7,857,946.0300	1.0000	0	7,857,946	7,857,946	0
02/26/24 S	2,307,501.1400	1.0000	0	2,307,501	2,307,501	0
02/28/24 S	3,325,961.7700	1.0000	0	3,325,962	3,325,962	0
02/29/24 S	1,530,192.7400	1.0000	0	1,530,193	1,530,193	0
03/04/24 S	267,065.3900	1.0000	0	267,065	267,065	0
03/05/24 S	902,739.4600	1.0000	0	902,739	902,739	0
03/06/24 S	3,599,381.7300	1.0000	0	3,599,382	3,599,382	0

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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/08/24 S	30,964.1800	1.0000	0	30,964	30,964	0
03/08/24 S	8,301,491.9700	1.0000	0	8,301,492	8,301,492	0
03/11/24 S	2,462,416.9100	1.0000	0	2,462,417	2,462,417	0
03/12/24 S	1,905,348.3400	1.0000	0	1,905,348	1,905,348	0
03/13/24 S	4,033,107.1900	1.0000	0	4,033,107	4,033,107	0
03/18/24 S	1,342,457.7400	1.0000	0	1,342,458	1,342,458	0
03/19/24 S	951,734.5600	1.0000	0	951,735	951,735	0
03/20/24 S	2,713,256.6500	1.0000	0	2,713,257	2,713,257	0
03/21/24 S	631,722.9700	1.0000	0	631,723	631,723	0
03/22/24 S	7,931,262.1700	1.0000	0	7,931,262	7,931,262	0
03/25/24 S	4,121,811.8800	1.0000	0	4,121,812	4,121,812	0
03/26/24 S	1,515,765.1000	1.0000	0	1,515,765	1,515,765	0
03/28/24 S	1,956,500.9500	1.0000	0	1,956,501	1,956,501	0
04/02/24 S	1,183,068.6300	1.0000	0	1,183,069	1,183,069	0
04/03/24 S	2,963,087.0600	1.0000	0	2,963,087	2,963,087	0
04/05/24 S	2,398,548.3900	1.0000	0	2,398,548	2,398,548	0
04/08/24 S	27,335.2600	1.0000	0	27,335	27,335	0
04/08/24 S	1,925,872.7800	1.0000	0	1,925,873	1,925,873	0
04/09/24 S	1,444,092.7700	1.0000	0	1,444,093	1,444,093	0
04/10/24 S	4,341,084.0400	1.0000	0	4,341,084	4,341,084	0
04/11/24 S	833,866.1400	1.0000	0	833,866	833,866	0
04/12/24 S	844,369.8800	1.0000	0	844,370	844,370	0
04/15/24 S	906,054.4100	1.0000	0	906,054	906,054	0
04/16/24 S	144,481.2300	1.0000	0	144,481	144,481	0
04/17/24 S	3,501,729.4600	1.0000	0	3,501,729	3,501,729	0
04/18/24 S	177,687.4000	1.0000	0	177,687	177,687	0
04/19/24 S	4,536,811.9300	1.0000	0	4,536,812	4,536,812	0
04/22/24 S	2,612,095.5800	1.0000	0	2,612,096	2,612,096	0
04/23/24 S	1,224,497.5500	1.0000	0	1,224,498	1,224,498	0
04/24/24 S	3,643,972.5700	1.0000	0	3,643,973	3,643,973	0
04/30/24 S	3,703,712.4600	1.0000	0	3,703,712	3,703,712	0
05/01/24 S	4,130,643.6700	1.0000	0	4,130,644	4,130,644	0
05/02/24 S	646,092.0700	1.0000	0	646,092	646,092	0
05/03/24 S	8,726,173.5800	1.0000	0	8,726,174	8,726,174	0
05/08/24 S	25,423.2000	1.0000	0	25,423	25,423	0
05/08/24 S	4,525,828.8600	1.0000	0	4,525,829	4,525,829	0
05/09/24 S	523,241.3000	1.0000	0	523,241	523,241	0
05/10/24 S	664,744.5200	1.0000	0	664,745	664,745	0
05/14/24 S	1,338,668.3500	1.0000	0	1,338,668	1,338,668	0
05/14/24 S	2,156,025.2300	1.0000	0	2,156,025	2,156,025	0
05/15/24 S	2,652,935.3400	1.0000	0	2,652,935	2,652,935	0
05/17/24 S	7,556,637.1000	1.0000	0	7,556,637	7,556,637	0
05/20/24 S	1,486,039.1300	1.0000	0	1,486,039	1,486,039	0
05/21/24 S	2,079,762.5600	1.0000	0	2,079,763	2,079,763	0
05/22/24 S	3,226,125.3000	1.0000	0	3,226,125	3,226,125	0
05/23/24 S	978,366.3400	1.0000	0	978,366	978,366	0

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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/24/24 S	1,681,058.6900	1.0000	0	1,681,059	1,681,059	0
05/30/24 S	327,418.5700	1.0000	0	327,419	327,419	0
05/31/24 S	11,092,505.8800	1.0000	0	11,092,506	11,092,506	0
06/03/24 S	1,581,319.7000	1.0000	0	1,581,320	1,581,320	0
06/04/24 S	2,300,795.4100	1.0000	0	2,300,795	2,300,795	0
06/10/24 S	26,432.6300	1.0000	0	26,433	26,433	0
06/10/24 S	674,471.4400	1.0000	0	674,471	674,471	0
06/11/24 S	1,288,042.6400	1.0000	0	1,288,043	1,288,043	0
06/12/24 S	4,236,576.0900	1.0000	0	4,236,576	4,236,576	0
06/14/24 S	8,318,495.1800	1.0000	0	8,318,495	8,318,495	0
06/17/24 S	200,253.3700	1.0000	0	200,253	200,253	0
06/18/24 S	1,312,721.9400	1.0000	0	1,312,722	1,312,722	0
06/20/24 S	3,786,646.8400	1.0000	0	3,786,647	3,786,647	0
06/21/24 S	1,165,542.9400	1.0000	0	1,165,543	1,165,543	0
06/24/24 S	567,115.5900	1.0000	0	567,116	567,116	0
06/25/24 S	2,265,425.3300	1.0000	0	2,265,425	2,265,425	0
06/28/24 S	9,744,648.8000	1.0000	0	9,744,649	9,744,649	0
07/01/24 S	3,162,105.8300	1.0000	0	3,162,106	3,162,106	0
07/03/24 S	4,441,248.3200	1.0000	0	4,441,248	4,441,248	0
07/05/24 S	56,855.9800	1.0000	0	56,856	56,856	0
07/08/24 S	1,613,955.6600	1.0000	0	1,613,956	1,613,956	0
07/09/24 S	27,907.8800	1.0000	0	27,908	27,908	0
07/10/24 S	3,557,767.6700	1.0000	0	3,557,768	3,557,768	0
07/11/24 S	261,379.9600	1.0000	0	261,380	261,380	0
07/12/24 S	7,251,270.8900	1.0000	0	7,251,271	7,251,271	0
07/15/24 S	2,268,795.3300	1.0000	0	2,268,795	2,268,795	0
07/17/24 S	2,243,640.2900	1.0000	0	2,243,640	2,243,640	0
07/18/24 S	1,456,038.5100	1.0000	0	1,456,039	1,456,039	0
07/19/24 S	1,066,054.6600	1.0000	0	1,066,055	1,066,055	0
07/22/24 S	969,880.3300	1.0000	0	969,880	969,880	0
07/23/24 S	1,052,093.2000	1.0000	0	1,052,093	1,052,093	0
07/24/24 S	4,729,265.9200	1.0000	0	4,729,266	4,729,266	0
07/25/24 S	793,418.1000	1.0000	0	793,418	793,418	0
07/26/24 S	9,481,467.4100	1.0000	0	9,481,467	9,481,467	0
07/31/24 S	6,911,395.9900	1.0000	0	6,911,396	6,911,396	0
08/01/24 S	570,487.0600	1.0000	0	570,487	570,487	0
08/02/24 S	474,853.1200	1.0000	0	474,853	474,853	0
08/06/24 S	396,212.8300	1.0000	0	396,213	396,213	0
08/07/24 S	2,684,840.3200	1.0000	0	2,684,840	2,684,840	0
08/08/24 S	30,266.4300	1.0000	0	30,266	30,266	0
08/09/24 S	9,668,311.3400	1.0000	0	9,668,311	9,668,311	0
08/12/24 S	628,831.6700	1.0000	0	628,832	628,832	0
08/13/24 S	1,560,453.5900	1.0000	0	1,560,454	1,560,454	0
08/14/24 S	4,089,315.7000	1.0000	0	4,089,316	4,089,316	0
08/15/24 S	1,253,878.8200	1.0000	0	1,253,879	1,253,879	0
08/19/24 S	1,403,395.4400	1.0000	0	1,403,395	1,403,395	0

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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/20/24 S	1,912,932.9300	1.0000	0	1,912,933	1,912,933	0
08/21/24 S	5,859,219.9400	1.0000	0	5,859,220	5,859,220	0
08/22/24 S	868,843.8000	1.0000	0	868,844	868,844	0
08/23/24 S	9,446,666.2500	1.0000	0	9,446,666	9,446,666	0
08/26/24 S	590,336.7800	1.0000	0	590,337	590,337	0
08/27/24 S	1,350,013.1000	1.0000	0	1,350,013	1,350,013	0
08/28/24 S	4,783,256.9500	1.0000	0	4,783,257	4,783,257	0
08/30/24 S	3,091,182.2200	1.0000	0	3,091,182	3,091,182	0
09/04/24 S	5,957,587.1500	1.0000	0	5,957,587	5,957,587	0
09/06/24 S	2,671,899.4300	1.0000	0	2,671,899	2,671,899	0
09/09/24 S	1,876,965.5200	1.0000	0	1,876,966	1,876,966	0
09/10/24 S	30,860.7700	1.0000	0	30,861	30,861	0
09/10/24 S	920,202.4400	1.0000	0	920,202	920,202	0
09/11/24 S	2,526,876.0500	1.0000	0	2,526,876	2,526,876	0
09/12/24 S	188,078.9600	1.0000	0	188,079	188,079	0
09/13/24 S	791,463.7700	1.0000	0	791,464	791,464	0
09/17/24 S	980,025.4100	1.0000	0	980,025	980,025	0
09/18/24 S	5,259,149.5000	1.0000	0	5,259,150	5,259,150	0
09/19/24 S	725,926.5900	1.0000	0	725,927	725,927	0
09/20/24 S	9,211,306.3400	1.0000	0	9,211,306	9,211,306	0
09/23/24 S	1,363,672.4100	1.0000	0	1,363,672	1,363,672	0
09/24/24 S	1,263,170.5000	1.0000	0	1,263,171	1,263,171	0
09/25/24 S	4,183,187.2700	1.0000	0	4,183,187	4,183,187	0
09/26/24 S	709,761.3700	1.0000	0	709,761	709,761	0
09/30/24 S	4,202,306.2100	1.0000	0	4,202,306	4,202,306	0
10/03/24 S	5,060,606.2500	1.0000	0	5,060,606	5,060,606	0
10/04/24 S	7,404,833.5200	1.0000	0	7,404,834	7,404,834	0
10/08/24 S	27,386.3600	1.0000	0	27,386	27,386	0
10/09/24 S	5,897,597.7600	1.0000	0	5,897,598	5,897,598	0
10/10/24 S	220,194.1500	1.0000	0	220,194	220,194	0
10/11/24 S	1,079,090.1200	1.0000	0	1,079,090	1,079,090	0
10/15/24 S	2,248,924.4700	1.0000	0	2,248,924	2,248,924	0
10/16/24 S	5,488,343.0700	1.0000	0	5,488,343	5,488,343	0
10/18/24 S	8,554,718.3200	1.0000	0	8,554,718	8,554,718	0
10/21/24 S	1,703,248.1100	1.0000	0	1,703,248	1,703,248	0
10/22/24 S	1,518,859.0300	1.0000	0	1,518,859	1,518,859	0
10/23/24 S	3,806,417.3900	1.0000	0	3,806,417	3,806,417	0
10/24/24 S	770,546.2600	1.0000	0	770,546	770,546	0
10/25/24 S	2,196,131.6000	1.0000	0	2,196,132	2,196,132	0
10/29/24 S	340,339.6100	1.0000	0	340,340	340,340	0
10/30/24 S	3,707,772.9900	1.0000	0	3,707,773	3,707,773	0
10/31/24 S	2,055,355.7400	1.0000	0	2,055,356	2,055,356	0
11/01/24 S	8,999,665.7200	1.0000	0	8,999,666	8,999,666	0
11/04/24 S	2,299,544.7800	1.0000	0	2,299,545	2,299,545	0
11/05/24 S	2,036,887.6500	1.0000	0	2,036,888	2,036,888	0
11/06/24 S	818,401.7400	1.0000	0	818,402	818,402	0



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RAILROAD - SMART-TD HLTH&WEL

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/08/24 S	25,574.9900	1.0000	0	25,575	25,575	0
11/12/24 S	802,899.8700	1.0000	0	802,900	802,900	0
11/13/24 S	7,194,719.6800	1.0000	0	7,194,720	7,194,720	0
11/14/24 S	415,561.2300	1.0000	0	415,561	415,561	0
11/15/24 S	6,518,018.7500	1.0000	0	6,518,019	6,518,019	0
11/18/24 S	1,268,563.7100	1.0000	0	1,268,564	1,268,564	0
11/19/24 S	1,905,426.2500	1.0000	0	1,905,426	1,905,426	0
11/20/24 S	5,757,416.4600	1.0000	0	5,757,416	5,757,416	0
11/21/24 S	1,079,988.8200	1.0000	0	1,079,989	1,079,989	0
11/22/24 S	234,314.6200	1.0000	0	234,315	234,315	0
11/25/24 S	4,355,723.6400	1.0000	0	4,355,724	4,355,724	0
12/02/24 S	433,328.8600	1.0000	0	433,329	433,329	0
12/03/24 S	34,792,459.7900	1.0000	0	34,792,460 *	34,792,460	0
12/05/24 S	473,078.9000	1.0000	0	473,079	473,079	0
12/09/24 S	26,015.9700	1.0000	0	26,016	26,016	0
12/09/24 S	829,320.6800	1.0000	0	829,321	829,321	0
12/10/24 S	2,182,577.4300	1.0000	0	2,182,577	2,182,577	0
12/11/24 S	5,838,486.4400	1.0000	0	5,838,486	5,838,486	0
12/12/24 S	707,135.5200	1.0000	0	707,136	707,136	0
12/13/24 S	8,769,462.7200	1.0000	0	8,769,463	8,769,463	0
12/16/24 S	1,504,811.0600	1.0000	0	1,504,811	1,504,811	0
12/17/24 S	358,589.0000	1.0000	0	358,589	358,589	0
12/17/24 S	703,267.8500	1.0000	0	703,268	703,268	0
12/18/24 S	878,038.5700	1.0000	0	878,039	878,039	0
12/19/24 S	2,331,380.6200	1.0000	0	2,331,381	2,331,381	0
12/19/24 S	29,995.8700	1.0000	0	29,996	29,996	0
12/20/24 S	88,844.4400	1.0000	0	88,844	88,844	0
12/23/24 S	1,132,930.8600	1.0000	0	1,132,931	1,132,931	0
12/23/24 S	1,842,210.6100	1.0000	0	1,842,211	1,842,211	0
12/31/24 S	3,008,613.7300	1.0000	0	3,008,614	3,008,614	0
SUB-TOTAL OF SALES # 204			0	562,370,430	562,370,430	0
SUB-TOTAL			0	1,125,784,531	1,125,784,531	0
GRAND TOTAL			0	1,125,784,531	1,125,784,531	0

REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD - SMART-ID HLTH&WEL

<u>DATE BOUGHT/SOLD</u>	<u>SHARES PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>ERISA COST</u>	<u>ERISA COST GAIN/LOSS</u>
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	108,690	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	36,361	
a(2) Total number of active participants at the end of the plan year	6a(2)	35,497	
b Retired or separated participants receiving benefits	6b	72,470	
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	107,967	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e.	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	41	

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 4Q

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan THE SMART-TD HEALTH & WELFARE PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 510</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GOVERNING COMMITTEE</p> <p>251 - 18TH STREET, SOUTH, SUITE 750</p> <p>ARLINGTON VA 22202</p>	<p>1c Effective date of plan 01/01/2000</p> <p>2b Employer Identification Number (EIN) 80-0616629</p> <p>2c Plan Sponsor's telephone number (571) 336-7600</p> <p>2d Business code (see instructions) 482110</p>

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/25	JEFFREY RODGERS
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	108,690
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	36,361
	6a(2)	35,497
	6b	72,470
	6c	
	6d	107,967
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	41

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 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____
