

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan GENERAL EMPLOYEES TRUST FUND	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 02/07/1973
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) BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND 1000 MARINA BLVD STE 400 BRISBANE, CA 94005	2b Employer Identification Number (EIN) 23-7404790 2c Plan Sponsor's telephone number 650-570-7300 2d Business code (see instructions) 561790

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	11/11/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 13331
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) 13331 6a(2) 13621 6b 0 6c 0 6d 13621 6e 6f 13621 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 126

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4F 4Q

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 13
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN, INC.
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(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
94-1340523	N/A	229227	166	04/01/2024	03/31/2025

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

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
	(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	

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1425586
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	N/A	32140	575	04/01/2024	03/31/2025

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

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	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5416469
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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 KAISER FOUNDATION HEALTH PLAN, INC.
--

(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
94-1340523	N/A	32141	2708	04/01/2024	03/31/2025

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	23430093
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	N/A	35135	297	04/01/2024	03/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2898499
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	N/A	603898	6310	04/01/2024	03/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	59250119
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	N/A	602776	165	04/01/2024	03/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1713867
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN, INC.
--

(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
94-1340523	N/A	600277	1927	04/01/2024	03/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	15536728
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN, INC.
--

(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
94-1340523	N/A	8031	726	04/01/2024	03/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7390871
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(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
94-1632821	N/A	00417000	8647	02/01/2024	01/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	738382
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND		D Employer Identification Number (EIN) 23-7404790

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
HCC 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
35-1817054	92711	HCL30384	4654	02/01/2024	01/31/2025

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 187278	(b) Total amount of fees paid
--	-------------------------------

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
STEALTH PARTNER GROUP, LLC
18700 N HAYDEN RD STE 405
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
187278			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3744565
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN, INC.
--

(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
94-1340523	N/A	603962	4492	04/01/2024	03/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	32463680
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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.
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1 Coverage Information:

(a) Name of insurance carrier UNITEDHEALTHCARE 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
36-2739571	79413	0711789			

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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. ▶

INSURANCE COMPANY DID NOT PROVIDE SCHEDULE A.

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

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 STANDARD 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
93-0242990	69019	168802	11392	02/01/2024	01/31/2025

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	675588	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		675588
b Benefit charges (1) Claims paid	9b(1)	370000	
(2) Increase (decrease) in claim reserves	9b(2)	-2279	
(3) Incurred claims (add (1) and (2))	9b(3)		367721
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	89876	
(E) Taxes	9c(1)(E)	15876	
(F) Charges for risks or other contingencies	9c(1)(F)	54047	
(G) Other retention charges	9c(1)(G)	148068	
(H) Total retention	9c(1)(H)		307867
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		119879
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790	

Part I	Service Provider Information (see instructions)
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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
BOYD WATERSON ASSET MANAGEMENT, LLC
34-1922005

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS, L.P.
30-0299433

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDENTREE ASSET MANAGEMENT
300 PARK AVE 21ST FL NEW YORK, NY 10022

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

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

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

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

OPTUM RX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	4817699	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NORTHWEST ADMINISTRATORS, INC.

91-0680697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	2675115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS

95-4331852

(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 49 50	NONE	1069584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RICHARD J. ROMANSKI

04-1328449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	85200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS, LLC

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31 51	NONE	171007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	79300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	88081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(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 27 50	NONE	64485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIM BREKKE

1000 MARINA BLVD STE 400
BRISBANE, CA 94005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	34794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GEORGE HERNANDEZ

1000 MARINA BLVD STE 500
BRISBANE, CA 94005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	34510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYAN NAAN

1000 MARINA BLVD STE 400
BRISBANE, CA 94005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	28250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JIM BEARD

1000 MARINA BLVD STE 400
BRISBANE, CA 94005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	30500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELTA DENTAL OF CALIFORNIA

94-1461312

(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 14 50	NONE	330407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHEN HORN INSURANCE SERVICES

94-3249244

(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?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	16802	Yes ☐ No ☒

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

BEESON, TAYER, & BODINE APC

94-3126136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	74976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

US BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	12691	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NATIONAL COMPLIANCE SERVICES

77-0547083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	305250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEST COAST MAILERS

5630 BORWICK AVE
SOUTH GATE, CA 90280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HMC HEALTHWORKS

140 INTRACOASTAL POINTE DR STE 301
JUPITER, FL 33477

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	280065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	220630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAW LAW GROUP

32-0465891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	59000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IRON MOUNTAIN

23-2588479

(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?
50	NONE	11174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HOUSE OF PRINTING

95-2234833

(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?
50 36	NONE	31688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENISE SOLIS

1000 MARINA BLVD STE 400
BRISBANE, CA 94005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	91880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SERVICE PRINTING CO

91-0839372

(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 50	NONE	16060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STEPHEN HORN INSURANCE SERVICES	53	7982

(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.
ULLICO 13-2988846	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STEPHEN HORN INSURANCE SERVICES	53	8278

(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.
CHUBB 13-1963496	INSURANCE COMMISSIONS

(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025					
A Name of plan GENERAL EMPLOYEES TRUST FUND				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND				D Employer Identification Number (EIN) 23-7404790	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE MS FD OFFSHORE ERISA					
b Name of sponsor of entity listed in (a): GOLDENTREE ASSET MANAGEMENT					
c EIN-PN 98-1018819-002		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13583732	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT,	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

A Name of plan GENERAL EMPLOYEES TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND	D Employer Identification Number (EIN) 23-7404790

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17551000	19146394
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3288584	7928867
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50273390	42247324
(2) U.S. Government securities	1c(2)	21325131	27660326
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5693540	6330849
(B) All other	1c(3)(B)	31471989	47518530
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	33042452	33860447
(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)	10352991	13583732
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1650851	1629552
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4084829	3560993

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	28368	27847
f Total assets (add all amounts in lines 1a through 1e).....	1f	178763125	203494861
Liabilities			
g Benefit claims payable.....	1g	43901380	42837675
h Operating payables.....	1h	596398	389732
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	44497778	43227407
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	134265347	160267454

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)	217756844	
(B) Participants.....	2a(1)(B)	59463	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		217816307
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1451194	
(B) U.S. Government securities.....	2b(1)(B)	677653	
(C) Corporate debt instruments.....	2b(1)(C)	2413833	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	203423	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4746103
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	33634799	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	32983654	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		651145
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	404493	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		404493

		(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)		1230741
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1590
d Total income. Add all income amounts in column (b) and enter total	2d		224850379

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41117225	
(2) To insurance carriers for the provision of benefits	2e(2)	152973813	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		194091038
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)	2675115	
(3) Recordkeeping fees	2i(3)	351550	
(4) IQPA audit fees	2i(4)	33000	
(5) Investment advisory and investment management fees	2i(5)	319088	
(6) Bank or trust company trustee/custodial fees	2i(6)	12691	
(7) Actuarial fees	2i(7)	220630	
(8) Legal fees	2i(8)	219176	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	297051	
(11) Other expenses	2i(11)	628933	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4757234
j Total expenses. Add all expense amounts in column (b) and enter total	2j		198848272

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26002107
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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

GENERAL EMPLOYEES TRUST FUND

FINANCIAL STATEMENTS

JANUARY 31, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
General Employees Trust Fund
1000 Marina Boulevard, Suite 400
Brisbane, California 94005

Members of the Board:

Opinion

We have audited the accompanying financial statements of General Employees Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of January 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

Seattle, Washington

November 3, 2025

GENERAL EMPLOYEES TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>January 31, 2025</u>	<u>January 31, 2024</u>
ASSETS		
CASH AND CASH EQUIVALENTS	\$ 42,247,324	\$ 50,273,390
INVESTMENTS, AT FAIR VALUE		
Corporate Debt	53,849,379	37,165,529
Government Debt	31,221,319	25,409,960
Mutual Funds	1,629,552	1,650,851
Limited Partnerships	33,860,447	33,042,452
103-12 Investment Entity	<u>13,583,732</u>	<u>10,352,991</u>
TOTAL CASH AND CASH EQUIVALENTS, AND INVESTMENTS	<u>176,391,753</u>	<u>157,895,173</u>
RECEIVABLES AND PREPAID EXPENSES		
Employer Contributions	19,146,394	17,551,000
Receivable for Investments Sold	4,500,000	-
Accrued Investment Income	878,154	630,459
Prescription Rebates Receivable	1,503,011	743,284
Stop Loss Receivable	1,047,702	1,914,841
Prepaid Expenses	<u>27,847</u>	<u>28,368</u>
TOTAL RECEIVABLES AND PREPAID EXPENSES	<u>27,103,108</u>	<u>20,867,952</u>
TOTAL ASSETS	203,494,861	178,763,125
LIABILITIES		
Accounts Payable	389,732	384,008
Payable for Investments Purchased, Net	<u>-</u>	<u>212,390</u>
TOTAL LIABILITIES	<u>389,732</u>	<u>596,398</u>
NET ASSETS AVAILABLE FOR BENEFITS	203,105,129	178,166,727
MEMORANDUM:		
Plan's Total Benefit Obligations	<u>42,837,675</u>	<u>43,901,380</u>
Excess of Net Assets Available for Benefits Over Benefit Obligations	<u>\$ 160,267,454</u>	<u>\$ 134,265,347</u>

GENERAL EMPLOYEES TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	February 1, 2024 to January 31, 2025	February 1, 2023 to January 31, 2024
ADDITIONS		
INVESTMENT INCOME		
Dividends and Interest	\$ 4,746,103	\$ 3,906,189
Net Appreciation (Depreciation) of Investments	2,286,379	(738,825)
Less: Investment Fees	<u>(331,779)</u>	<u>(389,335)</u>
NET INVESTMENT INCOME	<u>6,700,703</u>	<u>2,778,029</u>
CONTRIBUTIONS AND OTHER INCOME		
Employer Contributions	217,661,076	207,097,663
Participant Contributions	59,463	123,079
Liquidated Damages and Interest	95,768	186,423
Other Income	<u>1,590</u>	<u>210,785</u>
TOTAL CONTRIBUTIONS AND OTHER INCOME	<u>217,817,897</u>	<u>207,617,950</u>
TOTAL ADDITIONS	<u>224,518,600</u>	<u>210,395,979</u>
DEDUCTIONS		
BENEFITS PAID		
Premiums, Net	152,670,849	143,922,163
Claims Management Fees, Net	1,164,600	1,516,561
Claims, Net	<u>41,319,294</u>	<u>43,190,341</u>
NET BENEFITS PAID	<u>195,154,743</u>	<u>188,629,065</u>
ADMINISTRATIVE EXPENSES		
Administrative Fees:		
Northwest Administrators, Inc.	2,675,115	2,558,291
Delta Dental	330,407	327,129
Consulting Fees	220,630	120,000
Legal Fees	219,176	180,541
Audit Fees - Financial Statement	33,000	31,400
Audit Fees - Claims	46,300	14,280
Payroll Compliance Fees	305,250	300,000
Medical Claims Review	1,900	1,170
PCORI Fee	55,659	50,664
Conference and Meeting Expenses	88,301	47,884
Trustee Services	208,750	98,000
Insurance	109,279	107,378
Postage, Printing, and Office Expenses	<u>131,688</u>	<u>327,867</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>4,425,455</u>	<u>4,164,604</u>
TOTAL DEDUCTIONS	<u>199,580,198</u>	<u>192,793,669</u>
NET INCREASE FOR THE YEAR	24,938,402	17,602,310
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, Beginning of Year	<u>178,166,727</u>	<u>160,564,417</u>
Balance, End of Year	<u>\$ 203,105,129</u>	<u>\$ 178,166,727</u>

GENERAL EMPLOYEES TRUST FUND
STATEMENTS OF BENEFIT OBLIGATIONS

	<u>January 31, 2025</u>	<u>January 31, 2024</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable	\$ 458,009	\$ 766,901
Claims Payable	<u>651,666</u>	<u>1,055,421</u>
	<u>1,109,675</u>	<u>1,822,322</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Estimated Liability for Claims Incurred But Not Reported	7,918,000	8,680,000
Estimated Liability for Future Benefits (Lag Months)	<u>33,810,000</u>	<u>33,399,058</u>
	<u>41,728,000</u>	<u>42,079,058</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 42,837,675</u></u>	<u><u>\$ 43,901,380</u></u>

GENERAL EMPLOYEES TRUST FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	February 1, 2024 to <u>January 31, 2025</u>	February 1, 2023 to <u>January 31, 2024</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums and Claims Payable at Beginning of Year	\$ 1,822,322	\$ 2,596,963
Premiums and Claims Reported and Approved for Payment	194,442,096	187,854,424
Premiums and Claims Paid	<u>(195,154,743)</u>	<u>(188,629,065)</u>
Premiums and Claims Payable at End of Year	<u>1,109,675</u>	<u>1,822,322</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	42,079,058	39,879,744
Net Change During Year:		
Estimated Liability for Claims Incurred But Not Reported	(762,000)	94,556
Estimated Liability for Future Benefits (Lag Months)	<u>410,942</u>	<u>2,104,758</u>
Balance at End of Year	<u>41,728,000</u>	<u>42,079,058</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 42,837,675</u></u>	<u><u>\$ 43,901,380</u></u>

GENERAL EMPLOYEES TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The General Employees Trust Fund (the "Plan") is a multiemployer welfare benefit plan providing medical, vision, dental, prescription, employee assistance, life and accidental death and dismemberment insurance benefits to participants on whose behalf employers contribute to the Plan in accordance with their collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was created in February 1973 by a trust agreement between local unions whose members are employed in the bowling, maintenance, theatre and related industries, and certain employers' association and independent operators in those industries. The Plan provides benefits to substantially all members covered under the collective bargaining agreements of the parties mentioned above.

Active employees are eligible for those benefits specified in their collective bargaining agreement. Dependents of eligible active employees are also eligible to receive benefits. There are no retired employees covered under the Plan. The Plan contracted Northwest Administrators, Inc. to serve as the third-party administrator.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Post-retirement Benefits

The Plan does not provide retiree coverage; therefore, postretirement benefit obligations are not presented in the financial statements.

D. Employer Contributions

Under the terms of the collective bargaining agreements, employers contribute to the Plan at a fixed rate per month based on the number of hours worked by eligible participants. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for estimated uncollectible accounts.

E. Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employer's payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program. Contributions received as a result of payroll examinations are recorded when collected.

GENERAL EMPLOYEES TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses are computed using investments' costs for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the year.

G. Tax-Exempt Status

The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701(i). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's legal counsel believe that the Plan as designed is currently operating in compliance with the applicable requirements of the federal and state codes. Therefore, no provision for federal or state income tax is made.

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

H. Plan Termination

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA and related regulations. In the event of termination, the balance in the Trust Fund, if any, shall be exhausted by continuing the benefits so long as the assets in the Trust Fund will permit after the payment of all expenses of operating and/or winding up the Plan.

Benefits shall be continued for those eligible employees whose names appear on the eligibility list for the last month preceding termination of the Trust Agreement. The benefits that shall be continued shall be those provided by the insurance policies, and/or other plan in force as of the last day of the last month prior to the termination of the Trust Agreement, and the administration of such benefits shall be under the supervision of the Board of Trustees acting as of such date and shall be in accordance with the terms and provisions of the Trust Agreement.

I. Benefit Obligations

Premiums and claims payable and estimated liability for claims incurred but not reported in the statements of benefit obligations represent an estimate of premiums and claims incurred before Plan's year end paid subsequent to the Plan's year end. The estimated liability for future benefits in the statements of benefit obligations is an estimate of the cost of benefits earned in January that are paid in February.

GENERAL EMPLOYEES TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 3 - BENEFITS PAID

Benefits paid were as follows:

	February 1, 2024 to January 31, 2025	February 1, 2023 to January 31, 2024
Premiums, Net:		
Kaiser Foundation Health	\$ 143,806,487	\$ 136,181,523
United Healthcare Insurance	4,165,799	4,834,050
HCC Life Insurance	3,751,386	3,265,489
Vision Service Plan	735,416	772,939
Standard Insurance	675,588	633,756
Less: United Healthcare Premium Refund	(463,827)	(1,717,714)
Vision Service Plan Premium Refund	-	(47,880)
	<u>\$ 152,670,849</u>	<u>\$ 143,922,163</u>
Claims Management Fees, Net:		
Anthem Blue Cross PPO Fees	1,069,584	1,027,551
HMC HealthWorks	335,631	555,642
Less: HMC HealthWorks Admin Fee Refund	(240,615)	(66,632)
	<u>\$ 1,164,600</u>	<u>\$ 1,516,561</u>
Claims, Net:		
Medical Claims, Net	\$ 31,459,767	\$ 36,706,677
Dental	4,759,863	4,695,720
Prescription	9,909,269	9,357,385
Less: Prescription Drugs Rebates	(2,951,348)	(2,927,847)
Stop Loss Reimbursements	(1,858,257)	(4,641,594)
	<u>\$ 41,319,294</u>	<u>\$ 43,190,341</u>

NOTE 4 - CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan maintains its cash balances at Fremont Bank. Cash balances may at times exceed the federally insured limit of \$250,000 per bank.

Plan investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the value of investments in the near term could materially affect the amounts reported in the financial statements.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting guidance on measuring fair value establishes a hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are quoted prices for identical securities in an active market. Level 2 inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

GENERAL EMPLOYEES TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2025 and 2024. Level 1 investments consist of mutual funds and U.S. Treasury government debt securities that are actively traded on a national exchange. Level 2 investments consist of corporate and government debt securities valued at similar bonds in the active market in which the bond is traded using pricing provided by third party pricing services.

The following tables summarize the Plan's investments at January 31 based on the inputs used to value them:

Description	2025			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 1,629,552	\$ -	\$ -	\$ 1,629,552
Corporate Debt Securities	-	53,849,379	-	53,849,379
Government Debt Securities	8,598,916	22,622,403	-	31,221,319
Total Assets in the Fair Value Hierarchy	<u>\$ 10,228,468</u>	<u>\$ 76,471,782</u>	<u>\$ -</u>	86,700,250
Investments Measured at Net Asset Value ^A				<u>47,444,179</u>
Total				<u>\$ 134,144,429</u>

Description	2024			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 1,650,851	\$ -	\$ -	\$ 1,650,851
Corporate Debt Securities	-	37,165,529	-	37,165,529
Government Debt Securities	9,463,159	15,946,801	-	25,409,960
Total Assets in the Fair Value Hierarchy	<u>\$ 11,114,010</u>	<u>\$ 53,112,330</u>	<u>\$ -</u>	64,226,340
Investments Measured at Net Asset Value ^A				<u>43,395,443</u>
Total				<u>\$ 107,621,783</u>

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The 103-12 investment entity is a direct filing entity. The following table summarizes the investments for which fair value is measured using the net asset value per share practical expedient as of:

	January 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2025	2024			
American Core Realty Fund ^A	\$ 12,273,097	\$ 13,184,792	None	Quarterly	**
Boyd Watterson GSA Fund LP ^B	7,026,844	7,910,888	None	Quarterly ***	60 days
Corbin ERISA Opportunity Fund, LP ^C	14,560,506	11,946,772	None	Quarterly ****	65 days
GoldenTree Multi-Sector Fund					
Offshore ERISA, Ltd.	13,583,732	10,352,991	None	**	90 days
	<u>\$ 47,444,179</u>	<u>\$ 43,395,443</u>			

GENERAL EMPLOYEES TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

- ^A The American Core Realty Fund invests primarily in institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.
- ^B Boyd Watterson GSA Fund LP invests in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies.
- ^C Corbin ERISA Opportunity Fund invests primarily in high-yield and distressed securities, long/short credit, structured and asset-backed credit, private lending, event driven investing and emerging markets credit.
- ^{**} Requests for redemptions are effective at the end of the calendar quarter in which the request is received by the investment manager. Redemptions may be made in installments as funds become available.
- ^{***} Unless waived by the General Partner, partial redemptions of units shall only be permitted in increments of \$250,000 and shall not be permitted for amounts less than \$250,000.
- ^{****} Investor withdrawals are limited to no more than 25% of their total investment value per quarter.

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	<u>January 31, 2025</u>	<u>January 31, 2024</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 203,105,129	\$ 178,166,727
Less: Plan's Total Benefit Obligations	<u>(42,837,675)</u>	<u>(43,901,380)</u>
Net Assets Per the Form 5500	<u>\$ 160,267,454</u>	<u>\$ 134,265,347</u>

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

	February 1, 2024 to <u>January 31, 2025</u>
Net Benefits Paid to Participants Per the Financial Statements	\$ 195,154,743
Add: Plan's Benefit Obligations at January 31, 2025	42,837,675
Less: Plan's Benefit Obligations at January 31, 2024	<u>(43,901,380)</u>
Benefits Paid to Participants Per the Form 5500	<u>\$ 194,091,038</u>

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

GENERAL EMPLOYEES TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 3, 2025, the date on which these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4

E.I.N. 23-7404790; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
General Employees Trust Fund
1000 Marina Boulevard, Suite 400
Brisbane, California 94005

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of January 31, 2025 and reportable transactions for the year ended January 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

November 3, 2025

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

<u>No. of Units</u>	<u>Description of Investment</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Corporate Debt Securities</u>		
	See Attached	\$ 53,849,379	\$ 53,902,265
	<u>Government Debt Securities</u>		
	See Attached	\$ 31,221,319	\$ 31,678,969
	<u>Mutual Funds</u>		
	See Attached	\$ 1,629,552	\$ 1,629,552
	<u>Limited Partnerships</u>		
103	American Core Realty Fund	\$ 12,273,097	\$ 12,010,206
7,124	Boyd Watterson GSA Fund LP	7,026,844	6,310,024
11,144,515	Corbin ERISA Opportunity Fund LP	14,560,506	11,348,975
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 33,860,447</u>	<u>\$ 29,669,205</u>
	<u>103-12 Investment Entity</u>		
5,787	GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	\$ 13,583,732	\$ 12,000,000
	<u>TOTAL - INVESTMENTS</u>	<u>\$ 134,144,429</u>	<u>\$ 128,879,991</u>

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ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Treas Ob Fd Cl Z 31846V542 Asset Minor Code 1 ACCOUNT 001050997460	511,809.920	511,809.92 1.0000	511,809.92	.00 .00	1,764.78	4.25
First Am Treas Ob Fd Cl Z 31846V542 Asset Minor Code 1 ACCOUNT 001050997461	75,829.630	75,829.63 1.0000	75,829.63	.00 .00	482.13	4.25
Total First Am Treas Ob Fd Cl Z	587,639.550	587,639.55	587,639.55	.00 .00	2,246.91	4.24
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 ACCOUNT 001050997462	1,041,912.290	1,041,912.29 1.0000	1,041,912.29	.00 .00	4,747.40	4.26
Total Money Markets	1,629,551.840	1,629,551.84	1,629,551.84	.00 .00	6,994.31	4.25
Total Cash And Equivalents	1,629,551.840	1,629,551.84	1,629,551.84	.00 .00	6,994.31	4.25

US Government Issues

F H L M C Gd G15532 4.000% 8/01/30 Standard & Poors Rating: N/A Moody's Rating: N/A 3128MELM1 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 98.8720	.00	.00 3,127.33	.00	0.00
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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C #Zs9446 3.500% 8/01/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3132AAP73 Asset Minor Code 24 ACCOUNT 001050997461	119,463.800	108,853.03 91.1180	111,876.06	- 3,023.03 - 2,858.56	348.44	3.84
FHLMC Sa0088 1.500% 1/01/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3132CJCZ4 Asset Minor Code 24 ACCOUNT 001050997461	633,618.670	569,395.08 89.8640	582,632.17	- 13,237.09 - 13,237.09	792.02	1.67
F H L M C #Sb0308 2.500% 1/01/35 Standard & Poors Rating: N/A Moody's Rating: N/A 3132CWKV5 Asset Minor Code 24 ACCOUNT 001050997461	464,710.320	427,719.38 92.0400	440,734.07	- 13,014.69 - 2,897.69	968.20	2.72
FHLMC Sd4154 3.500% 8/01/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3132E0TK8 Asset Minor Code 24 ACCOUNT 001050997461	161,870.990	147,330.12 91.0170	150,094.52	- 2,764.40 - 2,764.40	.00	3.85
F H L M C #Wa1625 3.450% 8/01/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3132WVA38 Asset Minor Code 24 ACCOUNT 001050997461	418,113.410	383,614.87 91.7490	386,003.98	- 2,389.11 - 4,405.70	1,040.90	3.76
F H L M C Gd Wa2801 3.490% 10/01/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3132WWKP6 Asset Minor Code 24 ACCOUNT 001050997461	288,713.600	278,787.63 96.5620	289,196.99	- 10,409.36 4,115.20	804.72	3.61

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C Gd Wn0007 3.420% 10/01/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3132XEAH4 Asset Minor Code 24 ACCOUNT 001050997461	343,457.740	310,121.73 90.2940	340,103.16	- 29,981.43 - 6,059.53	682.74	3.79
F H L M C #Za5113 4.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 31329NVE5 Asset Minor Code 24 ACCOUNT 001050997461	132,809.220	125,709.24 94.6540	140,568.94	- 14,859.70 - 3,625.53	442.80	4.23
F H L M C #Si2036 5.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3133USHM6 Asset Minor Code 24 ACCOUNT 001050997461	239,327.750	238,006.66 99.4480	242,502.87	- 4,496.21 - 2,892.41	997.20	5.03
F N M A Gtd Remic 2.000% 2/25/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3136ACED9 Asset Minor Code 30 ACCOUNT 001050997461	80,979.360	74,729.37 92.2820	79,001.24	- 4,271.87 1,300.73	134.95	2.17
F N M A Gtd Remic 2.500% 9/25/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3136AS2M7 Asset Minor Code 30 ACCOUNT 001050997461	83,378.140	74,529.22 89.3870	83,420.43	- 8,891.21 1,104.41	173.66	2.80
F N M A Gtd Remic 0.96959% 1/25/31 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BBAQ5 Asset Minor Code 30 ACCOUNT 001050997461	1,460,332.370	1,270,971.07 87.0330	1,284,636.13	- 13,665.06 - 13,665.06	1,179.94	1.11

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F N M A Gtd Remic 2.943% 10/25/27 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BML55 Asset Minor Code 30 ACCOUNT 001050997461	276,825.740	266,228.85 96.1720	273,593.85	- 7,365.00 5,478.67	676.77	3.09
F N M A Gtd Remic 2.045% 4/25/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BPWE7 Asset Minor Code 30 ACCOUNT 001050997461	915,000.000	762,771.45 83.3630	718,336.89	44,434.56 2,953.66	1,505.77	2.45
F N M A Gtd Remic 4.181% 7/25/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BQDE6 Asset Minor Code 30 ACCOUNT 001050997461	577,906.350	567,850.78 98.2600	566,889.27	961.51 - 4,489.04	2,013.36	4.26
F N M A Gtd Remic 2.650% 6/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3136B4C63 Asset Minor Code 30 ACCOUNT 001050997461	1,383,863.870	1,286,965.72 92.9980	1,282,290.42	4,675.30 4,675.30	3,056.03	2.85
F N M A Gtd Remic 2.937% 4/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3136B4VT2 Asset Minor Code 30 ACCOUNT 001050997461	666,363.330	624,075.91 93.6540	626,381.53	- 2,305.62 - 2,305.62	1,630.92	3.14
F H L M C Mltcl Mtg 2.811% 1/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BHCY1 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 99.8080	.00	.00 - 6,311.57	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C Mltcl Mtg 3.023% 1/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BHXJ1 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 3,324.09	.00	0.00
F H L M C Mltcl Mt 2.76996% 5/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BJQ71 Asset Minor Code 30 ACCOUNT 001050997461	520,000.000	516,193.60 99.2680	542,780.19	- 26,586.59 10,732.80	1,199.76	2.79
F H L M C Mltcl Mt 3.284% 6/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BLAC2 Asset Minor Code 30 ACCOUNT 001050997461	333,568.710	331,800.80 99.4700	343,765.05	- 11,964.25 7,332.00	912.94	3.30
F H L M C Mltcl Mtg 2.995% 12/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BN6G4 Asset Minor Code 30 ACCOUNT 001050997461	465,000.000	459,164.25 98.7450	457,111.06	2,053.19 6,865.19	1,160.58	3.03
F H L M C Mltcl Mtg 2.896% 4/25/26 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BWFV1 Asset Minor Code 30 ACCOUNT 001050997461	45,677.000	45,159.48 98.8670	44,970.50	188.98 1,636.05	110.27	2.93
F H L M C Mltcl Mtg 3.459% 11/25/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3137FDET5 Asset Minor Code 30 ACCOUNT 001050997461	525,000.000	479,025.75 91.2430	468,655.16	10,370.59 - 4,740.29	1,513.31	3.79

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F H L M C Mltcl Mt 1.89495% 6/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137FNWW6 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 99.8650	.00	.00 192.24	.00	0.00
F H L M C Mltcl Mt 1.470% 9/25/27 Standard & Poors Rating: N/A Moody's Rating: N/A 3137F72B0 Asset Minor Code 30 ACCOUNT 001050997461	155,000.000	143,376.55 92.5010	140,916.90	2,459.65 3,334.05	189.87	1.59
F H L M C Mltcl 5.400% 1/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3137HC2L5 Asset Minor Code 30 ACCOUNT 001050997461	650,000.000	666,529.50 102.5430	675,187.50	- 8,658.00 - 8,658.00	2,925.00	5.27
F H L M C Mltcl Mtg 0.681% 6/25/26 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H1LS3 Asset Minor Code 30 ACCOUNT 001050997461	3,568.050	3,534.51 99.0600	3,543.41	- 8.90 369.16	2.03	0.69
F H L M C Mltcl 1.657% 8/25/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H2NE0 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 90.6190	.00	.00 - 411.45	.00	0.00
F H L M C Mltcl Mtg 2.120% 3/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H74P5 Asset Minor Code 30 ACCOUNT 001050997461	425,000.000	387,094.25 91.0810	370,641.60	16,452.65 4,224.50	750.83	2.33

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F H L M C Mltcl Mtg 3.465% 2/25/31 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H8H87 Asset Minor Code 30 ACCOUNT 001050997461	175,000.000	163,987.25 93.7070	163,588.48	398.77 398.77	505.29	3.70
F H L M C Mltcl Mt 4.118% 11/25/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H92P3 Asset Minor Code 30 ACCOUNT 001050997461	90,000.000	86,536.80 96.1520	86,072.96	463.84 463.84	308.85	4.28
F N M A #AI2893 3.500% 12/01/42 Standard & Poors Rating: N/A Moody's Rating: N/A 3138EKGB5 Asset Minor Code 24 ACCOUNT 001050997461	162,892.540	148,476.55 91.1500	163,045.24	- 14,568.69 - 2,647.96	475.10	3.84
F N M A #AI3495 3.220% 4/01/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3138EK3D5 Asset Minor Code 24 ACCOUNT 001050997461	229,468.470	221,287.92 96.4350	244,451.81	- 23,163.89 3,311.69	636.30	3.34
F N M A #An6779 2.730% 9/01/24 Standard & Poors Rating: N/A Moody's Rating: N/A 3138LKQ91 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 - 2,086.58	.00	0.00
F N M A #An9316 3.470% 5/01/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3138LNK67 Asset Minor Code 24 ACCOUNT 001050997461	45,000.000	43,431.75 96.5150	42,869.53	562.22 103.95	134.48	3.60

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F N M A #Bm4567 6.697% 7/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140J9CD1 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 103.1300	.00	.00 96.34	.00	0.00
F N M A #Bm4734 3.500% 2/01/46 Standard & Poors Rating: N/A Moody's Rating: N/A 3140J9HL8 Asset Minor Code 24 ACCOUNT 001050997461	77,333.090	70,668.52 91.3820	72,391.02	- 1,722.50 - 1,722.50	225.55	3.83
F N M A #Bm4870 3.500% 3/01/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3140J9MU2 Asset Minor Code 24 ACCOUNT 001050997461	74,139.910	71,953.52 97.0510	77,289.77	- 5,336.25 1,009.40	216.26	3.61
F N M A #Bs5597 3.590% 5/01/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3140LGGF3 Asset Minor Code 24 ACCOUNT 001050997461	100,000.000	92,278.00 92.2780	95,664.25	- 3,386.25 - 967.00	309.14	3.89
FNMA Bz1048 5.130% 6/01/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3140NVEW3 Asset Minor Code 24 ACCOUNT 001050997461	65,000.000	66,169.35 101.7990	66,462.50	- 293.15 - 293.15	.00	5.04
F N M A #Fm8873 3.500% 7/01/34 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XC2F4 Asset Minor Code 24 ACCOUNT 001050997461	145,392.000	142,125.04 97.7530	151,317.15	- 9,192.11 4,836.30	424.07	3.58

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F N M A #Fs0961 6.000% 5/01/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XGB73 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 102.3630	.00	.00 24,722.08	.00	0.00
F N M A #Fs1116 5.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XGG29 Asset Minor Code 24 ACCOUNT 001050997461	137,980.220	136,897.08 99.2150	146,529.26	- 9,632.18 15.00	574.93	5.04
F N M A #Fs1485 3.000% 11/01/46 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XGUK3 Asset Minor Code 24 ACCOUNT 001050997461	196,572.950	173,432.38 88.2280	185,986.17	- 12,553.79 - 3,876.37	491.45	3.40
F N M A #Fs3753 5.500% 5/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XKE30 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 100.9550	.00	.00 7,054.12	.00	0.00
F N M A #Fs6863 6.000% 1/01/42 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XNTV6 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 102.3710	.00	.00 431.73	.00	0.00
F N M A #Fs7459 5.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XPJD2 Asset Minor Code 24 ACCOUNT 001050997461	35,808.560	35,610.90 99.4480	36,093.91	- 483.01 - 483.01	149.20	5.03

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F N M A #Fs7952 6.000% 2/01/49 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XPZS1 Asset Minor Code 24 ACCOUNT 001050997461	509,918.460	528,484.59 103.6410	525,684.36	2,800.23 2,800.23	2,549.59	5.79
F N M A #Fs8559 5.500% 11/01/52 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XQQM2 Asset Minor Code 24 ACCOUNT 001050997461	568,723.540	576,805.10 101.4210	581,786.40	- 4,981.30 - 4,981.30	2,606.65	5.42
F N M A #Fs9260 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XRJE6 Asset Minor Code 24 ACCOUNT 001050997461	540,627.180	512,238.85 94.7490	512,244.25	- 5.40 - 5.40	.00	2.64
F N M A #Fs9640 5.500% 11/01/52 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XRWA9 Asset Minor Code 24 ACCOUNT 001050997461	62,600.670	63,207.90 100.9700	64,072.54	- 864.64 - 864.64	286.91	5.45
F N M A #Fs9946 6.000% 2/01/49 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XSBQ5 Asset Minor Code 24 ACCOUNT 001050997461	98,744.070	102,340.33 103.6420	103,499.99	- 1,159.66 - 1,159.66	493.72	5.79
F N M A #Fm2993 3.500% 7/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6KF7 Asset Minor Code 24 ACCOUNT 001050997461	80,391.800	73,584.22 91.5320	88,065.27	- 14,481.05 - 376.80	234.50	3.82

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F N M A #Fm3029 7.000% 8/01/36 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6LK5 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 104.7250	.00	.00 843.58	.00	0.00
F N M A #Fm3066 4.500% 11/01/38 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6MQ1 Asset Minor Code 24 ACCOUNT 001050997461	41,275.280	41,049.92 99.4540	44,929.55	- 3,879.63 1,556.55	154.78	4.52
F N M A #Fm3228 3.500% 9/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6SS1 Asset Minor Code 24 ACCOUNT 001050997461	365,450.350	333,027.59 91.1280	360,852.00	- 27,824.41 - 7,312.75	1,065.92	3.84
F N M A #Fm4854 5.500% 5/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X8MC8 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 101.2560	.00	.00 19,118.03	.00	0.00
F N M A #Ma4389 1.500% 6/01/31 Standard & Poors Rating: N/A Moody's Rating: N/A 31418D2X9 Asset Minor Code 24 ACCOUNT 001050997461	690,626.790	637,600.47 92.3220	636,244.66	1,355.81 1,355.81	863.28	1.62
G N M A #Bb2949 3.630% 9/15/37 Standard & Poors Rating: N/A Moody's Rating: N/A 3617ATH22 Asset Minor Code 24 ACCOUNT 001050997461	348,118.340	325,689.08 93.5570	349,555.80	- 23,866.72 - 247.17	1,021.14	3.88

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
G N M A #Bb5549 3.600% 12/15/34 Standard & Poors Rating: N/A Moody's Rating: N/A 3617AWEW2 Asset Minor Code 24 ACCOUNT 001050997461	378,773.140	361,637.44 95.4760	381,456.27	- 19,818.83 - 142.50	1,136.26	3.77
G N M A #Bx7719 1.970% 9/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3617QCSG9 Asset Minor Code 24 ACCOUNT 001050997461	286,051.660	228,975.77 80.0470	265,030.74	- 36,054.97 - 12,346.76	469.53	2.46
G N M A #Ac1428 2.690% 6/15/33 Standard & Poors Rating: N/A Moody's Rating: N/A 36179ASR8 Asset Minor Code 24 ACCOUNT 001050997461	464,806.240	424,521.48 91.3330	453,321.55	- 28,800.07 - 12,745.88	987.72	2.95
G N M A #Ac3667 1.660% 8/15/26 Standard & Poors Rating: N/A Moody's Rating: N/A 36179DCC2 Asset Minor Code 24 ACCOUNT 001050997461	81,275.940	79,321.25 97.5950	79,068.74	252.51 1,180.31	76.70	1.70
G N M A #AU4920 3.020% 9/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 36194SPD4 Asset Minor Code 24 ACCOUNT 001050997461	482,361.460	411,632.80 85.3370	469,265.19	- 57,632.39 - 17,580.76	1,186.89	3.54
G N M A #Ai8404 3.310% 5/15/30 Standard & Poors Rating: N/A Moody's Rating: N/A 36198VKR7 Asset Minor Code 24 ACCOUNT 001050997461	431,023.520	418,946.24 97.1980	441,007.04	- 22,060.80 301.27	1,089.75	3.41

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
GNMA 786470X 5.000% 11/15/40 Standard & Poors Rating: N/A Moody's Rating: N/A 3622ACCF5 Asset Minor Code 24 ACCOUNT 001050997461	351,811.620	350,858.21 99.7290	359,141.85	- 8,283.64 - 6,096.58	.00	5.01
G N M A #787287 5.500% 6/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3622AC6Y1 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 101.7850	.00	.00 - .02	.00	0.00
G N M A #787712 5.500% 11/15/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3622ADN53 Asset Minor Code 24 ACCOUNT 001050997461	347,951.870	354,531.64 101.8910	356,937.33	- 2,405.69 - 2,405.69	1,594.78	5.40
Resolution Fdg Strip 4/15/30 Standard & Poors Rating: N/A Moody's Rating: N/A 76116FAC1 Asset Minor Code 23 ACCOUNT 001050997461	970,000.000	764,806.20 .7885	780,691.89	- 15,885.69 20,930.45	.00	0.00
U S Treasury Nt 0.625% 8/15/30 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CAE1 Asset Minor Code 21 ACCOUNT 001050997461	1,615,000.000	1,319,438.85 81.6990	1,312,833.39	6,605.46 15,744.95	4,662.87	0.77
U S Treasury Nt 0.250% 8/31/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CAJ0 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 97.7160	.00	.00 - 27,390.22	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 1.250% 3/31/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CBS9 Asset Minor Code 21 ACCOUNT 001050997461	515,000.000	469,757.25 91.2150	464,793.58	4,963.67 - 1,573.97	2,192.99	1.37
U S Treasury Nt 0.750% 5/31/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CCF6 Asset Minor Code 21 ACCOUNT 001050997461	115,000.000	109,905.50 95.5700	108,935.55	969.95 969.95	149.28	0.78
U S Treasury Nt 1.375% 11/15/31 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CDJ7 Asset Minor Code 21 ACCOUNT 001050997461	1,745,000.000	1,433,360.45 82.1410	1,436,899.01	- 3,538.56 - 18,588.54	5,169.92	1.67
U S Treasury Nt 1.125% 1/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 91282CDS7 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 - 21,602.70	.00	0.00
U S Treasury Nt 2.375% 3/31/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CEE7 Asset Minor Code 21 ACCOUNT 001050997461	965,000.000	894,091.80 92.6520	895,644.73	- 1,552.93 - 10,784.43	7,807.49	2.56
U S Treasury Nt 3.875% 8/15/33 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CHT1 Asset Minor Code 21 ACCOUNT 001050997461	740,000.000	706,848.00 95.5200	723,416.94	- 16,568.94 - 16,568.94	13,246.60	4.06

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U S Treasury Nt 2.000% 2/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828J27 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 99.9820	.00	.00 23,798.21	.00	0.00
U S Treasury Nt 1.625% 2/15/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828P46 Asset Minor Code 21 ACCOUNT 001050997461	355,000.000	345,606.70 97.3540	336,223.83	9,382.87 9,382.87	2,664.91	1.67
U S Treasury Nt 2.250% 2/15/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828V98 Asset Minor Code 21 ACCOUNT 001050997461	1,035,000.000	995,783.85 96.2110	977,220.20	18,563.65 11,245.21	10,757.81	2.34
U S Treasury Nt 2.125% 5/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828XB1 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 99.3880	.00	.00 18,819.68	.00	0.00
U S Treasury Nt 1.375% 8/31/26 Standard & Poors Rating: N/A Moody's Rating: N/A 912828YD6 Asset Minor Code 21 ACCOUNT 001050997461	1,100,000.000	1,053,041.00 95.7310	1,048,075.98	4,965.02 4,965.02	6,434.39	1.44
U S Treasury Nt 1.625% 11/30/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828YU8 Asset Minor Code 21 ACCOUNT 001050997461	675,000.000	644,706.00 95.5120	628,092.77	16,613.23 16,613.23	1,898.44	1.70

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U S Treasury Nt 2.250% 8/15/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 9128282R0 Asset Minor Code 21 ACCOUNT 001050997461	1,150,000.000	1,096,134.00 95.3160	1,082,116.77	14,017.23 14,017.23	11,953.13	2.36
Total US Government Issues	30,014,668.090	27,660,326.34	28,044,704.11	- 384,377.77 12,677.96	112,419.58	2.78

Corporate Issues

At T Inc 4.100% 2/15/28 Standard & Poors Rating: BBB Moody's Rating: Baa2 00206RGL0 Asset Minor Code 28 ACCOUNT 001050997461	630,000.000	618,395.40 98.1580	653,411.30	- 35,015.90 1,294.70	11,910.50	4.18
At T Inc Gbl Nt 2.300% 6/01/27 Standard & Poors Rating: BBB Moody's Rating: Baa2 00206RDX1 Asset Minor Code 28 ACCOUNT 001050997461	230,000.000	217,849.10 94.7170	211,002.31	6,846.79 4,662.10	881.67	2.43
Aadvantage Loyalty 5.43889% 4/20/26 Standard & Poors Rating: N/A Moody's Rating: Ba1 00253XAA9 Asset Minor Code 31 ACCOUNT 001050997462	608,333.330	607,986.58 99.9430	587,407.16	20,579.42 - 7,522.16	1,010.98	5.44
Adobe Inc Sr Gbl 4.800% 4/04/29 Standard & Poors Rating: A+ Moody's Rating: A1 00724PAF6 Asset Minor Code 28 ACCOUNT 001050997461	330,000.000	332,055.90 100.6230	338,552.90	- 6,497.00 - 6,497.00	5,148.00	4.77

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Albertsons Cos L P 4.625% 1/15/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 013092AC5 Asset Minor Code 28 ACCOUNT 001050997462	100,000.000	98,220.00 98.2200	98,043.75	176.25 176.25	205.56	4.71
Albertsons Cos Inc 3.250% 3/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 013092AF8 Asset Minor Code 28 ACCOUNT 001050997462	965,000.000	947,031.70 98.1380	948,303.45	- 1,271.75 31,064.55	11,848.06	3.31
Howmet Aerospace Inc 5.125% 10/01/24 Standard & Poors Rating: N/R Moody's Rating: N/A 013817AW1 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 3,906.63	.00	0.00
Ball Corp 5.250% 7/01/25 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 058498AT3 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0380	.00	.00 - 2,879.25	.00	0.00
Ball Corp 4.875% 3/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 058498AV8 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 99.8450	.00	.00 1,240.25	.00	0.00
Bank Of America Mtn 3.559% 4/23/27 Standard & Poors Rating: A- Moody's Rating: A1 06051GHT9 Asset Minor Code 28 ACCOUNT 001050997461	1,120,000.000	1,103,547.20 98.5310	1,151,351.51	- 47,804.31 18,865.85	10,851.00	3.61

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Blackrock Inc 2.400% 4/30/30 Standard & Poors Rating: AA- Moody's Rating: Aa3 09247XAQ4 Asset Minor Code 28 ACCOUNT 001050997461	370,000.000	329,873.50 89.1550	344,637.77	- 14,764.27 2,586.70	2,244.67	2.69
Boyd Gaming Corp 4.750% 12/01/27 Standard & Poors Rating: Bb Moody's Rating: B1 103304BU4 Asset Minor Code 28 ACCOUNT 001050997462	1,025,000.000	1,005,740.25 98.1210	974,702.37	31,037.88 14,766.85	8,114.58	4.84
Brinks Co The 4.625% 10/15/27 Standard & Poors Rating: Bb Moody's Rating: Ba3 109696AA2 Asset Minor Code 28 ACCOUNT 001050997462	125,000.000	122,051.25 97.6410	121,550.00	501.25 501.25	1,702.26	4.74
Brinks Co 6.500% 6/15/29 Standard & Poors Rating: Bb Moody's Rating: Ba3 109696AC8 Asset Minor Code 28 ACCOUNT 001050997462	620,000.000	631,990.80 101.9340	631,970.00	20.80 20.80	5,149.44	6.38
Brookfield Ppty Reit 4.500% 4/01/27 Standard & Poors Rating: B+ Moody's Rating: B1 11284DAC9 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 96.1400	.00	.00 48,811.56	.00	0.00
Caterpillar Mtn 4.700% 11/15/29 Standard & Poors Rating: A Moody's Rating: A2 14913UAU4 Asset Minor Code 28 ACCOUNT 001050997461	330,000.000	329,640.30 99.8910	329,686.50	- 46.20 - 46.20	3,274.33	4.71

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Centene Corp Del Sr 4.250% 12/15/27 Standard & Poors Rating: BBB- Moody's Rating: Ba1 15135BAR2 Asset Minor Code 28 ACCOUNT 001050997462	1,070,000.000	1,036,926.30 96.9090	1,012,194.61	24,731.69 9,032.65	5,810.69	4.39
Charter Comm Opt LLC 4.908% 7/23/25 Standard & Poors Rating: BBB- Moody's Rating: Ba1 161175AY0 Asset Minor Code 28 ACCOUNT 001050997462	795,000.000	794,515.05 99.9390	798,506.33	- 3,991.28 6,566.70	867.08	4.91
Citigroup Inc 3.070% 2/24/28 Standard & Poors Rating: BBB+ Moody's Rating: A3 172967NG2 Asset Minor Code 28 ACCOUNT 001050997461	910,000.000	878,450.30 96.5330	887,812.23	- 9,361.93 15,929.00	12,183.64	3.18
Clearway Energy LLC 4.750% 3/15/28 Standard & Poors Rating: Bb Moody's Rating: Ba2 18539UAC9 Asset Minor Code 28 ACCOUNT 001050997462	775,000.000	749,789.25 96.7470	752,005.00	- 2,215.75 - 2,215.75	13,906.94	4.91
Cleveland Cliffs Inc 6.875% 11/01/29 Standard & Poors Rating: N/A Moody's Rating: Ba3 185899AQ4 Asset Minor Code 28 ACCOUNT 001050997462	105,000.000	105,325.50 100.3100	105,102.70	222.80 222.80	1,985.16	6.85
Conoco Inc 6.950% 4/15/29 Standard & Poors Rating: A- Moody's Rating: A2 208251AE8 Asset Minor Code 28 ACCOUNT 001050997461	.000	.00 108.2550	.00	.00 38,876.82	.00	0.00

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Conocophillips Sr Nt 4.700% 1/15/30 Standard & Poors Rating: A- Moody's Rating: A2 20826FBJ4 Asset Minor Code 28 ACCOUNT 001050997461	775,000.000	768,536.50 99.1660	771,372.40	- 2,835.90 - 2,835.90	5,666.11	4.74
Energy Transfer L P 5.750% 4/01/25 Standard & Poors Rating: BBB Moody's Rating: WR 226373AP3 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 4,936.40	.00	0.00
Crown Amer Cap Corp 4.750% 2/01/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 228187AB6 Asset Minor Code 28 ACCOUNT 001050997462	1,045,000.000	1,042,262.10 99.7380	1,008,762.25	33,499.85 17,282.70	24,818.75	4.76
John Deere Mtn 3.450% 3/07/29 Standard & Poors Rating: A Moody's Rating: A1 24422EUU1 Asset Minor Code 28 ACCOUNT 001050997461	275,000.000	262,289.50 95.3780	285,337.67	- 23,048.17 - 914.90	3,795.00	3.62
John Deere Mtn 4.700% 6/10/30 Standard & Poors Rating: A Moody's Rating: A1 24422EWZ8 Asset Minor Code 28 ACCOUNT 001050997461	.000	.00 99.9100	.00	.00 - 2,628.80	.00	0.00
John Deere Mtn 4.400% 9/08/31 Standard & Poors Rating: A Moody's Rating: A1 24422EXX2 Asset Minor Code 28 ACCOUNT 001050997461	450,000.000	437,296.50 97.1770	450,166.20	- 12,869.70 - 12,869.70	7,975.00	4.53

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Duke Energy 3.950% 11/15/28 Standard & Poors Rating: A Moody's Rating: Aa3 26442CAX2 Asset Minor Code 28 ACCOUNT 001050997461	605,000.000	589,760.05 97.4810	638,264.02	- 48,503.97 - 3,024.30	5,045.03	4.05
Esab Corporation 6.45833% 4/15/29 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 29605JAA4 Asset Minor Code 28 ACCOUNT 001050997462	860,000.000	871,575.60 101.3460	866,450.80	5,124.80 5,124.80	16,353.93	6.37
Ford Motor Credit Co 4.063% 11/01/24 Standard & Poors Rating: N/R Moody's Rating: WR 345397ZX4 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 21,468.20	.00	0.00
Fortress Trans 6.500% 10/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 34960PAB7 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 7,927.61	.00	0.00
Fortress Transn L P 5.500% 5/01/28 Standard & Poors Rating: B+ Moody's Rating: Ba2 34960PAD3 Asset Minor Code 28 ACCOUNT 001050997462	1,065,000.000	1,040,984.25 97.7450	1,018,148.40	22,835.85 7,445.95	14,643.75	5.63
Glp Capital LP Fin 5.375% 4/15/26 Standard & Poors Rating: BBB- Moody's Rating: Ba1 361841AH2 Asset Minor Code 28 ACCOUNT 001050997462	725,000.000	726,189.00 100.1640	721,225.30	4,963.70 3,862.75	11,474.13	5.37

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Glp Capital LP Fin 5.250% 6/01/25 Standard & Poors Rating: BBB- Moody's Rating: Ba1 361841AJ8 Asset Minor Code 28 ACCOUNT 001050997462	315,000.000	314,593.65 99.8710	312,779.75	1,813.90 901.10	2,756.25	5.26
Genting New York 7.250% 10/01/29 Standard & Poors Rating: Bb+ Moody's Rating: N/A 37255JAB8 Asset Minor Code 28 ACCOUNT 001050997462	400,000.000	411,196.00 102.7990	402,783.43	8,412.57 8,412.57	10,230.56	7.05
Hat Hldgs LLC Hat 6.000% 4/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 418751AB9 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 1,498.75	.00	0.00
Hat Hldgs I LLC 3.375% 6/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Baa3 418751AE3 Asset Minor Code 28 ACCOUNT 001050997462	1,075,000.000	1,041,535.25 96.8870	1,009,129.10	32,406.15 25,784.85	4,635.94	3.48
Herc Holdings Inc 5.500% 7/15/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 42704LAA2 Asset Minor Code 28 ACCOUNT 001050997462	315,000.000	313,793.55 99.6170	313,444.15	349.40 349.40	770.00	5.52
Herc Hldgs Inc 6.625% 6/15/29 Standard & Poors Rating: Bb- Moody's Rating: Ba3 42704LAE4 Asset Minor Code 28 ACCOUNT 001050997462	695,000.000	710,310.85 102.2030	702,501.40	7,809.45 7,809.45	5,883.37	6.48

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Hilton Domestic 5.375% 5/01/25 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 432833AG6 Asset Minor Code 28 ACCOUNT 001050997462	765,000.000	762,161.85 99.6290	772,908.91	- 10,747.06 1,074.18	10,279.69	5.40
Hilton Worldwide Fin 4.875% 4/01/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 432891AK5 Asset Minor Code 28 ACCOUNT 001050997462	35,000.000	34,747.30 99.2780	34,037.50	709.80 400.40	568.75	4.91
Home Depot Inc 2.950% 6/15/29 Standard & Poors Rating: A Moody's Rating: A2 437076BY7 Asset Minor Code 28 ACCOUNT 001050997461	235,000.000	219,027.05 93.2030	211,177.69	7,849.36 - 69.75	885.82	3.17
Home Depot Inc 4.850% 6/25/31 Standard & Poors Rating: A Moody's Rating: A2 437076DD1 Asset Minor Code 28 ACCOUNT 001050997461	430,000.000	430,313.90 100.0730	428,818.80	1,495.10 1,495.10	2,085.50	4.85
Howmet Aerospace Inc 6.875% 5/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 443201AA6 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.5450	.00	.00 31,025.00	.00	0.00
Icahn L P 6.375% 12/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 451102BQ9 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 330.60	.00	0.00

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Icahn Enterprises LP 6.250% 5/15/26 Standard & Poors Rating: Bb- Moody's Rating: Ba3 451102BT3 Asset Minor Code 28 ACCOUNT 001050997462	292,000.000	291,594.12 99.8610	283,036.02	8,558.10 8,448.30	3,852.78	6.26
Icahn Enterprises 4.750% 9/15/24 Standard & Poors Rating: N/R Moody's Rating: N/A 451102BW6 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 7,916.12	.00	0.00
Icahn Enterprises 5.250% 5/15/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 451102BZ9 Asset Minor Code 28 ACCOUNT 001050997462	565,000.000	547,620.60 96.9240	524,818.75	22,801.85 22,801.85	6,262.08	5.42
Intl Fcstone Inc 8.625% 6/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 46116VAE5 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 340.30	.00	0.00
Jpmorgan Chase Co 4.005% 4/23/29 Standard & Poors Rating: A Moody's Rating: A1 46647PAR7 Asset Minor Code 28 ACCOUNT 001050997461	1,130,000.000	1,101,478.80 97.4760	1,164,628.62	- 63,149.82 8,105.85	12,319.83	4.11
Kinetik Hldgs LP 6.625% 12/15/28 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 49461MAB6 Asset Minor Code 28 ACCOUNT 001050997462	1,000,000.000	1,022,550.00 102.2550	1,010,475.15	12,074.85 7,020.85	8,465.28	6.48

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Marsh McLennan Cos 5.150% 3/15/34 Standard & Poors Rating: A- Moody's Rating: A3 571748BW1 Asset Minor Code 28 ACCOUNT 001050997461	330,000.000	327,624.00 99.2800	331,361.18	- 3,737.18 - 3,737.18	6,420.33	5.19
Midamerican Energy 3.650% 4/15/29 Standard & Poors Rating: A Moody's Rating: Aa2 595620AT2 Asset Minor Code 28 ACCOUNT 001050997461	280,000.000	267,593.20 95.5690	293,747.57	- 26,154.37 - 708.90	3,009.22	3.82
Nmi Hldgs Inc Sr 7.375% 6/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 629209AA5 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 101.2140	.00	.00 50,252.95	.00	0.00
New Fortress Energy 6.750% 9/15/25 Standard & Poors Rating: N/R Moody's Rating: WR 644393AA8 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 25,033.55	.00	0.00
Onemain Financial 3.500% 1/15/27 Standard & Poors Rating: Bb Moody's Rating: Ba2 682691AB6 Asset Minor Code 28 ACCOUNT 001050997462	485,000.000	466,623.35 96.2110	447,430.10	19,193.25 19,909.70	754.44	3.64
Onemain Fin Corp 3.875% 9/15/28 Standard & Poors Rating: Bb Moody's Rating: Ba2 682691AC4 Asset Minor Code 28 ACCOUNT 001050997462	420,000.000	392,330.40 93.4120	388,410.15	3,920.25 3,920.25	6,148.33	4.15

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

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Park Inter Hldgs L P 5.875% 10/01/28 Standard & Poors Rating: Bb Moody's Rating: B1 70052LAB9 Asset Minor Code 28 ACCOUNT 001050997462	540,000.000	533,817.00 98.8550	532,740.50	1,076.50 1,076.50	10,575.00	5.94
Park Inter L P 4.875% 5/15/29 Standard & Poors Rating: Bb Moody's Rating: B1 70052LAC7 Asset Minor Code 28 ACCOUNT 001050997462	525,000.000	501,553.50 95.5340	493,931.35	7,622.15 7,622.15	5,403.13	5.10
Phinia Inc 7.1625% 4/15/29 Standard & Poors Rating: Bb+ Moody's Rating: Baa3 71880KAA9 Asset Minor Code 28 ACCOUNT 001050997462	850,000.000	873,205.00 102.7300	864,021.35	9,183.65 9,183.65	17,926.15	6.97
Prime Sec Svc 5.750% 4/15/26 Standard & Poors Rating: Bb Moody's Rating: Ba2 74166MAC0 Asset Minor Code 28 ACCOUNT 001050997462	1,040,000.000	1,042,516.80 100.2420	1,022,033.55	20,483.25 3,579.30	22,591.11	5.74
Republic Svc Inc 2.375% 3/15/33 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 760759BA7 Asset Minor Code 28 ACCOUNT 001050997461	485,000.000	394,629.95 81.3670	391,715.10	2,914.85 2,914.85	27,389.03	2.92
SBA Communications 3.875% 2/15/27 Standard & Poors Rating: Bb Moody's Rating: Ba3 78410GAD6 Asset Minor Code 28 ACCOUNT 001050997462	1,070,000.000	1,035,332.00 96.7600	1,060,592.16	- 25,260.16 13,686.80	19,118.82	4.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Slm Corp Sr Gbl Nt 4.200% 10/29/25 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 78442PGD2 Asset Minor Code 28 ACCOUNT 001050997462	515,000.000	513,949.40 99.7960	521,139.69	- 7,190.29 12,608.45	5,527.67	4.21
S L M A M T N 3.125% 11/02/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 78442PGE0 Asset Minor Code 28 ACCOUNT 001050997462	565,000.000	543,185.35 96.1390	537,730.79	5,454.56 14,026.40	4,365.02	3.25
Slm Corp 6.500% 1/31/30 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 78442PGF7 Asset Minor Code 28 ACCOUNT 001050997462	85,000.000	85,797.30 100.9380	84,810.45	986.85 986.85	15.35	6.44
Ss C Technologies 5.500% 9/30/27 Standard & Poors Rating: B+ Moody's Rating: Ba3 78466CAC0 Asset Minor Code 28 ACCOUNT 001050997462	205,000.000	204,464.95 99.7390	204,387.50	77.45 77.45	3,789.65	5.51
Sirius Xm Radio Inc 3.125% 9/01/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba3 82967NBL1 Asset Minor Code 28 ACCOUNT 001050997462	1,080,000.000	1,044,208.80 96.6860	1,049,048.91	- 4,840.11 33,331.20	14,062.50	3.23
Springleaf Finance 6.875% 3/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 85172FAM1 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.7410	.00	.00 - 8,777.30	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Springleaf Finance 7.125% 3/15/26 Standard & Poors Rating: Bb Moody's Rating: Ba2 85172FAN9 Asset Minor Code 28 ACCOUNT 001050997462	180,000.000	183,596.40 101.9980	183,060.00	536.40 1,143.00	4,845.00	6.99
Starwood Property 4.750% 3/15/25 Standard & Poors Rating: Bb- Moody's Rating: Ba3 85571BAL9 Asset Minor Code 28 ACCOUNT 001050997462	200,000.000	199,642.00 99.8210	198,828.23	813.77 5,618.48	3,588.89	4.76
Starwood Ppty Tr Inc 3.625% 7/15/26 Standard & Poors Rating: Bb- Moody's Rating: Ba3 85571BAU9 Asset Minor Code 28 ACCOUNT 001050997462	635,000.000	616,991.40 97.1640	620,911.35	- 3,919.95 28,905.55	1,023.06	3.73
Starwood Ppty Tr 4.375% 1/15/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 85571BAY1 Asset Minor Code 28 ACCOUNT 001050997462	235,000.000	228,239.05 97.1230	228,643.75	- 404.70 - 404.70	456.94	4.50
State Str Corp 5.684% 11/21/29 Standard & Poors Rating: A Moody's Rating: Aa3 857477CF8 Asset Minor Code 28 ACCOUNT 001050997461	520,000.000	535,797.60 103.0380	524,232.09	11,565.51 - 2,251.50	5,747.16	5.52
Sunoco LP Finance 5.875% 3/15/28 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 86765LAN7 Asset Minor Code 28 ACCOUNT 001050997462	240,000.000	240,230.40 100.0960	238,018.30	2,212.10 2,061.30	5,326.67	5.87

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Sunoco LP 6.000% 4/15/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 86765LAQ0 Asset Minor Code 28 ACCOUNT 001050997462	805,000.000	803,969.60 99.8720	780,948.58	23,021.02 - 1,328.35	14,221.67	6.01
Tallgrass Nrg Prtner 5.500% 1/15/28 Standard & Poors Rating: B+ Moody's Rating: B1 87470LAD3 Asset Minor Code 28 ACCOUNT 001050997462	255,000.000	249,441.00 97.8200	245,247.10	4,193.90 3,776.85	623.33	5.62
Tallgrass Nrg L P 6.000% 3/01/27 Standard & Poors Rating: B+ Moody's Rating: B1 87470LAG6 Asset Minor Code 28 ACCOUNT 001050997462	160,000.000	159,254.40 99.5340	156,775.00	2,479.40 1,941.90	4,000.00	6.03
Tallgrass Energy L P 7.375% 2/15/29 Standard & Poors Rating: B+ Moody's Rating: B1 87470LAL5 Asset Minor Code 28 ACCOUNT 001050997462	600,000.000	610,722.00 101.7870	601,487.15	9,234.85 10,081.45	20,404.17	7.25
Tegna Inc 4.750% 3/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba3 87901JAF2 Asset Minor Code 28 ACCOUNT 001050997462	675,000.000	671,024.25 99.4110	690,522.93	- 19,498.68 14,350.50	12,112.50	4.78
Tegna Inc 4.625% 3/15/28 Standard & Poors Rating: Bb+ Moody's Rating: Ba3 87901JAJ4 Asset Minor Code 28 ACCOUNT 001050997462	390,000.000	373,538.10 95.7790	360,816.50	12,721.60 12,521.35	6,814.17	4.83

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Tenet Healthcare 4.875% 1/01/26 Standard & Poors Rating: N/A Moody's Rating: N/A 88033GCZ1 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 12,254.13	.00	0.00
Tenet Healthcare 5.125% 11/01/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 88033GDB3 Asset Minor Code 28 ACCOUNT 001050997462	550,000.000	544,032.50 98.9150	540,754.70	3,277.80 3,277.80	7,046.88	5.18
Tenet Healthcare 4.250% 6/01/29 Standard & Poors Rating: Bb- Moody's Rating: Ba3 88033GDM9 Asset Minor Code 28 ACCOUNT 001050997462	540,000.000	510,197.40 94.4810	500,317.40	9,880.00 9,880.00	3,825.00	4.50
Texas Childrens 3.368% 10/01/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 88224LAQ1 Asset Minor Code 28 ACCOUNT 001050997461	255,000.000	246,766.05 96.7710	245,912.80	853.25 3,628.40	2,862.80	3.48
Toyota Mtr Cr Mtn 0.800% 10/16/25 Standard & Poors Rating: A+ Moody's Rating: A1 89236THP3 Asset Minor Code 28 ACCOUNT 001050997461	225,000.000	219,359.25 97.4930	216,694.26	2,664.99 20,364.00	525.00	0.82
Toyota Mtr Cr Mtn 5.050% 5/16/29 Standard & Poors Rating: A+ Moody's Rating: A1 89236TMF9 Asset Minor Code 28 ACCOUNT 001050997461	635,000.000	641,210.30 100.9780	636,263.00	4,947.30 4,947.30	6,680.73	5.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Transdigm Inc 6.250% 3/15/26 Standard & Poors Rating: N/A Moody's Rating: N/A 893647BE6 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 5,938.25	.00	0.00
Transdigm Inc 6.750% 8/15/28 Standard & Poors Rating: Bb- Moody's Rating: Ba3 893647BR7 Asset Minor Code 28 ACCOUNT 001050997462	455,000.000	463,062.60 101.7720	463,009.25	53.35 53.35	14,161.88	6.63
Transdigm Inc Sr 6.375% 3/01/29 Standard & Poors Rating: Bb- Moody's Rating: Ba3 893647BU0 Asset Minor Code 28 ACCOUNT 001050997462	560,000.000	565,611.20 101.0020	560,106.00	5,505.20 5,505.20	14,875.00	6.31
Truist Bank Mtn 2.250% 3/11/30 Standard & Poors Rating: A- Moody's Rating: A3 89788KAA4 Asset Minor Code 28 ACCOUNT 001050997461	640,000.000	554,617.60 86.6590	540,633.57	13,984.03 19,565.90	5,600.00	2.60
Verizon 4.329% 9/21/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 92343VER1 Asset Minor Code 28 ACCOUNT 001050997461	885,000.000	873,008.25 98.6450	966,703.58	- 93,695.33 112.10	13,834.76	4.39
Vici Properties 4.250% 12/01/26 Standard & Poors Rating: BBB- Moody's Rating: Baa3 92564RAA3 Asset Minor Code 28 ACCOUNT 001050997462	995,000.000	979,249.15 98.4170	1,009,815.50	- 30,566.35 21,460.00	7,047.92	4.32

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Virginia Pwr Fuel 4.877% 5/01/33 Standard & Poors Rating: AAA Moody's Rating: Aaa 92808VAB8 Asset Minor Code 28 ACCOUNT 001050997461	635,000.000	635,152.40 100.0240	652,449.25	- 17,296.85 - 17,296.85	7,742.24	4.88
Vistra Operations Co 5.500% 9/01/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 92840VAA0 Asset Minor Code 28 ACCOUNT 001050997462	1,040,000.000	1,039,573.60 99.9590	1,017,680.40	21,893.20 8,890.95	23,833.33	5.50
Waste Mgmt Inc Del 1.150% 3/15/28 Standard & Poors Rating: A- Moody's Rating: A3 94106LBN8 Asset Minor Code 28 ACCOUNT 001050997461	660,000.000	595,108.80 90.1680	604,741.57	- 9,632.77 14,578.90	2,867.33	1.28
Wesco Distr Inc 7.125% 6/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 95081QAN4 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 33,531.90	.00	0.00
Wesco Distr Inc 6.375% 3/15/29 Standard & Poors Rating: Bb Moody's Rating: Ba3 95081QAQ7 Asset Minor Code 28 ACCOUNT 001050997462	1,020,000.000	1,039,104.60 101.8730	1,035,574.40	3,530.20 3,530.20	24,565.00	6.26
Western Digital Corp 4.750% 2/15/26 Standard & Poors Rating: Bb- Moody's Rating: Ba2 958102AM7 Asset Minor Code 28 ACCOUNT 001050997462	1,045,000.000	1,038,844.95 99.4110	1,101,113.19	- 62,268.24 19,947.45	22,888.40	4.78

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Wyndham Worldwide 6.600% 10/01/25 Standard & Poors Rating: Bb- Moody's Rating: Ba3 98310WAM0 Asset Minor Code 28 ACCOUNT 001050997462	525,000.000	526,370.25 100.2610	565,090.00	- 38,719.75 - 5,286.75	11,550.00	6.58
Wyndham Destinations 6.625% 7/31/26 Standard & Poors Rating: Bb- Moody's Rating: Ba3 98310WAS7 Asset Minor Code 28 ACCOUNT 001050997462	500,000.000	508,030.00 101.6060	501,792.60	6,237.40 2,001.50	92.01	6.52
Xpo Inc 6.250% 6/01/28 Standard & Poors Rating: BBB- Moody's Rating: Ba1 98379KAA0 Asset Minor Code 28 ACCOUNT 001050997462	1,010,000.000	1,023,352.20 101.3220	1,015,824.85	7,527.35 7,527.35	10,520.83	6.17
Total Corporate Issues	48,705,333.330	47,951,133.10	48,103,573.85	- 152,440.75 678,740.43	662,640.53	4.88
Foreign Issues						
Aadvantage Loyalty 5.750% 4/20/29 Standard & Poors Rating: N/A Moody's Rating: Ba1 00253XAB7 Asset Minor Code 35 ACCOUNT 001050997462	445,000.000	443,914.20 99.7560	440,101.75	3,812.45 3,812.45	781.84	5.76
Gfl Environmental 4.250% 6/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 36168QAJ3 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 15,771.20	.00	0.00

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Gfl Environmental 3.750% 8/01/25 Standard & Poors Rating: Bb Moody's Rating: Ba2 36168QAK0 Asset Minor Code 35 ACCOUNT 001050997462	465,000.000	462,042.60 99.3640	471,090.60	- 9,048.00 9,492.00	8,718.75	3.77
Ggam Fin Ltd 7.750% 5/15/26 Standard & Poors Rating: Bb- Moody's Rating: N/A 36170JAB2 Asset Minor Code 35 ACCOUNT 001050997462	600,000.000	609,402.00 101.5670	602,407.15	6,994.85 - 1,506.65	5,941.67	7.63
Ggam Fin Ltd 8.000% 2/15/27 Standard & Poors Rating: Bb- Moody's Rating: N/A 36170JAC0 Asset Minor Code 35 ACCOUNT 001050997462	395,000.000	407,892.80 103.2640	400,910.60	6,982.20 217.80	4,037.78	7.75
Intl Track Systems 6.500% 2/15/25 Standard & Poors Rating: N/R Moody's Rating: N/A 460599AC7 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 2,739.28	.00	0.00
International Game 6.250% 1/15/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 460599AD5 Asset Minor Code 35 ACCOUNT 001050997462	1,020,000.000	1,034,167.80 101.3890	1,030,000.33	4,167.47 .65	2,833.33	6.16
Jazz Securities 4.375% 1/15/29 Standard & Poors Rating: Bb Moody's Rating: Ba1 47216FAA5 Asset Minor Code 35 ACCOUNT 001050997462	1,100,000.000	1,047,816.00 95.2560	1,021,336.50	26,479.50 26,479.50	2,138.89	4.59

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MacQuarie Airfinance 8.375% 5/01/28 Standard & Poors Rating: BBB- Moody's Rating: Baa3 55609NAA6 Asset Minor Code 35 ACCOUNT 001050997462	700,000.000	733,677.00 104.8110	724,306.20	9,370.80 - 4,059.20	14,656.25	7.99
MacQuarie Airfinance 6.400% 3/26/29 Standard & Poors Rating: BBB- Moody's Rating: Baa3 55609NAC2 Asset Minor Code 35 ACCOUNT 001050997462	100,000.000	103,047.00 103.0470	102,258.25	788.75 788.75	2,222.22	6.21
Sensata Technologies 5.000% 10/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 81725WAJ2 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 101.0440	.00	.00 28,730.60	.00	0.00
Teva Pharmaceuticals 3.150% 10/01/26 Standard & Poors Rating: Bb Moody's Rating: Ba2 88167AAE1 Asset Minor Code 35 ACCOUNT 001050997462	550,000.000	532,939.00 96.8980	495,371.00	37,568.00 20,243.30	5,775.00	3.25
Teva Pharmaceutical 6.750% 3/01/28 Standard & Poors Rating: Bb Moody's Rating: Ba2 88167AAK7 Asset Minor Code 35 ACCOUNT 001050997462	150,000.000	154,354.50 102.9030	152,235.00	2,119.50 2,119.50	4,218.75	6.56
Teva Pharmaceutical 6.000% 4/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 88167AAL5 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 240.80	.00	0.00

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Teva Pharmaceutical 4.750% 5/09/27 Standard & Poors Rating: Bb Moody's Rating: Ba2 88167AAP6 Asset Minor Code 35 ACCOUNT 001050997462	375,000.000	368,992.50 98.3980	358,673.75	10,318.75 10,318.75	4,057.29	4.83
Total Foreign Issues	5,900,000.000	5,898,245.40	5,798,691.13	99,554.27 115,388.73	55,381.77	5.82

Municipal Issues

Alabama ST Public 5.150% 9/01/27 Standard & Poors Rating: AA Moody's Rating: N/A 0106085M5 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 101.5230	.00	.00 46,179.70	.00	0.00
Chicago II 1/01/32 Standard & Poors Rating: N/A Moody's Rating: N/R 16768TJE5 Asset Minor Code 38 ACCOUNT 001050997461	410,000.000	285,671.60 69.6760	300,492.55	- 14,820.95 3,248.55	.00	0.00
Chicago II 1/01/33 Standard & Poors Rating: N/A Moody's Rating: N/R 16768TJF2 Asset Minor Code 38 ACCOUNT 001050997461	250,000.000	164,295.00 65.7180	176,088.70	- 11,793.70 2,140.50	.00	0.00
Fairfax Cnty Va Wtr 2.106% 4/01/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 303891E35 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 99.6370	.00	.00 3,829.99	.00	0.00

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Massachusetts ST 1.753% 8/15/30 Standard & Poors Rating: AA+ Moody's Rating: Aa1 576000ZJ5 Asset Minor Code 39 ACCOUNT 001050997461	510,000.000	449,590.50 88.1550	432,865.51	16,724.99 8,125.35	4,122.47	1.99
Metro Wstwr Co 2.413% 4/01/28 Standard & Poors Rating: AAA Moody's Rating: Aa1 59164GER9 Asset Minor Code 39 ACCOUNT 001050997461	350,000.000	330,039.50 94.2970	343,637.03	- 13,597.53 3,271.10	2,815.17	2.56
New York City Ny 2.860% 2/01/27 Standard & Poors Rating: AAA Moody's Rating: Aa1 64971WF96 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 96.9660	.00	.00 2,185.80	.00	0.00
New York City Ny 2.920% 2/01/27 Standard & Poors Rating: AAA Moody's Rating: Aa1 64971WZV5 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 97.0800	.00	.00 11,478.16	.00	0.00
New York City Ny 2.740% 5/01/34 Standard & Poors Rating: AAA Moody's Rating: Aa1 64971XLZ9 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 82.9920	.00	.00 25,240.10	.00	0.00
New York ST Urban 1.310% 3/15/26 Standard & Poors Rating: AA+ Moody's Rating: N/A 64985TDC2 Asset Minor Code 39 ACCOUNT 001050997461	285,000.000	275,458.20 96.6520	258,216.69	17,241.51 8,565.11	1,410.43	1.36

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
New York ST 1.538% 3/15/27 Standard & Poors Rating: AA+ Moody's Rating: N/A 64990FD68 Asset Minor Code 39 ACCOUNT 001050997461	40,000.000	37,676.80 94.1920	36,283.79	1,393.01 1,043.61	232.41	1.63
New York ST Urban 1.000% 3/15/27 Standard & Poors Rating: N/R Moody's Rating: N/A 650036DU7 Asset Minor Code 39 ACCOUNT 001050997461	35,000.000	33,722.50 96.3500	33,541.55	180.95 180.95	132.22	1.04
Norfolk Va 1.704% 10/01/30 Standard & Poors Rating: AAA Moody's Rating: N/A 655867L23 Asset Minor Code 39 ACCOUNT 001050997461	310,000.000	264,113.80 85.1980	255,236.05	8,877.75 189.55	1,760.80	2.00
Oklahoma Dev Fin 4.380% 11/01/45 Standard & Poors Rating: N/A Moody's Rating: Aaa 6789084D3 Asset Minor Code 39 ACCOUNT 001050997461	710,000.000	649,777.80 91.5180	675,988.10	- 26,210.30 - 26,210.30	7,774.50	4.79
Oregon Cmnty College 5.680% 6/30/26 Standard & Poors Rating: AA+ Moody's Rating: Aa1 68583RCV2 Asset Minor Code 39 ACCOUNT 001050997461	35,000.000	35,624.75 101.7850	41,686.96	- 6,062.21 6,040.24	171.19	5.58
Oregon Ed Dists Full 1.360% 6/30/27 Standard & Poors Rating: AA Moody's Rating: Aa2 68587FAX2 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 93.0110	.00	.00 18,451.86	.00	0.00

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Saint Johns Cnty FI 5.000% 8/15/47 Standard & Poors Rating: A- Moody's Rating: N/R 79039MAY6 Asset Minor Code 39 ACCOUNT 001050997461	245,000.000	247,283.40 100.9320	289,367.44	- 42,084.04 - 3,415.30	5,648.61	4.95
Tennessee ST Sch Bd 1.126% 11/01/28 Standard & Poors Rating: AA+ Moody's Rating: Aa1 880558NX5 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 88.4460	.00	.00 - 13,796.25	.00	0.00
Texas Nat Gas 5.102% 4/01/35 Standard & Poors Rating: N/A Moody's Rating: Aaa 88258MAA3 Asset Minor Code 41 ACCOUNT 001050997461	783,235.260	787,738.86 100.5750	790,860.66	- 3,121.80 - 3,121.80	16,650.28	5.07
Texas Transn Commn 4.000% 10/01/33 Standard & Poors Rating: N/R Moody's Rating: N/R 88283LKV7 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 81,457.08	.00	0.00
Washington ST 5.040% 8/01/31 Standard & Poors Rating: N/R Moody's Rating: N/R 93974CRD4 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 37,479.46	.00	0.00
Wisconsin ST Txbl 2.381% 5/01/30 Standard & Poors Rating: AA+ Moody's Rating: Aa1 97705MNT8 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 90.0370	.00	.00 - 7,725.60	.00	0.00

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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GENERAL EMPLOYEES TRUST FUND - COMBI

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Municipal Issues	3,963,235.260	3,560,992.71	3,634,265.03	- 73,272.32 204,837.86	40,718.08	3.16

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 23-7404790; PLAN NO. 501

FEBRUARY 1, 2024 TO JANUARY 31, 2025

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Treasury Obligations Fund Class Z	-	-	\$ 28,010,949 -	\$ - 27,962,949	\$ 28,010,949 27,962,949	\$ - -
First American Government Obligations Fund Class Z	-	-	21,971,464 -	- 22,040,751	21,971,464 22,040,751	- -

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

Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A This return/report is for:	☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan	☐ a DFE (specify) _____
	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒	
D Check box if filing under:	☒ Form 5558	☐ automatic extension
	☐ special extension (enter description)	☐ the DFVC program
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	1b Three-digit plan number (PN) ▶	501
GENERAL EMPLOYEES TRUST FUND	1c Effective date of plan	02/07/1973
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)	23-7404790
Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number	650-570-7300
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d Business code (see instructions)	561790
BOARD OF TRUSTEES, GENERAL EMPLOYEES TRUST FUND		
1000 MARINA BLVD STE 400 BRISBANE, CA 94005		

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	Mark Sharwood 7F3EEDBB473F46A... Signature of plan administrator	11/9/2025 8:34 AM PST	Mark Sharwood
SIGN HERE	[Signature] 621E191282F6408... Signature of employer/plan sponsor	11/9/2025 9:20 AM PST	George Hernandez
SIGN HERE	Signature of DFE		

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 23-7404790	
		3c Administrator's telephone number 650-570-7300	
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	13331
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)	13331
a(2) Total number of active participants at the end of the plan year		6a(2)	13621
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.		6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	13621
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e.		6f	13621
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)	0
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)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	126
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:			

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

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

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

a Pension Schedules	b General Schedules
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ A (Insurance Information) - Number Attached <u>13</u>
(4) ☐ DCG (Individual Plan Information) - Number Attached _____	(4) ☒ C (Service Provider Information)
(5) ☐ MEP (Multiple-Employer Retirement Plan Information)	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

Part III

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

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

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

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

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

Receipt Confirmation Code _____

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 23-7404790; PLAN NO. 501

FEBRUARY 1, 2024 TO JANUARY 31, 2025

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
First American Treasury Obligations Fund Class Z	-	-	\$ 28,010,949 -	\$ - 27,962,949	\$ 28,010,949 27,962,949	\$ - -
First American Government Obligations Fund Class Z	-	-	21,971,464 -	- 22,040,751	21,971,464 22,040,751	- -

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

<u>No. of Units</u>	<u>Description of Investment</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Corporate Debt Securities</u>		
	See Attached	\$ 53,849,379	\$ 53,902,265
	<u>Government Debt Securities</u>		
	See Attached	\$ 31,221,319	\$ 31,678,969
	<u>Mutual Funds</u>		
	See Attached	\$ 1,629,552	\$ 1,629,552
	<u>Limited Partnerships</u>		
103	American Core Realty Fund	\$ 12,273,097	\$ 12,010,206
7,124	Boyd Watterson GSA Fund LP	7,026,844	6,310,024
11,144,515	Corbin ERISA Opportunity Fund LP	14,560,506	11,348,975
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 33,860,447</u>	<u>\$ 29,669,205</u>
	<u>103-12 Investment Entity</u>		
5,787	GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	\$ 13,583,732	\$ 12,000,000
	<u>TOTAL - INVESTMENTS</u>	<u>\$ 134,144,429</u>	<u>\$ 128,879,991</u>

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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GENERAL EMPLOYEES TRUST FUND - COMBI

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Treas Ob Fd Cl Z 31846V542 Asset Minor Code 1 ACCOUNT 001050997460	511,809.920	511,809.92 1.0000	511,809.92	.00 .00	1,764.78	4.25
First Am Treas Ob Fd Cl Z 31846V542 Asset Minor Code 1 ACCOUNT 001050997461	75,829.630	75,829.63 1.0000	75,829.63	.00 .00	482.13	4.25
Total First Am Treas Ob Fd Cl Z	587,639.550	587,639.55	587,639.55	.00 .00	2,246.91	4.24
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 ACCOUNT 001050997462	1,041,912.290	1,041,912.29 1.0000	1,041,912.29	.00 .00	4,747.40	4.26
Total Money Markets	1,629,551.840	1,629,551.84	1,629,551.84	.00 .00	6,994.31	4.25
Total Cash And Equivalents	1,629,551.840	1,629,551.84	1,629,551.84	.00 .00	6,994.31	4.25

US Government Issues

F H L M C Gd G15532 4.000% 8/01/30 Standard & Poors Rating: N/A Moody's Rating: N/A 3128MELM1 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 98.8720	.00	.00 3,127.33	.00	0.00
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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C #Zs9446 3.500% 8/01/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3132AAP73 Asset Minor Code 24 ACCOUNT 001050997461	119,463.800	108,853.03 91.1180	111,876.06	- 3,023.03 - 2,858.56	348.44	3.84
FHLMC Sa0088 1.500% 1/01/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3132CJCZ4 Asset Minor Code 24 ACCOUNT 001050997461	633,618.670	569,395.08 89.8640	582,632.17	- 13,237.09 - 13,237.09	792.02	1.67
F H L M C #Sb0308 2.500% 1/01/35 Standard & Poors Rating: N/A Moody's Rating: N/A 3132CWKV5 Asset Minor Code 24 ACCOUNT 001050997461	464,710.320	427,719.38 92.0400	440,734.07	- 13,014.69 - 2,897.69	968.20	2.72
FHLMC Sd4154 3.500% 8/01/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3132E0TK8 Asset Minor Code 24 ACCOUNT 001050997461	161,870.990	147,330.12 91.0170	150,094.52	- 2,764.40 - 2,764.40	.00	3.85
F H L M C #Wa1625 3.450% 8/01/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3132WVA38 Asset Minor Code 24 ACCOUNT 001050997461	418,113.410	383,614.87 91.7490	386,003.98	- 2,389.11 - 4,405.70	1,040.90	3.76
F H L M C Gd Wa2801 3.490% 10/01/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3132WWKP6 Asset Minor Code 24 ACCOUNT 001050997461	288,713.600	278,787.63 96.5620	289,196.99	- 10,409.36 4,115.20	804.72	3.61

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C Gd Wn0007 3.420% 10/01/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3132XEAH4 Asset Minor Code 24 ACCOUNT 001050997461	343,457.740	310,121.73 90.2940	340,103.16	- 29,981.43 - 6,059.53	682.74	3.79
F H L M C #Za5113 4.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 31329NVE5 Asset Minor Code 24 ACCOUNT 001050997461	132,809.220	125,709.24 94.6540	140,568.94	- 14,859.70 - 3,625.53	442.80	4.23
F H L M C #Si2036 5.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3133USHM6 Asset Minor Code 24 ACCOUNT 001050997461	239,327.750	238,006.66 99.4480	242,502.87	- 4,496.21 - 2,892.41	997.20	5.03
F N M A Gtd Remic 2.000% 2/25/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3136ACED9 Asset Minor Code 30 ACCOUNT 001050997461	80,979.360	74,729.37 92.2820	79,001.24	- 4,271.87 1,300.73	134.95	2.17
F N M A Gtd Remic 2.500% 9/25/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3136AS2M7 Asset Minor Code 30 ACCOUNT 001050997461	83,378.140	74,529.22 89.3870	83,420.43	- 8,891.21 1,104.41	173.66	2.80
F N M A Gtd Remic 0.96959% 1/25/31 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BBAQ5 Asset Minor Code 30 ACCOUNT 001050997461	1,460,332.370	1,270,971.07 87.0330	1,284,636.13	- 13,665.06 - 13,665.06	1,179.94	1.11

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GENERAL EMPLOYEES TRUST FUND - COMBI

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F N M A Gtd Remic 2.943% 10/25/27 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BML55 Asset Minor Code 30 ACCOUNT 001050997461	276,825.740	266,228.85 96.1720	273,593.85	- 7,365.00 5,478.67	676.77	3.09
F N M A Gtd Remic 2.045% 4/25/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BPWE7 Asset Minor Code 30 ACCOUNT 001050997461	915,000.000	762,771.45 83.3630	718,336.89	44,434.56 2,953.66	1,505.77	2.45
F N M A Gtd Remic 4.181% 7/25/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3136BQDE6 Asset Minor Code 30 ACCOUNT 001050997461	577,906.350	567,850.78 98.2600	566,889.27	961.51 - 4,489.04	2,013.36	4.26
F N M A Gtd Remic 2.650% 6/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3136B4C63 Asset Minor Code 30 ACCOUNT 001050997461	1,383,863.870	1,286,965.72 92.9980	1,282,290.42	4,675.30 4,675.30	3,056.03	2.85
F N M A Gtd Remic 2.937% 4/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3136B4VT2 Asset Minor Code 30 ACCOUNT 001050997461	666,363.330	624,075.91 93.6540	626,381.53	- 2,305.62 - 2,305.62	1,630.92	3.14
F H L M C Mltcl Mtg 2.811% 1/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BHCY1 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 99.8080	.00	.00 - 6,311.57	.00	0.00

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C Mltcl Mtg 3.023% 1/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BHXJ1 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 3,324.09	.00	0.00
F H L M C Mltcl Mt 2.76996% 5/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BJQ71 Asset Minor Code 30 ACCOUNT 001050997461	520,000.000	516,193.60 99.2680	542,780.19	- 26,586.59 10,732.80	1,199.76	2.79
F H L M C Mltcl Mt 3.284% 6/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BLAC2 Asset Minor Code 30 ACCOUNT 001050997461	333,568.710	331,800.80 99.4700	343,765.05	- 11,964.25 7,332.00	912.94	3.30
F H L M C Mltcl Mtg 2.995% 12/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BN6G4 Asset Minor Code 30 ACCOUNT 001050997461	465,000.000	459,164.25 98.7450	457,111.06	2,053.19 6,865.19	1,160.58	3.03
F H L M C Mltcl Mtg 2.896% 4/25/26 Standard & Poors Rating: N/A Moody's Rating: N/A 3137BWFV1 Asset Minor Code 30 ACCOUNT 001050997461	45,677.000	45,159.48 98.8670	44,970.50	188.98 1,636.05	110.27	2.93
F H L M C Mltcl Mtg 3.459% 11/25/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3137FDET5 Asset Minor Code 30 ACCOUNT 001050997461	525,000.000	479,025.75 91.2430	468,655.16	10,370.59 - 4,740.29	1,513.31	3.79

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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F H L M C Mltcl Mt 1.89495% 6/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 3137FNWW6 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 99.8650	.00	.00 192.24	.00	0.00
F H L M C Mltcl Mt 1.470% 9/25/27 Standard & Poors Rating: N/A Moody's Rating: N/A 3137F72B0 Asset Minor Code 30 ACCOUNT 001050997461	155,000.000	143,376.55 92.5010	140,916.90	2,459.65 3,334.05	189.87	1.59
F H L M C Mltcl 5.400% 1/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3137HC2L5 Asset Minor Code 30 ACCOUNT 001050997461	650,000.000	666,529.50 102.5430	675,187.50	- 8,658.00 - 8,658.00	2,925.00	5.27
F H L M C Mltcl Mtg 0.681% 6/25/26 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H1LS3 Asset Minor Code 30 ACCOUNT 001050997461	3,568.050	3,534.51 99.0600	3,543.41	- 8.90 369.16	2.03	0.69
F H L M C Mltcl 1.657% 8/25/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H2NE0 Asset Minor Code 30 ACCOUNT 001050997461	.000	.00 90.6190	.00	.00 - 411.45	.00	0.00
F H L M C Mltcl Mtg 2.120% 3/25/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H74P5 Asset Minor Code 30 ACCOUNT 001050997461	425,000.000	387,094.25 91.0810	370,641.60	16,452.65 4,224.50	750.83	2.33

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F H L M C Mltcl Mtg 3.465% 2/25/31 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H8H87 Asset Minor Code 30 ACCOUNT 001050997461	175,000.000	163,987.25 93.7070	163,588.48	398.77 398.77	505.29	3.70
F H L M C Mltcl Mt 4.118% 11/25/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3137H92P3 Asset Minor Code 30 ACCOUNT 001050997461	90,000.000	86,536.80 96.1520	86,072.96	463.84 463.84	308.85	4.28
F N M A #AI2893 3.500% 12/01/42 Standard & Poors Rating: N/A Moody's Rating: N/A 3138EKGB5 Asset Minor Code 24 ACCOUNT 001050997461	162,892.540	148,476.55 91.1500	163,045.24	- 14,568.69 - 2,647.96	475.10	3.84
F N M A #AI3495 3.220% 4/01/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3138EK3D5 Asset Minor Code 24 ACCOUNT 001050997461	229,468.470	221,287.92 96.4350	244,451.81	- 23,163.89 3,311.69	636.30	3.34
F N M A #An6779 2.730% 9/01/24 Standard & Poors Rating: N/A Moody's Rating: N/A 3138LKQ91 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 - 2,086.58	.00	0.00
F N M A #An9316 3.470% 5/01/28 Standard & Poors Rating: N/A Moody's Rating: N/A 3138LNK67 Asset Minor Code 24 ACCOUNT 001050997461	45,000.000	43,431.75 96.5150	42,869.53	562.22 103.95	134.48	3.60

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F N M A #Bm4567 6.697% 7/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140J9CD1 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 103.1300	.00	.00 96.34	.00	0.00
F N M A #Bm4734 3.500% 2/01/46 Standard & Poors Rating: N/A Moody's Rating: N/A 3140J9HL8 Asset Minor Code 24 ACCOUNT 001050997461	77,333.090	70,668.52 91.3820	72,391.02	- 1,722.50 - 1,722.50	225.55	3.83
F N M A #Bm4870 3.500% 3/01/33 Standard & Poors Rating: N/A Moody's Rating: N/A 3140J9MU2 Asset Minor Code 24 ACCOUNT 001050997461	74,139.910	71,953.52 97.0510	77,289.77	- 5,336.25 1,009.40	216.26	3.61
F N M A #Bs5597 3.590% 5/01/32 Standard & Poors Rating: N/A Moody's Rating: N/A 3140LGGF3 Asset Minor Code 24 ACCOUNT 001050997461	100,000.000	92,278.00 92.2780	95,664.25	- 3,386.25 - 967.00	309.14	3.89
FNMA Bz1048 5.130% 6/01/29 Standard & Poors Rating: N/A Moody's Rating: N/A 3140NVEW3 Asset Minor Code 24 ACCOUNT 001050997461	65,000.000	66,169.35 101.7990	66,462.50	- 293.15 - 293.15	.00	5.04
F N M A #Fm8873 3.500% 7/01/34 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XC2F4 Asset Minor Code 24 ACCOUNT 001050997461	145,392.000	142,125.04 97.7530	151,317.15	- 9,192.11 4,836.30	424.07	3.58

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F N M A #Fs0961 6.000% 5/01/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XGB73 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 102.3630	.00	.00 24,722.08	.00	0.00
F N M A #Fs1116 5.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XGG29 Asset Minor Code 24 ACCOUNT 001050997461	137,980.220	136,897.08 99.2150	146,529.26	- 9,632.18 15.00	574.93	5.04
F N M A #Fs1485 3.000% 11/01/46 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XGUK3 Asset Minor Code 24 ACCOUNT 001050997461	196,572.950	173,432.38 88.2280	185,986.17	- 12,553.79 - 3,876.37	491.45	3.40
F N M A #Fs3753 5.500% 5/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XKE30 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 100.9550	.00	.00 7,054.12	.00	0.00
F N M A #Fs6863 6.000% 1/01/42 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XNTV6 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 102.3710	.00	.00 431.73	.00	0.00
F N M A #Fs7459 5.000% 12/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XPJD2 Asset Minor Code 24 ACCOUNT 001050997461	35,808.560	35,610.90 99.4480	36,093.91	- 483.01 - 483.01	149.20	5.03

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F N M A #Fs7952 6.000% 2/01/49 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XPZS1 Asset Minor Code 24 ACCOUNT 001050997461	509,918.460	528,484.59 103.6410	525,684.36	2,800.23 2,800.23	2,549.59	5.79
F N M A #Fs8559 5.500% 11/01/52 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XQQM2 Asset Minor Code 24 ACCOUNT 001050997461	568,723.540	576,805.10 101.4210	581,786.40	- 4,981.30 - 4,981.30	2,606.65	5.42
F N M A #Fs9260 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XRJE6 Asset Minor Code 24 ACCOUNT 001050997461	540,627.180	512,238.85 94.7490	512,244.25	- 5.40 - 5.40	.00	2.64
F N M A #Fs9640 5.500% 11/01/52 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XRWA9 Asset Minor Code 24 ACCOUNT 001050997461	62,600.670	63,207.90 100.9700	64,072.54	- 864.64 - 864.64	286.91	5.45
F N M A #Fs9946 6.000% 2/01/49 Standard & Poors Rating: N/A Moody's Rating: N/A 3140XSBQ5 Asset Minor Code 24 ACCOUNT 001050997461	98,744.070	102,340.33 103.6420	103,499.99	- 1,159.66 - 1,159.66	493.72	5.79
F N M A #Fm2993 3.500% 7/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6KF7 Asset Minor Code 24 ACCOUNT 001050997461	80,391.800	73,584.22 91.5320	88,065.27	- 14,481.05 - 376.80	234.50	3.82

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
F N M A #Fm3029 7.000% 8/01/36 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6LK5 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 104.7250	.00	.00 843.58	.00	0.00
F N M A #Fm3066 4.500% 11/01/38 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6MQ1 Asset Minor Code 24 ACCOUNT 001050997461	41,275.280	41,049.92 99.4540	44,929.55	- 3,879.63 1,556.55	154.78	4.52
F N M A #Fm3228 3.500% 9/01/47 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X6SS1 Asset Minor Code 24 ACCOUNT 001050997461	365,450.350	333,027.59 91.1280	360,852.00	- 27,824.41 - 7,312.75	1,065.92	3.84
F N M A #Fm4854 5.500% 5/01/44 Standard & Poors Rating: N/A Moody's Rating: N/A 3140X8MC8 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 101.2560	.00	.00 19,118.03	.00	0.00
F N M A #Ma4389 1.500% 6/01/31 Standard & Poors Rating: N/A Moody's Rating: N/A 31418D2X9 Asset Minor Code 24 ACCOUNT 001050997461	690,626.790	637,600.47 92.3220	636,244.66	1,355.81 1,355.81	863.28	1.62
G N M A #Bb2949 3.630% 9/15/37 Standard & Poors Rating: N/A Moody's Rating: N/A 3617ATH22 Asset Minor Code 24 ACCOUNT 001050997461	348,118.340	325,689.08 93.5570	349,555.80	- 23,866.72 - 247.17	1,021.14	3.88

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G N M A #Bb5549 3.600% 12/15/34 Standard & Poors Rating: N/A Moody's Rating: N/A 3617AWEW2 Asset Minor Code 24 ACCOUNT 001050997461	378,773.140	361,637.44 95.4760	381,456.27	- 19,818.83 - 142.50	1,136.26	3.77
G N M A #Bx7719 1.970% 9/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3617QCSG9 Asset Minor Code 24 ACCOUNT 001050997461	286,051.660	228,975.77 80.0470	265,030.74	- 36,054.97 - 12,346.76	469.53	2.46
G N M A #Ac1428 2.690% 6/15/33 Standard & Poors Rating: N/A Moody's Rating: N/A 36179ASR8 Asset Minor Code 24 ACCOUNT 001050997461	464,806.240	424,521.48 91.3330	453,321.55	- 28,800.07 - 12,745.88	987.72	2.95
G N M A #Ac3667 1.660% 8/15/26 Standard & Poors Rating: N/A Moody's Rating: N/A 36179DCC2 Asset Minor Code 24 ACCOUNT 001050997461	81,275.940	79,321.25 97.5950	79,068.74	252.51 1,180.31	76.70	1.70
G N M A #AU4920 3.020% 9/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 36194SPD4 Asset Minor Code 24 ACCOUNT 001050997461	482,361.460	411,632.80 85.3370	469,265.19	- 57,632.39 - 17,580.76	1,186.89	3.54
G N M A #Ai8404 3.310% 5/15/30 Standard & Poors Rating: N/A Moody's Rating: N/A 36198VKR7 Asset Minor Code 24 ACCOUNT 001050997461	431,023.520	418,946.24 97.1980	441,007.04	- 22,060.80 301.27	1,089.75	3.41

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GNMA 786470X 5.000% 11/15/40 Standard & Poors Rating: N/A Moody's Rating: N/A 3622ACCF5 Asset Minor Code 24 ACCOUNT 001050997461	351,811.620	350,858.21 99.7290	359,141.85	- 8,283.64 - 6,096.58	.00	5.01
G N M A #787287 5.500% 6/15/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3622AC6Y1 Asset Minor Code 24 ACCOUNT 001050997461	.000	.00 101.7850	.00	.00 - .02	.00	0.00
G N M A #787712 5.500% 11/15/45 Standard & Poors Rating: N/A Moody's Rating: N/A 3622ADN53 Asset Minor Code 24 ACCOUNT 001050997461	347,951.870	354,531.64 101.8910	356,937.33	- 2,405.69 - 2,405.69	1,594.78	5.40
Resolution Fdg Strip 4/15/30 Standard & Poors Rating: N/A Moody's Rating: N/A 76116FAC1 Asset Minor Code 23 ACCOUNT 001050997461	970,000.000	764,806.20 .7885	780,691.89	- 15,885.69 20,930.45	.00	0.00
U S Treasury Nt 0.625% 8/15/30 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CAE1 Asset Minor Code 21 ACCOUNT 001050997461	1,615,000.000	1,319,438.85 81.6990	1,312,833.39	6,605.46 15,744.95	4,662.87	0.77
U S Treasury Nt 0.250% 8/31/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CAJ0 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 97.7160	.00	.00 - 27,390.22	.00	0.00

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U S Treasury Nt 1.250% 3/31/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CBS9 Asset Minor Code 21 ACCOUNT 001050997461	515,000.000	469,757.25 91.2150	464,793.58	4,963.67 - 1,573.97	2,192.99	1.37
U S Treasury Nt 0.750% 5/31/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CCF6 Asset Minor Code 21 ACCOUNT 001050997461	115,000.000	109,905.50 95.5700	108,935.55	969.95 969.95	149.28	0.78
U S Treasury Nt 1.375% 11/15/31 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CDJ7 Asset Minor Code 21 ACCOUNT 001050997461	1,745,000.000	1,433,360.45 82.1410	1,436,899.01	- 3,538.56 - 18,588.54	5,169.92	1.67
U S Treasury Nt 1.125% 1/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 91282CDS7 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 - 21,602.70	.00	0.00
U S Treasury Nt 2.375% 3/31/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CEE7 Asset Minor Code 21 ACCOUNT 001050997461	965,000.000	894,091.80 92.6520	895,644.73	- 1,552.93 - 10,784.43	7,807.49	2.56
U S Treasury Nt 3.875% 8/15/33 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CHT1 Asset Minor Code 21 ACCOUNT 001050997461	740,000.000	706,848.00 95.5200	723,416.94	- 16,568.94 - 16,568.94	13,246.60	4.06

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U S Treasury Nt 2.000% 2/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828J27 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 99.9820	.00	.00 23,798.21	.00	0.00
U S Treasury Nt 1.625% 2/15/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828P46 Asset Minor Code 21 ACCOUNT 001050997461	355,000.000	345,606.70 97.3540	336,223.83	9,382.87 9,382.87	2,664.91	1.67
U S Treasury Nt 2.250% 2/15/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828V98 Asset Minor Code 21 ACCOUNT 001050997461	1,035,000.000	995,783.85 96.2110	977,220.20	18,563.65 11,245.21	10,757.81	2.34
U S Treasury Nt 2.125% 5/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828XB1 Asset Minor Code 21 ACCOUNT 001050997461	.000	.00 99.3880	.00	.00 18,819.68	.00	0.00
U S Treasury Nt 1.375% 8/31/26 Standard & Poors Rating: N/A Moody's Rating: N/A 912828YD6 Asset Minor Code 21 ACCOUNT 001050997461	1,100,000.000	1,053,041.00 95.7310	1,048,075.98	4,965.02 4,965.02	6,434.39	1.44
U S Treasury Nt 1.625% 11/30/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828YU8 Asset Minor Code 21 ACCOUNT 001050997461	675,000.000	644,706.00 95.5120	628,092.77	16,613.23 16,613.23	1,898.44	1.70

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 2.250% 8/15/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 9128282R0 Asset Minor Code 21 ACCOUNT 001050997461	1,150,000.000	1,096,134.00 95.3160	1,082,116.77	14,017.23 14,017.23	11,953.13	2.36
Total US Government Issues	30,014,668.090	27,660,326.34	28,044,704.11	- 384,377.77 12,677.96	112,419.58	2.78

Corporate Issues

At T Inc 4.100% 2/15/28 Standard & Poors Rating: BBB Moody's Rating: Baa2 00206RGL0 Asset Minor Code 28 ACCOUNT 001050997461	630,000.000	618,395.40 98.1580	653,411.30	- 35,015.90 1,294.70	11,910.50	4.18
At T Inc Gbl Nt 2.300% 6/01/27 Standard & Poors Rating: BBB Moody's Rating: Baa2 00206RDX1 Asset Minor Code 28 ACCOUNT 001050997461	230,000.000	217,849.10 94.7170	211,002.31	6,846.79 4,662.10	881.67	2.43
Aadvantage Loyalty 5.43889% 4/20/26 Standard & Poors Rating: N/A Moody's Rating: Ba1 00253XAA9 Asset Minor Code 31 ACCOUNT 001050997462	608,333.330	607,986.58 99.9430	587,407.16	20,579.42 - 7,522.16	1,010.98	5.44
Adobe Inc Sr Gbl 4.800% 4/04/29 Standard & Poors Rating: A+ Moody's Rating: A1 00724PAF6 Asset Minor Code 28 ACCOUNT 001050997461	330,000.000	332,055.90 100.6230	338,552.90	- 6,497.00 - 6,497.00	5,148.00	4.77

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Albertsons Cos L P 4.625% 1/15/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 013092AC5 Asset Minor Code 28 ACCOUNT 001050997462	100,000.000	98,220.00 98.2200	98,043.75	176.25 176.25	205.56	4.71
Albertsons Cos Inc 3.250% 3/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 013092AF8 Asset Minor Code 28 ACCOUNT 001050997462	965,000.000	947,031.70 98.1380	948,303.45	- 1,271.75 31,064.55	11,848.06	3.31
Howmet Aerospace Inc 5.125% 10/01/24 Standard & Poors Rating: N/R Moody's Rating: N/A 013817AW1 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 3,906.63	.00	0.00
Ball Corp 5.250% 7/01/25 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 058498AT3 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0380	.00	.00 - 2,879.25	.00	0.00
Ball Corp 4.875% 3/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 058498AV8 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 99.8450	.00	.00 1,240.25	.00	0.00
Bank Of America Mtn 3.559% 4/23/27 Standard & Poors Rating: A- Moody's Rating: A1 06051GHT9 Asset Minor Code 28 ACCOUNT 001050997461	1,120,000.000	1,103,547.20 98.5310	1,151,351.51	- 47,804.31 18,865.85	10,851.00	3.61

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Blackrock Inc 2.400% 4/30/30 Standard & Poors Rating: AA- Moody's Rating: Aa3 09247XAQ4 Asset Minor Code 28 ACCOUNT 001050997461	370,000.000	329,873.50 89.1550	344,637.77	- 14,764.27 2,586.70	2,244.67	2.69
Boyd Gaming Corp 4.750% 12/01/27 Standard & Poors Rating: Bb Moody's Rating: B1 103304BU4 Asset Minor Code 28 ACCOUNT 001050997462	1,025,000.000	1,005,740.25 98.1210	974,702.37	31,037.88 14,766.85	8,114.58	4.84
Brinks Co The 4.625% 10/15/27 Standard & Poors Rating: Bb Moody's Rating: Ba3 109696AA2 Asset Minor Code 28 ACCOUNT 001050997462	125,000.000	122,051.25 97.6410	121,550.00	501.25 501.25	1,702.26	4.74
Brinks Co 6.500% 6/15/29 Standard & Poors Rating: Bb Moody's Rating: Ba3 109696AC8 Asset Minor Code 28 ACCOUNT 001050997462	620,000.000	631,990.80 101.9340	631,970.00	20.80 20.80	5,149.44	6.38
Brookfield Ppty Reit 4.500% 4/01/27 Standard & Poors Rating: B+ Moody's Rating: B1 11284DAC9 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 96.1400	.00	.00 48,811.56	.00	0.00
Caterpillar Mtn 4.700% 11/15/29 Standard & Poors Rating: A Moody's Rating: A2 14913UAU4 Asset Minor Code 28 ACCOUNT 001050997461	330,000.000	329,640.30 99.8910	329,686.50	- 46.20 - 46.20	3,274.33	4.71

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Centene Corp Del Sr 4.250% 12/15/27 Standard & Poors Rating: BBB- Moody's Rating: Ba1 15135BAR2 Asset Minor Code 28 ACCOUNT 001050997462	1,070,000.000	1,036,926.30 96.9090	1,012,194.61	24,731.69 9,032.65	5,810.69	4.39
Charter Comm Opt LLC 4.908% 7/23/25 Standard & Poors Rating: BBB- Moody's Rating: Ba1 161175AY0 Asset Minor Code 28 ACCOUNT 001050997462	795,000.000	794,515.05 99.9390	798,506.33	- 3,991.28 6,566.70	867.08	4.91
Citigroup Inc 3.070% 2/24/28 Standard & Poors Rating: BBB+ Moody's Rating: A3 172967NG2 Asset Minor Code 28 ACCOUNT 001050997461	910,000.000	878,450.30 96.5330	887,812.23	- 9,361.93 15,929.00	12,183.64	3.18
Clearway Energy LLC 4.750% 3/15/28 Standard & Poors Rating: Bb Moody's Rating: Ba2 18539UAC9 Asset Minor Code 28 ACCOUNT 001050997462	775,000.000	749,789.25 96.7470	752,005.00	- 2,215.75 - 2,215.75	13,906.94	4.91
Cleveland Cliffs Inc 6.875% 11/01/29 Standard & Poors Rating: N/A Moody's Rating: Ba3 185899AQ4 Asset Minor Code 28 ACCOUNT 001050997462	105,000.000	105,325.50 100.3100	105,102.70	222.80 222.80	1,985.16	6.85
Conoco Inc 6.950% 4/15/29 Standard & Poors Rating: A- Moody's Rating: A2 208251AE8 Asset Minor Code 28 ACCOUNT 001050997461	.000	.00 108.2550	.00	.00 38,876.82	.00	0.00

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Conocophillips Sr Nt 4.700% 1/15/30 Standard & Poors Rating: A- Moody's Rating: A2 20826FBJ4 Asset Minor Code 28 ACCOUNT 001050997461	775,000.000	768,536.50 99.1660	771,372.40	- 2,835.90 - 2,835.90	5,666.11	4.74
Energy Transfer L P 5.750% 4/01/25 Standard & Poors Rating: BBB Moody's Rating: WR 226373AP3 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 4,936.40	.00	0.00
Crown Amer Cap Corp 4.750% 2/01/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 228187AB6 Asset Minor Code 28 ACCOUNT 001050997462	1,045,000.000	1,042,262.10 99.7380	1,008,762.25	33,499.85 17,282.70	24,818.75	4.76
John Deere Mtn 3.450% 3/07/29 Standard & Poors Rating: A Moody's Rating: A1 24422EUU1 Asset Minor Code 28 ACCOUNT 001050997461	275,000.000	262,289.50 95.3780	285,337.67	- 23,048.17 - 914.90	3,795.00	3.62
John Deere Mtn 4.700% 6/10/30 Standard & Poors Rating: A Moody's Rating: A1 24422EWZ8 Asset Minor Code 28 ACCOUNT 001050997461	.000	.00 99.9100	.00	.00 - 2,628.80	.00	0.00
John Deere Mtn 4.400% 9/08/31 Standard & Poors Rating: A Moody's Rating: A1 24422EXX2 Asset Minor Code 28 ACCOUNT 001050997461	450,000.000	437,296.50 97.1770	450,166.20	- 12,869.70 - 12,869.70	7,975.00	4.53

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Duke Energy 3.950% 11/15/28 Standard & Poors Rating: A Moody's Rating: Aa3 26442CAX2 Asset Minor Code 28 ACCOUNT 001050997461	605,000.000	589,760.05 97.4810	638,264.02	- 48,503.97 - 3,024.30	5,045.03	4.05
Esab Corporation 6.45833% 4/15/29 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 29605JAA4 Asset Minor Code 28 ACCOUNT 001050997462	860,000.000	871,575.60 101.3460	866,450.80	5,124.80 5,124.80	16,353.93	6.37
Ford Motor Credit Co 4.063% 11/01/24 Standard & Poors Rating: N/R Moody's Rating: WR 345397ZX4 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 21,468.20	.00	0.00
Fortress Trans 6.500% 10/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 34960PAB7 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 7,927.61	.00	0.00
Fortress Transn L P 5.500% 5/01/28 Standard & Poors Rating: B+ Moody's Rating: Ba2 34960PAD3 Asset Minor Code 28 ACCOUNT 001050997462	1,065,000.000	1,040,984.25 97.7450	1,018,148.40	22,835.85 7,445.95	14,643.75	5.63
Glp Capital LP Fin 5.375% 4/15/26 Standard & Poors Rating: BBB- Moody's Rating: Ba1 361841AH2 Asset Minor Code 28 ACCOUNT 001050997462	725,000.000	726,189.00 100.1640	721,225.30	4,963.70 3,862.75	11,474.13	5.37

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Glp Capital LP Fin 5.250% 6/01/25 Standard & Poors Rating: BBB- Moody's Rating: Ba1 361841AJ8 Asset Minor Code 28 ACCOUNT 001050997462	315,000.000	314,593.65 99.8710	312,779.75	1,813.90 901.10	2,756.25	5.26
Genting New York 7.250% 10/01/29 Standard & Poors Rating: Bb+ Moody's Rating: N/A 37255JAB8 Asset Minor Code 28 ACCOUNT 001050997462	400,000.000	411,196.00 102.7990	402,783.43	8,412.57 8,412.57	10,230.56	7.05
Hat Hldgs LLC Hat 6.000% 4/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 418751AB9 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 1,498.75	.00	0.00
Hat Hldgs I LLC 3.375% 6/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Baa3 418751AE3 Asset Minor Code 28 ACCOUNT 001050997462	1,075,000.000	1,041,535.25 96.8870	1,009,129.10	32,406.15 25,784.85	4,635.94	3.48
Herc Holdings Inc 5.500% 7/15/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 42704LAA2 Asset Minor Code 28 ACCOUNT 001050997462	315,000.000	313,793.55 99.6170	313,444.15	349.40 349.40	770.00	5.52
Herc Hldgs Inc 6.625% 6/15/29 Standard & Poors Rating: Bb- Moody's Rating: Ba3 42704LAE4 Asset Minor Code 28 ACCOUNT 001050997462	695,000.000	710,310.85 102.2030	702,501.40	7,809.45 7,809.45	5,883.37	6.48

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Hilton Domestic 5.375% 5/01/25 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 432833AG6 Asset Minor Code 28 ACCOUNT 001050997462	765,000.000	762,161.85 99.6290	772,908.91	- 10,747.06 1,074.18	10,279.69	5.40
Hilton Worldwide Fin 4.875% 4/01/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 432891AK5 Asset Minor Code 28 ACCOUNT 001050997462	35,000.000	34,747.30 99.2780	34,037.50	709.80 400.40	568.75	4.91
Home Depot Inc 2.950% 6/15/29 Standard & Poors Rating: A Moody's Rating: A2 437076BY7 Asset Minor Code 28 ACCOUNT 001050997461	235,000.000	219,027.05 93.2030	211,177.69	7,849.36 - 69.75	885.82	3.17
Home Depot Inc 4.850% 6/25/31 Standard & Poors Rating: A Moody's Rating: A2 437076DD1 Asset Minor Code 28 ACCOUNT 001050997461	430,000.000	430,313.90 100.0730	428,818.80	1,495.10 1,495.10	2,085.50	4.85
Howmet Aerospace Inc 6.875% 5/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 443201AA6 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.5450	.00	.00 31,025.00	.00	0.00
Icahn L P 6.375% 12/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 451102BQ9 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 330.60	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Icahn Enterprises LP 6.250% 5/15/26 Standard & Poors Rating: Bb- Moody's Rating: Ba3 451102BT3 Asset Minor Code 28 ACCOUNT 001050997462	292,000.000	291,594.12 99.8610	283,036.02	8,558.10 8,448.30	3,852.78	6.26
Icahn Enterprises 4.750% 9/15/24 Standard & Poors Rating: N/R Moody's Rating: N/A 451102BW6 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 7,916.12	.00	0.00
Icahn Enterprises 5.250% 5/15/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 451102BZ9 Asset Minor Code 28 ACCOUNT 001050997462	565,000.000	547,620.60 96.9240	524,818.75	22,801.85 22,801.85	6,262.08	5.42
Intl Fcstone Inc 8.625% 6/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 46116VAE5 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 340.30	.00	0.00
Jpmorgan Chase Co 4.005% 4/23/29 Standard & Poors Rating: A Moody's Rating: A1 46647PAR7 Asset Minor Code 28 ACCOUNT 001050997461	1,130,000.000	1,101,478.80 97.4760	1,164,628.62	- 63,149.82 8,105.85	12,319.83	4.11
Kinetik Hldgs LP 6.625% 12/15/28 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 49461MAB6 Asset Minor Code 28 ACCOUNT 001050997462	1,000,000.000	1,022,550.00 102.2550	1,010,475.15	12,074.85 7,020.85	8,465.28	6.48

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Marsh McLennan Cos 5.150% 3/15/34 Standard & Poors Rating: A- Moody's Rating: A3 571748BW1 Asset Minor Code 28 ACCOUNT 001050997461	330,000.000	327,624.00 99.2800	331,361.18	- 3,737.18 - 3,737.18	6,420.33	5.19
Midamerican Energy 3.650% 4/15/29 Standard & Poors Rating: A Moody's Rating: Aa2 595620AT2 Asset Minor Code 28 ACCOUNT 001050997461	280,000.000	267,593.20 95.5690	293,747.57	- 26,154.37 - 708.90	3,009.22	3.82
Nmi Hldgs Inc Sr 7.375% 6/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 629209AA5 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 101.2140	.00	.00 50,252.95	.00	0.00
New Fortress Energy 6.750% 9/15/25 Standard & Poors Rating: N/R Moody's Rating: WR 644393AA8 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 25,033.55	.00	0.00
Onemain Financial 3.500% 1/15/27 Standard & Poors Rating: Bb Moody's Rating: Ba2 682691AB6 Asset Minor Code 28 ACCOUNT 001050997462	485,000.000	466,623.35 96.2110	447,430.10	19,193.25 19,909.70	754.44	3.64
Onemain Fin Corp 3.875% 9/15/28 Standard & Poors Rating: Bb Moody's Rating: Ba2 682691AC4 Asset Minor Code 28 ACCOUNT 001050997462	420,000.000	392,330.40 93.4120	388,410.15	3,920.25 3,920.25	6,148.33	4.15

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Park Inter Hldgs L P 5.875% 10/01/28 Standard & Poors Rating: Bb Moody's Rating: B1 70052LAB9 Asset Minor Code 28 ACCOUNT 001050997462	540,000.000	533,817.00 98.8550	532,740.50	1,076.50 1,076.50	10,575.00	5.94
Park Inter L P 4.875% 5/15/29 Standard & Poors Rating: Bb Moody's Rating: B1 70052LAC7 Asset Minor Code 28 ACCOUNT 001050997462	525,000.000	501,553.50 95.5340	493,931.35	7,622.15 7,622.15	5,403.13	5.10
Phinia Inc 7.1625% 4/15/29 Standard & Poors Rating: Bb+ Moody's Rating: Baa3 71880KAA9 Asset Minor Code 28 ACCOUNT 001050997462	850,000.000	873,205.00 102.7300	864,021.35	9,183.65 9,183.65	17,926.15	6.97
Prime Sec Svc 5.750% 4/15/26 Standard & Poors Rating: Bb Moody's Rating: Ba2 74166MAC0 Asset Minor Code 28 ACCOUNT 001050997462	1,040,000.000	1,042,516.80 100.2420	1,022,033.55	20,483.25 3,579.30	22,591.11	5.74
Republic Svc Inc 2.375% 3/15/33 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 760759BA7 Asset Minor Code 28 ACCOUNT 001050997461	485,000.000	394,629.95 81.3670	391,715.10	2,914.85 2,914.85	27,389.03	2.92
SBA Communications 3.875% 2/15/27 Standard & Poors Rating: Bb Moody's Rating: Ba3 78410GAD6 Asset Minor Code 28 ACCOUNT 001050997462	1,070,000.000	1,035,332.00 96.7600	1,060,592.16	- 25,260.16 13,686.80	19,118.82	4.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Slm Corp Sr Gbl Nt 4.200% 10/29/25 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 78442PGD2 Asset Minor Code 28 ACCOUNT 001050997462	515,000.000	513,949.40 99.7960	521,139.69	- 7,190.29 12,608.45	5,527.67	4.21
S L M A M T N 3.125% 11/02/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 78442PGE0 Asset Minor Code 28 ACCOUNT 001050997462	565,000.000	543,185.35 96.1390	537,730.79	5,454.56 14,026.40	4,365.02	3.25
Slm Corp 6.500% 1/31/30 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 78442PGF7 Asset Minor Code 28 ACCOUNT 001050997462	85,000.000	85,797.30 100.9380	84,810.45	986.85 986.85	15.35	6.44
Ss C Technologies 5.500% 9/30/27 Standard & Poors Rating: B+ Moody's Rating: Ba3 78466CAC0 Asset Minor Code 28 ACCOUNT 001050997462	205,000.000	204,464.95 99.7390	204,387.50	77.45 77.45	3,789.65	5.51
Sirius Xm Radio Inc 3.125% 9/01/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba3 82967NBL1 Asset Minor Code 28 ACCOUNT 001050997462	1,080,000.000	1,044,208.80 96.6860	1,049,048.91	- 4,840.11 33,331.20	14,062.50	3.23
Springleaf Finance 6.875% 3/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 85172FAM1 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.7410	.00	.00 - 8,777.30	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Springleaf Finance 7.125% 3/15/26 Standard & Poors Rating: Bb Moody's Rating: Ba2 85172FAN9 Asset Minor Code 28 ACCOUNT 001050997462	180,000.000	183,596.40 101.9980	183,060.00	536.40 1,143.00	4,845.00	6.99
Starwood Property 4.750% 3/15/25 Standard & Poors Rating: Bb- Moody's Rating: Ba3 85571BAL9 Asset Minor Code 28 ACCOUNT 001050997462	200,000.000	199,642.00 99.8210	198,828.23	813.77 5,618.48	3,588.89	4.76
Starwood Ppty Tr Inc 3.625% 7/15/26 Standard & Poors Rating: Bb- Moody's Rating: Ba3 85571BAU9 Asset Minor Code 28 ACCOUNT 001050997462	635,000.000	616,991.40 97.1640	620,911.35	- 3,919.95 28,905.55	1,023.06	3.73
Starwood Ppty Tr 4.375% 1/15/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 85571BAY1 Asset Minor Code 28 ACCOUNT 001050997462	235,000.000	228,239.05 97.1230	228,643.75	- 404.70 - 404.70	456.94	4.50
State Str Corp 5.684% 11/21/29 Standard & Poors Rating: A Moody's Rating: Aa3 857477CF8 Asset Minor Code 28 ACCOUNT 001050997461	520,000.000	535,797.60 103.0380	524,232.09	11,565.51 - 2,251.50	5,747.16	5.52
Sunoco LP Finance 5.875% 3/15/28 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 86765LAN7 Asset Minor Code 28 ACCOUNT 001050997462	240,000.000	240,230.40 100.0960	238,018.30	2,212.10 2,061.30	5,326.67	5.87

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Sunoco LP 6.000% 4/15/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 86765LAQ0 Asset Minor Code 28 ACCOUNT 001050997462	805,000.000	803,969.60 99.8720	780,948.58	23,021.02 - 1,328.35	14,221.67	6.01
Tallgrass Nrg Prtnr 5.500% 1/15/28 Standard & Poors Rating: B+ Moody's Rating: B1 87470LAD3 Asset Minor Code 28 ACCOUNT 001050997462	255,000.000	249,441.00 97.8200	245,247.10	4,193.90 3,776.85	623.33	5.62
Tallgrass Nrg L P 6.000% 3/01/27 Standard & Poors Rating: B+ Moody's Rating: B1 87470LAG6 Asset Minor Code 28 ACCOUNT 001050997462	160,000.000	159,254.40 99.5340	156,775.00	2,479.40 1,941.90	4,000.00	6.03
Tallgrass Energy L P 7.375% 2/15/29 Standard & Poors Rating: B+ Moody's Rating: B1 87470LAL5 Asset Minor Code 28 ACCOUNT 001050997462	600,000.000	610,722.00 101.7870	601,487.15	9,234.85 10,081.45	20,404.17	7.25
Tegna Inc 4.750% 3/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba3 87901JAF2 Asset Minor Code 28 ACCOUNT 001050997462	675,000.000	671,024.25 99.4110	690,522.93	- 19,498.68 14,350.50	12,112.50	4.78
Tegna Inc 4.625% 3/15/28 Standard & Poors Rating: Bb+ Moody's Rating: Ba3 87901JAJ4 Asset Minor Code 28 ACCOUNT 001050997462	390,000.000	373,538.10 95.7790	360,816.50	12,721.60 12,521.35	6,814.17	4.83

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Tenet Healthcare 4.875% 1/01/26 Standard & Poors Rating: N/A Moody's Rating: N/A 88033GCZ1 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 12,254.13	.00	0.00
Tenet Healthcare 5.125% 11/01/27 Standard & Poors Rating: Bb- Moody's Rating: Ba3 88033GDB3 Asset Minor Code 28 ACCOUNT 001050997462	550,000.000	544,032.50 98.9150	540,754.70	3,277.80 3,277.80	7,046.88	5.18
Tenet Healthcare 4.250% 6/01/29 Standard & Poors Rating: Bb- Moody's Rating: Ba3 88033GDM9 Asset Minor Code 28 ACCOUNT 001050997462	540,000.000	510,197.40 94.4810	500,317.40	9,880.00 9,880.00	3,825.00	4.50
Texas Childrens 3.368% 10/01/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 88224LAQ1 Asset Minor Code 28 ACCOUNT 001050997461	255,000.000	246,766.05 96.7710	245,912.80	853.25 3,628.40	2,862.80	3.48
Toyota Mtr Cr Mtn 0.800% 10/16/25 Standard & Poors Rating: A+ Moody's Rating: A1 89236THP3 Asset Minor Code 28 ACCOUNT 001050997461	225,000.000	219,359.25 97.4930	216,694.26	2,664.99 20,364.00	525.00	0.82
Toyota Mtr Cr Mtn 5.050% 5/16/29 Standard & Poors Rating: A+ Moody's Rating: A1 89236TMF9 Asset Minor Code 28 ACCOUNT 001050997461	635,000.000	641,210.30 100.9780	636,263.00	4,947.30 4,947.30	6,680.73	5.00

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Transdigm Inc 6.250% 3/15/26 Standard & Poors Rating: N/A Moody's Rating: N/A 893647BE6 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 - 5,938.25	.00	0.00
Transdigm Inc 6.750% 8/15/28 Standard & Poors Rating: Bb- Moody's Rating: Ba3 893647BR7 Asset Minor Code 28 ACCOUNT 001050997462	455,000.000	463,062.60 101.7720	463,009.25	53.35 53.35	14,161.88	6.63
Transdigm Inc Sr 6.375% 3/01/29 Standard & Poors Rating: Bb- Moody's Rating: Ba3 893647BU0 Asset Minor Code 28 ACCOUNT 001050997462	560,000.000	565,611.20 101.0020	560,106.00	5,505.20 5,505.20	14,875.00	6.31
Truist Bank Mtn 2.250% 3/11/30 Standard & Poors Rating: A- Moody's Rating: A3 89788KAA4 Asset Minor Code 28 ACCOUNT 001050997461	640,000.000	554,617.60 86.6590	540,633.57	13,984.03 19,565.90	5,600.00	2.60
Verizon 4.329% 9/21/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 92343VER1 Asset Minor Code 28 ACCOUNT 001050997461	885,000.000	873,008.25 98.6450	966,703.58	- 93,695.33 112.10	13,834.76	4.39
Vici Properties 4.250% 12/01/26 Standard & Poors Rating: BBB- Moody's Rating: Baa3 92564RAA3 Asset Minor Code 28 ACCOUNT 001050997462	995,000.000	979,249.15 98.4170	1,009,815.50	- 30,566.35 21,460.00	7,047.92	4.32

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Virginia Pwr Fuel 4.877% 5/01/33 Standard & Poors Rating: AAA Moody's Rating: Aaa 92808VAB8 Asset Minor Code 28 ACCOUNT 001050997461	635,000.000	635,152.40 100.0240	652,449.25	- 17,296.85 - 17,296.85	7,742.24	4.88
Vistra Operations Co 5.500% 9/01/26 Standard & Poors Rating: Bb+ Moody's Rating: Ba2 92840VAA0 Asset Minor Code 28 ACCOUNT 001050997462	1,040,000.000	1,039,573.60 99.9590	1,017,680.40	21,893.20 8,890.95	23,833.33	5.50
Waste Mgmt Inc Del 1.150% 3/15/28 Standard & Poors Rating: A- Moody's Rating: A3 94106LBN8 Asset Minor Code 28 ACCOUNT 001050997461	660,000.000	595,108.80 90.1680	604,741.57	- 9,632.77 14,578.90	2,867.33	1.28
Wesco Distr Inc 7.125% 6/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 95081QAN4 Asset Minor Code 28 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 33,531.90	.00	0.00
Wesco Distr Inc 6.375% 3/15/29 Standard & Poors Rating: Bb Moody's Rating: Ba3 95081QAQ7 Asset Minor Code 28 ACCOUNT 001050997462	1,020,000.000	1,039,104.60 101.8730	1,035,574.40	3,530.20 3,530.20	24,565.00	6.26
Western Digital Corp 4.750% 2/15/26 Standard & Poors Rating: Bb- Moody's Rating: Ba2 958102AM7 Asset Minor Code 28 ACCOUNT 001050997462	1,045,000.000	1,038,844.95 99.4110	1,101,113.19	- 62,268.24 19,947.45	22,888.40	4.78

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Wyndham Worldwide 6.600% 10/01/25 Standard & Poors Rating: Bb- Moody's Rating: Ba3 98310WAM0 Asset Minor Code 28 ACCOUNT 001050997462	525,000.000	526,370.25 100.2610	565,090.00	- 38,719.75 - 5,286.75	11,550.00	6.58
Wyndham Destinations 6.625% 7/31/26 Standard & Poors Rating: Bb- Moody's Rating: Ba3 98310WAS7 Asset Minor Code 28 ACCOUNT 001050997462	500,000.000	508,030.00 101.6060	501,792.60	6,237.40 2,001.50	92.01	6.52
Xpo Inc 6.250% 6/01/28 Standard & Poors Rating: BBB- Moody's Rating: Ba1 98379KAA0 Asset Minor Code 28 ACCOUNT 001050997462	1,010,000.000	1,023,352.20 101.3220	1,015,824.85	7,527.35 7,527.35	10,520.83	6.17
Total Corporate Issues	48,705,333.330	47,951,133.10	48,103,573.85	- 152,440.75 678,740.43	662,640.53	4.88
Foreign Issues						
Aadvantage Loyalty 5.750% 4/20/29 Standard & Poors Rating: N/A Moody's Rating: Ba1 00253XAB7 Asset Minor Code 35 ACCOUNT 001050997462	445,000.000	443,914.20 99.7560	440,101.75	3,812.45 3,812.45	781.84	5.76
Gfl Environmental 4.250% 6/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 36168QAJ3 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 15,771.20	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Gfl Environmental 3.750% 8/01/25 Standard & Poors Rating: Bb Moody's Rating: Ba2 36168QAK0 Asset Minor Code 35 ACCOUNT 001050997462	465,000.000	462,042.60 99.3640	471,090.60	- 9,048.00 9,492.00	8,718.75	3.77
Ggam Fin Ltd 7.750% 5/15/26 Standard & Poors Rating: Bb- Moody's Rating: N/A 36170JAB2 Asset Minor Code 35 ACCOUNT 001050997462	600,000.000	609,402.00 101.5670	602,407.15	6,994.85 - 1,506.65	5,941.67	7.63
Ggam Fin Ltd 8.000% 2/15/27 Standard & Poors Rating: Bb- Moody's Rating: N/A 36170JAC0 Asset Minor Code 35 ACCOUNT 001050997462	395,000.000	407,892.80 103.2640	400,910.60	6,982.20 217.80	4,037.78	7.75
Intl Track Systems 6.500% 2/15/25 Standard & Poors Rating: N/R Moody's Rating: N/A 460599AC7 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 2,739.28	.00	0.00
International Game 6.250% 1/15/27 Standard & Poors Rating: Bb+ Moody's Rating: Ba1 460599AD5 Asset Minor Code 35 ACCOUNT 001050997462	1,020,000.000	1,034,167.80 101.3890	1,030,000.33	4,167.47 .65	2,833.33	6.16
Jazz Securities 4.375% 1/15/29 Standard & Poors Rating: Bb Moody's Rating: Ba1 47216FAA5 Asset Minor Code 35 ACCOUNT 001050997462	1,100,000.000	1,047,816.00 95.2560	1,021,336.50	26,479.50 26,479.50	2,138.89	4.59

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MacQuarie Airfinance 8.375% 5/01/28 Standard & Poors Rating: BBB- Moody's Rating: Baa3 55609NAA6 Asset Minor Code 35 ACCOUNT 001050997462	700,000.000	733,677.00 104.8110	724,306.20	9,370.80 - 4,059.20	14,656.25	7.99
MacQuarie Airfinance 6.400% 3/26/29 Standard & Poors Rating: BBB- Moody's Rating: Baa3 55609NAC2 Asset Minor Code 35 ACCOUNT 001050997462	100,000.000	103,047.00 103.0470	102,258.25	788.75 788.75	2,222.22	6.21
Sensata Technologies 5.000% 10/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 81725WAJ2 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 101.0440	.00	.00 28,730.60	.00	0.00
Teva Pharmaceuticals 3.150% 10/01/26 Standard & Poors Rating: Bb Moody's Rating: Ba2 88167AAE1 Asset Minor Code 35 ACCOUNT 001050997462	550,000.000	532,939.00 96.8980	495,371.00	37,568.00 20,243.30	5,775.00	3.25
Teva Pharmaceutical 6.750% 3/01/28 Standard & Poors Rating: Bb Moody's Rating: Ba2 88167AAK7 Asset Minor Code 35 ACCOUNT 001050997462	150,000.000	154,354.50 102.9030	152,235.00	2,119.50 2,119.50	4,218.75	6.56
Teva Pharmaceutical 6.000% 4/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 88167AAL5 Asset Minor Code 35 ACCOUNT 001050997462	.000	.00 100.0000	.00	.00 240.80	.00	0.00

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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Teva Pharmaceutical 4.750% 5/09/27 Standard & Poors Rating: Bb Moody's Rating: Ba2 88167AAP6 Asset Minor Code 35 ACCOUNT 001050997462	375,000.000	368,992.50 98.3980	358,673.75	10,318.75 10,318.75	4,057.29	4.83
Total Foreign Issues	5,900,000.000	5,898,245.40	5,798,691.13	99,554.27 115,388.73	55,381.77	5.82

Municipal Issues

Alabama ST Public 5.150% 9/01/27 Standard & Poors Rating: AA Moody's Rating: N/A 0106085M5 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 101.5230	.00	.00 46,179.70	.00	0.00
Chicago II 1/01/32 Standard & Poors Rating: N/A Moody's Rating: N/R 16768TJE5 Asset Minor Code 38 ACCOUNT 001050997461	410,000.000	285,671.60 69.6760	300,492.55	- 14,820.95 3,248.55	.00	0.00
Chicago II 1/01/33 Standard & Poors Rating: N/A Moody's Rating: N/R 16768TJF2 Asset Minor Code 38 ACCOUNT 001050997461	250,000.000	164,295.00 65.7180	176,088.70	- 11,793.70 2,140.50	.00	0.00
Fairfax Cnty Va Wtr 2.106% 4/01/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 303891E35 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 99.6370	.00	.00 3,829.99	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Massachusetts ST 1.753% 8/15/30 Standard & Poors Rating: AA+ Moody's Rating: Aa1 576000ZJ5 Asset Minor Code 39 ACCOUNT 001050997461	510,000.000	449,590.50 88.1550	432,865.51	16,724.99 8,125.35	4,122.47	1.99
Metro Wstwr Co 2.413% 4/01/28 Standard & Poors Rating: AAA Moody's Rating: Aa1 59164GER9 Asset Minor Code 39 ACCOUNT 001050997461	350,000.000	330,039.50 94.2970	343,637.03	- 13,597.53 3,271.10	2,815.17	2.56
New York City Ny 2.860% 2/01/27 Standard & Poors Rating: AAA Moody's Rating: Aa1 64971WF96 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 96.9660	.00	.00 2,185.80	.00	0.00
New York City Ny 2.920% 2/01/27 Standard & Poors Rating: AAA Moody's Rating: Aa1 64971WZV5 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 97.0800	.00	.00 11,478.16	.00	0.00
New York City Ny 2.740% 5/01/34 Standard & Poors Rating: AAA Moody's Rating: Aa1 64971XLZ9 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 82.9920	.00	.00 25,240.10	.00	0.00
New York ST Urban 1.310% 3/15/26 Standard & Poors Rating: AA+ Moody's Rating: N/A 64985TDC2 Asset Minor Code 39 ACCOUNT 001050997461	285,000.000	275,458.20 96.6520	258,216.69	17,241.51 8,565.11	1,410.43	1.36

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

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New York ST 1.538% 3/15/27 Standard & Poors Rating: AA+ Moody's Rating: N/A 64990FD68 Asset Minor Code 39 ACCOUNT 001050997461	40,000.000	37,676.80 94.1920	36,283.79	1,393.01 1,043.61	232.41	1.63
New York ST Urban 1.000% 3/15/27 Standard & Poors Rating: N/R Moody's Rating: N/A 650036DU7 Asset Minor Code 39 ACCOUNT 001050997461	35,000.000	33,722.50 96.3500	33,541.55	180.95 180.95	132.22	1.04
Norfolk Va 1.704% 10/01/30 Standard & Poors Rating: AAA Moody's Rating: N/A 655867L23 Asset Minor Code 39 ACCOUNT 001050997461	310,000.000	264,113.80 85.1980	255,236.05	8,877.75 189.55	1,760.80	2.00
Oklahoma Dev Fin 4.380% 11/01/45 Standard & Poors Rating: N/A Moody's Rating: Aaa 6789084D3 Asset Minor Code 39 ACCOUNT 001050997461	710,000.000	649,777.80 91.5180	675,988.10	- 26,210.30 - 26,210.30	7,774.50	4.79
Oregon Cmnty College 5.680% 6/30/26 Standard & Poors Rating: AA+ Moody's Rating: Aa1 68583RCV2 Asset Minor Code 39 ACCOUNT 001050997461	35,000.000	35,624.75 101.7850	41,686.96	- 6,062.21 6,040.24	171.19	5.58
Oregon Ed Dists Full 1.360% 6/30/27 Standard & Poors Rating: AA Moody's Rating: Aa2 68587FAX2 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 93.0110	.00	.00 18,451.86	.00	0.00

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Saint Johns Cnty FI 5.000% 8/15/47 Standard & Poors Rating: A- Moody's Rating: N/R 79039MAY6 Asset Minor Code 39 ACCOUNT 001050997461	245,000.000	247,283.40 100.9320	289,367.44	- 42,084.04 - 3,415.30	5,648.61	4.95
Tennessee ST Sch Bd 1.126% 11/01/28 Standard & Poors Rating: AA+ Moody's Rating: Aa1 880558NX5 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 88.4460	.00	.00 - 13,796.25	.00	0.00
Texas Nat Gas 5.102% 4/01/35 Standard & Poors Rating: N/A Moody's Rating: Aaa 88258MAA3 Asset Minor Code 41 ACCOUNT 001050997461	783,235.260	787,738.86 100.5750	790,860.66	- 3,121.80 - 3,121.80	16,650.28	5.07
Texas Transn Commn 4.000% 10/01/33 Standard & Poors Rating: N/R Moody's Rating: N/R 88283LKV7 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 81,457.08	.00	0.00
Washington ST 5.040% 8/01/31 Standard & Poors Rating: N/R Moody's Rating: N/R 93974CRD4 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 100.0000	.00	.00 37,479.46	.00	0.00
Wisconsin ST Txbl 2.381% 5/01/30 Standard & Poors Rating: AA+ Moody's Rating: Aa1 97705MNT8 Asset Minor Code 39 ACCOUNT 001050997461	.000	.00 90.0370	.00	.00 - 7,725.60	.00	0.00

GENERAL EMPLOYEES TRUST FUND

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 23-7404790; PLAN NO. 501

JANUARY 31, 2025

00335804
59- -12-B -66C-037-04
0402 -11-00775-04



GENERAL EMPLOYEES TRUST FUND - COMBI

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Period from February 1, 2024 to January 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Municipal Issues	3,963,235.260	3,560,992.71	3,634,265.03	- 73,272.32 204,837.86	40,718.08	3.16